



**Summary Report on the Partners in Planning for Healthy Living,
Annual General Meeting (May 27th, 2011)**

Prepared: June 1st, 2011

Introduction

On May 27th, 2011, Partners in Planning for Healthy Living (PPHL) held their Annual General Meeting (AGM) for members and stakeholders. The day was attended by over 55 participants from Manitoba's regional health authorities (RHAs), federal and provincial government departments and agencies, and non-governmental organizations (NGOs). In addition, four out of province guests attended from organizations in Ontario, Saskatchewan and Prince Edward Island in order to learn about the Manitoba PPHL experience and participate in the activities of the day.

Debbie Brown, Chair of PPHL, opened the symposium and outlined the agenda for the day. The Honourable Jim Rondeau, Minister of Healthy Living, Youth and Seniors and Minister responsible for Healthy Child Manitoba brought greetings and discussed his appreciation for the work that PPHL has done over the past several years. He encouraged PPHL members not to be modest about the great work they are doing and to continue celebrating their successes. Minister Rondeau also announced funding of \$40 000 to help cover costs of the next implementation of the Youth Health Survey (YHS).

Video testimonials from various PPHL members were played throughout the day in order to engage participants and offer unique perspectives on the various uses and benefits of the YHS data and the PPHL experience. These videos were filmed at the 2010 PPHL AGM and have been shown at a variety of events including the Adult Risk Factor Symposium (January, 2011) and the Healthy Schools Conference (February, 2011). In addition, the 2011 Healthy Together Now video, "Community-led Health Initiatives Work!" was shared in order to highlight some of the health promotion and chronic disease prevention initiatives taking place around the province.

This report describes the presentations given throughout the AGM including the PPHL Year in Review, the keynote address by Dr. Brandi Bell (University of Prince Edward Island) and Kate McGarry (CancerCare Manitoba) and the PPHL Working Group updates. In addition, it includes a summary of the reports from the small group discussions in the afternoon.



PPHL Year in Review

PPHL Chair Debbie Brown highlighted PPHL activities from the previous year as well as a brief preview of upcoming activities. After the 2010 AGM, the Executive Committee of PPHL underwent structural changes and became the Coordinating Committee (CC), which now includes the Chairs of all PPHL Working Groups. In addition, two members of the CC represent PPHL at the newly formed Primary Prevention Syndicate meetings. Discussions were held throughout the year as to how these two groups can work together and continue to communicate and share information. Over the past year, the CC finalized the PPHL logic model with the workplans for the Working Groups and CC. Finally, a new PPHL Coordinator was hired through support from CancerCare Manitoba and the CancerCare Manitoba Foundation. A position description was developed and the coordinator will assist the CC and Working Groups with their activities and strategic planning.

External activities this year include the Youth Summit on Alcohol held in October of 2010, which was organized as a direct response to the provincial alcohol results of the YHS. The goal of the conference was to provide recommendations to government about how to address under-age drinking in Manitoba. In addition, a number of PPHL organizations were peripherally involved in the development of *“Making the Case for Primary Prevention: An Economic Analysis of Risk Factors in Manitoba”*. This report was released in September of 2010 and outlines the economic and health burden of preventable chronic diseases in Manitoba.

Future PPHL activities include the 2012 implementation of the YHS, as well as a focus on securing funding to support PPHL initiatives. PPHL members continue to look for opportunities to share the work of PPHL and currently have three abstracts submitted for approval to present at the World Alliance for Risk Factor Surveillance conference in October, 2011.

After four years as chair and host organization of PPHL, Debbie Brown and the Heart and Stroke Foundation of Manitoba officially passed the position to the incoming host organization. At the 2010 PPHL AGM, the Canadian Cancer Society (CCS) agreed to take on this role with Linda Venus as incoming chair. However, CCS will be unable to support this position in the upcoming year although they will continue to provide administrative support to the CC. As such, the PPHL membership was asked if there was another organization willing to take on the role. CancerCare Manitoba offered to hold the position with Dr. Donna Turner acting as chair and the membership approved this arrangement via a unanimous e-mail vote.

