



GROWING UP: EXPANDING FROM YOUTH TO ADULT RISK FACTOR SURVEILLANCE

Final Evaluation Report

*Adult Risk Factor Surveillance Symposium
January 26, 2011
Winnipeg, MB.*

Introduction

In January 2011, Partners in Planning for Healthy Living, Adult Risk Factor Surveillance Working Group hosted a full-day planning symposium on implementing adult risk factor surveillance (ARFS) in Manitoba. Following the symposium, participants were asked to complete an evaluation form (Appendix 1). A total of 47 evaluations were completed (42 Manitoba and 5 Saskatchewan participants).

This report presents a summary of the feedback provided.