In summary, Debbie Brown thanked the PPHL members for their support over the past four years and expressed what a privilege and honour it has been to chair PPHL. She recognized the growth of PPHL over the years and praised it as a prime example of “innovative partnerships in action”. The Heart and Stroke Foundation wishes Dr. Turner all the best as incoming chair and looks forward to continuing their involvement in PPHL.



Ms. Barb Metcalfe of the CancerCare Manitoba Board was in attendance to accept the chair position on behalf of Dr. Turner. Ms. Metcalfe thanked Debbie Brown and the Heart and Stroke Foundation for all of their work and indicated that CancerCare Manitoba was looking forward to their new role as host organization.

Keynote Address

Dr. Brandi Bell of the University of Prince Edward Island and Kate McGarry of CancerCare Manitoba gave the keynote address titled, “*Accelerating Youth Health: Case Studies from Two Knowledge Exchange Systems.*” This presentation is available online at <http://www.healthincommon.ca/pphl/meetings/>.

Paul Paquin, a member of the Manitoba Youth Excel CLASP Team gave a brief overview of the Youth Health Collaborative: ‘*Excel’erating Evidence-Informed Action*, also called Youth Excel. This project is one of seven national Coalitions Linking Action and Science with Prevention (CLASP) projects funded by the Canadian Partnership Against Cancer (CPAC). The Youth Excel CLASP team involves two national partners and seven provincial teams. These include the University of Waterloo (Propel Centre for Population Health Impact), the pan-Canadian Joint Consortium for School Health and provincial research teams representing BC, Alberta, Manitoba, Ontario, Québec, New Brunswick, PEI and Newfoundland.

The purpose of this project is to accelerate the development of effective knowledge exchange (KE) capacity in diverse provincial contexts. PE, MB, and NB were selected as case study sites due to existing capacities in youth health knowledge exchange. An exploratory study was performed using a multiple-case design which included both provincial case studies and a cross-case analysis.

PRINCE EDWARD ISLAND SYSTEM AND CASE RESULTS

Dr. Bell is the Research Coordinator of the *Comprehensive School Health Research Group* (CSHR) at the University of Prince Edward Island (UPEI), where she oversees a number of school health projects and initiatives including PEI’s partnership in the Youth Excel CLASP project. Her current work at UPEI focuses on exploring knowledge exchange capacity and effectiveness between research, policy, and practice in the area of school and youth health, as well as investigating youth participation in such knowledge exchange processes.

The specific objectives of the PEI case study included:

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.



History:

The PEI system of surveillance and knowledge exchange began in 2007 as a partnership between the University of PEI and the PEI Department of Education and Early Childhood Development (DEECD). PEI decided to use the School Health Action, Planning and Evaluation System (SHAPES) developed by the University of Waterloo and to tie the work into the already existing cycle of the national Youth Smoking Survey (YSS). This PEI system operates on a two year cycle in which data is collected and disseminated in the first year and knowledge exchange and use is focused on during the second year.

To date, PEI has completed two full cycles of data collection (2008-09 and 2010-11) with a third cycle planned for 2012-13. Similar to Manitoba, PEI uses a paper-based survey which is administered to students in Grades 5-12 during one classroom period. This survey focuses on four areas of health behaviours (physical activity, healthy eating, mental fitness and tobacco use). In addition, they also gather information from an Administrator Survey that is filled out by one individual per school. The data is then analyzed, and school, board and provincial level profile reports are distributed for use by stakeholders.

PEI has completed one full cycle of knowledge exchange and use (2009-10) and is currently in the midst of their second cycle (2011-2012). During the first KE year, the province introduced the PEI School Health Grant Program which provides funds to implement, improve and/or evaluate programs on one or more of the four health behaviours studied. In addition, the province has been involved with a variety of presentations and meetings with schools, teachers, parents, students, etc. in order to improve the understanding and encourage use of the data.

Lessons Learned:

Among the lessons learned from the PEI case study were the importance of building positive relationships and partnerships, the need for clear communication with schools and the value of school-level profile reports. In addition, Dr. Bell discussed the importance of responding to partner's/school's needs, as well as the finding that schools in PEI are currently not prioritizing student health. Identified challenges included that in many cases, parents were not aware of the school-level profile reports, principals were often unsure of how to share those results and students felt unable to influence change in their schools.

Recommendations for addressing some of these challenges included offering practical solutions for schools to address their health issues, identifying school health champions at various levels and encouraging sharing of materials (including presentations, media, websites, etc.). There is also a need to increase awareness and use of the SHAPES-PEI profile reports and offer schools more support in interpreting their data and moving evidence to action.

Next steps for PEI include conducting follow-up interviews and focus groups with participants to validate findings and pulling all feedback into a final report. Further analysis of the PEI case study findings will be used as a part of the cross-case comparison with New Brunswick and Manitoba.



MANITOBA CASE RESULTS

Kate McGarry is the Project Coordinator for the MB Youth Excel CLASP Team as well as a Cancer Prevention Project Coordinator at CancerCare Manitoba.

The specific objectives of the MB case study included:

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 (RFS) activities in Manitoba.

Data collection for the study included six focus groups (n = 57) as well as thirty-two key informant interviews with stakeholders representing government, NGOs, RHAs and school divisions. The total number of case study participants was 81.

Results and Lessons Learned:

Among the PPHL lessons learned from the MB case study analysis, were the time and persistence required to engage partners and the importance of understanding partners' needs when maintaining these relationships. During the YHS process it was found that existing partnerships between RHAs and schools were critical and that the YHS feedback reports were clear, easy to understand and tailored to the needs of end-users.

In terms of KE, the case study suggested that there was no formal KE plan during the YHS implementation. As a result, KE activities varied region to region and were dependent on human and financial capacity as well as competing priorities. In addition, there was a lack of communication as to who the KE broker was (RHA, nurses, health promotion staff, etc.).

Results also showed that moving evidence into action was not visible in all parts of the province and that it was a big challenge to make the "data come alive". Some participants suggested that personal follow-up with schools and other organizations was critical, and schools that had the most success in moving evidence into action had a champion in the school, engaged youth, received support from their RHA/other partners and had some financial support (CDPI, community foundations, community partners, RHAs etc.)

Additional challenges included the lack of funding for surveillance and KE work, the issues that arose when geographical boundaries of RHAs and school divisions did not match and the difficulty of communicating within and across a network as large as PPHL. Successes of the YHS and PPHL system included the implementation of million dollar surveillance using only in-kind human and financial resources and the multi-level leadership that emerged through this process. Champions emerged at the school and RHA levels and evidence is beginning to move into action. In addition, this is a government supported process with Health and Education working together.



Moving forward, champions are needed at all levels to help build momentum, gain support for initiatives and encourage knowledge use. Additionally, KE activities must happen on multiple levels and there needs to be support for schools and other organizations in moving evidence into action. PPHL must leverage existing partnerships to help continue to create awareness about the YHS and increase data use.

CROSS CASE FINDINGS

Together, MB and PEI presented the findings of the cross-case analysis looking at the similarities and lessons learned between the provinces.

Both groups found that sustaining partnerships was a recurring theme throughout their case studies. Partnerships require ongoing attention and their sustainability is challenged by issues such as a lack of committed resources, a reliance on one champion/individual and multiple areas of responsibility for partners.

The provinces suggest that KE activities need to happen on multiple levels (eg- school, local, provincial) and should involve a broad range of stakeholders, including youth. In terms of using evidence, PEI and MB found that knowledge dissemination to schools and other organizations could be personalized through follow-up. This can help encourage use and integration of results. Additionally, the sharing of success stories is critical to moving evidence to action and encouraging stakeholder interest.

Resources, both financial and human, are essential to the success of surveillance and knowledge exchange systems. Interventions require money, people and time to raise awareness, increase uptake, encourage use and realize integration. When these resources are imbedded within existing provincial structures and systems, it can help mitigate the impact of non-sustainable funding as well as coordinate with other systems, processes and practices.

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://www.healthincommon.ca/pphl/meetings/>.

1. Youth Health Survey – this larger WG has four task groups which include Tools, Methods, Administration Survey and Knowledge Exchange. The Tools, Methods and Administration Survey task groups have spent the past year preparing for the 2012 YHS implementation while the Knowledge Exchange task group has been involved in a variety of KE activities around the province.
2. Adults Risk Factor Surveillance (ARFS) – this group hosted a symposium in January of 2011 titled “*Growing Up: Expanding from Youth to Adult Risk Factor Surveillance*” and is preparing to implement a pilot project of ARFS in four communities around Manitoba.
3. Youth Excel CLASP – along with the case study described during the keynote address, this group has been involved in establishing minimal data sets for tobacco



and physical activity, and has utilized the Youth Excel Learn initiative to host exchanges between provinces.

4. Data Access Review Panel (DARP) – this group has reviewed and approved three requests for use of YHS data this past year and has conditionally approved a fourth application (pending receipt of ethics approval).

Small Group Discussions

Participants from government departments, agencies, NGOs and out-of-province guests joined RHA tables for interactive discussions in the afternoon. The information gained from the small group work is intended for use by:

- Organizations – moving their priorities forward
- PPHL Working Groups – to inform the work plans and priorities of the working groups
- The PPHL Coordinating Committee – to inform PPHL strategic planning and direction
- The Youth Excel CLASP team – to share applications and implications of the case studies

Participants were asked to reflect on the Youth Excel CLASP case study presentation and the lessons learned by both provinces, and to think about “where do we go from here?”

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

1. What do you see as the successes/challenges for your organization (in terms of PPHL work)?
2. How can your organization build on these successes and address these challenges (form/maintain partnerships, enhance communication, engage youth/community, build knowledge exchange, sustainability, etc.)?
3. Using these themes and lessons, what will your organization do to move evidence to action?

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

Q1. What do you see as the successes/challenges for your organization (in terms of PPHL work)?

PPHL successes include:

- Partnerships and relationships between PPHL members, schools, RHAs and outside initiatives such as the Healthy Schools conference (learning from others and sharing expertise). We have increased the utilization and effectiveness of these partnerships as well as opened up dialogue opportunities and enhanced communication.
- Excitement from the school level about the YHS. Some schools were very receptive to hearing, sharing and using the data and are proud to have ownership of their data.
- Increased excitement/passion of networking and sharing ideas and success stories.



- Champions have emerged in the regions.
- Value for RHAs includes using evidence in decision-making, keeping regional contact.
- The collection of baseline local info (per school, community, region, etc.). This has increased the knowledge of issues and opportunities to organizations beyond health. In addition it provides the evidence for moving towards action.
- Increased health as everyone's priority and responsibility.

PPHL challenges include:

- Communication between PPHL members and schools – interpretation, use of plain language, why are we doing this?, how can we/they/schools use data?, etc. Turnover of principals and school contacts has been a problem in many regions.
- Internal organizational communication- coordinated action planning is needed, sometimes there is a disconnect between decisions made at the PPHL table and senior management.
- Need to encourage evidence-based programs and services (need buy-in, engaged community and youth engagement).
- Knowledge exchange has been difficult due to geography, lack of resources and commitment.
- Limited capacity (resources, expertise, knowledge exchange, dedicated staff).
- Negative feedback from evaluation or sharing data (encouraging schools to participate, handling negative feedback from schools, such as comparing between schools, etc.).
- Timing of the survey needs to fit in with the schools' schedules.

Q2. How can your organization build on these successes and address these challenges?

- Follow-up with schools after providing YHS results and then maintain ongoing contact with the school/division.
- Maintain that surveillance is important and needs to be ongoing for all communities. This is a continual process and requires persistence.
- Make dedicated staff time an organizational priority. Find champions and increase capacity to “do” the surveillance and knowledge exchange.
- Acknowledge and celebrate activities and successes that have occurred in the schools/communities/RHAs.
- Learn from what works in other areas.
- Continue to build partnerships with additional participation/stakeholders and engage out of province colleagues (conferences, etc).
- Provide opportunities to build capacity (workshops, conferences, tool kits, training, etc.).
- Build knowledge exchange into the next YHS.
- Increase awareness of PPHL and its activities.



Q3. Using these themes and lessons, what will your organization do to move evidence to action?

- Compensate teachers who dedicate their time to PPHL activities.
- Encourage incorporation of results/data into curriculum/lesson plans.
- Have ready activities, solutions and ideas to take to schools after they receive their results/reports.
- Develop plan for dissemination and knowledge exchange before the data collection.
- Continue supporting PPHL (people, resources, \$\$, include YHS in funding requests, partnerships).
- Address issues arising from the YHS (mental health and safety). Connect with branches/departments/strategies such as mental health and spiritual care branch and addictions strategy.
- Keep the network alive, keep moving.
- Have organizations take responsibility re: appropriate methods/strategies towards action (eg- creative ways versus traditional).
- Offer organizational support and dedicated time – especially for geographically large RHAs.
- Follow-up with conference attendees in the RHAs (via email).
- Formalize processes/roles in the RHAs (use a champion as the vehicle).
- Formalize processes/roles between the schools and RHAs (regular meetings between superintendent and RHAs).
- Identify RHA and school champions.
- Put it in writing.
- Build and maintain partnerships.
- Improve activities that had been occurring prior to the data being available; survey results support identified needs.

Next Steps for Partners in Planning for Healthy Living

In her closing comments and wrap-up for the day, Dr. Jane Griffith (CancerCare Manitoba) discussed the importance of maintaining the momentum of PPHL through partnerships, champions and capacity building. She also indicated that a summary report on the AGM would be distributed to all who participated and posted on the PPHL website.

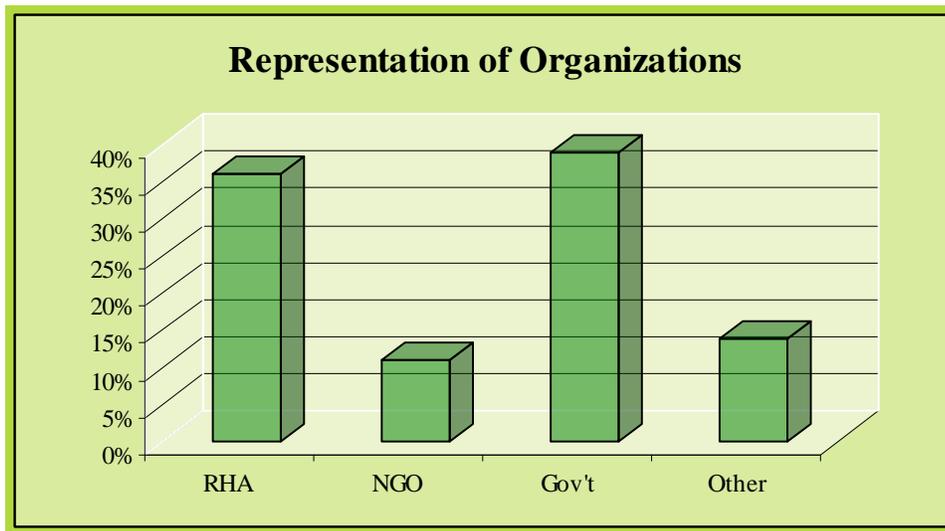


Summary of Symposium Evaluations

At the close of 2011 AGM, participants were asked to complete an evaluation of the event. Thirty-six participants submitted an evaluation form which included demographic information as well as questions about the presentations and overall logistics for the day.

The following is a brief summary of these evaluations:

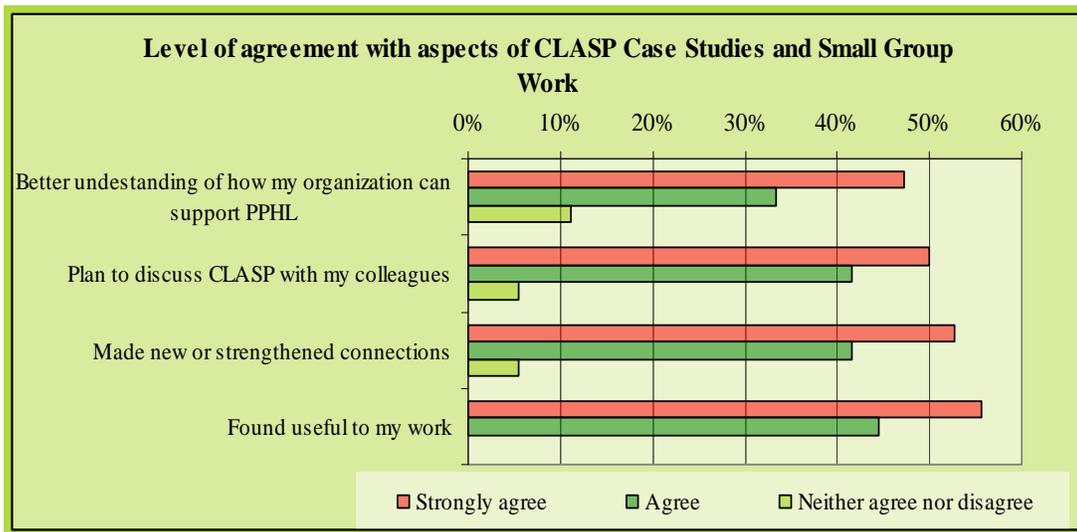
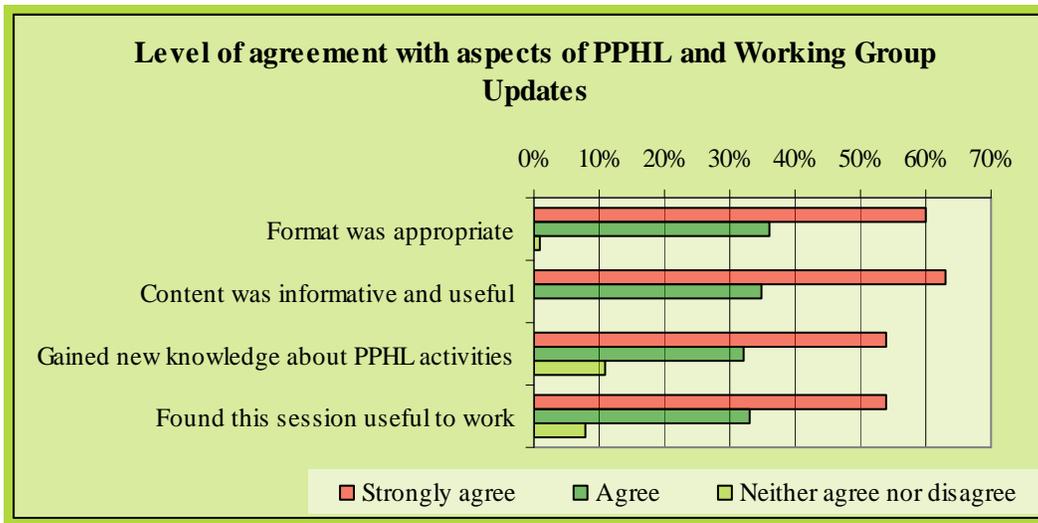
- 86% of participants indicated that their organization was a member of PPHL.
- 39% of participants were from the provincial or federal governments, while 36% of participants represented an RHA.



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

- 63% of participants strongly agreed and 35% agreed that the PPHL and Working Group updates were informative and useful.
- 54% of participants strongly agreed and 32% agreed that they gained new knowledge of PPHL activities during these updates.
- 47% of participants strongly agreed and 33% agreed that the Youth Excel CLASP case study presentation gave them a better understanding of how their organization can support PPHL.
- 53% of participants strongly agreed and 42% agreed that due to the Youth Excel CLASP case study and small group work, they made new or strengthened connections among other PPHL stakeholders.





The following additional comments were made:

Great venue, food, organization. Very useful approach to an AGM!

Really appreciated the videos—informative and inspiring!... It was great to bring in other “partners” across Canada. Very motivating session!

Excellent day. Great opportunity to network and gain new ideas to promote PPHL work in government. The rounds table discussions were great—hope we act on some of the tasks!

This was a great update of PPHL annual activities. I am impressed with all the accomplishments. Thank you to Debbie Brown and best wishes to Donna Turner.

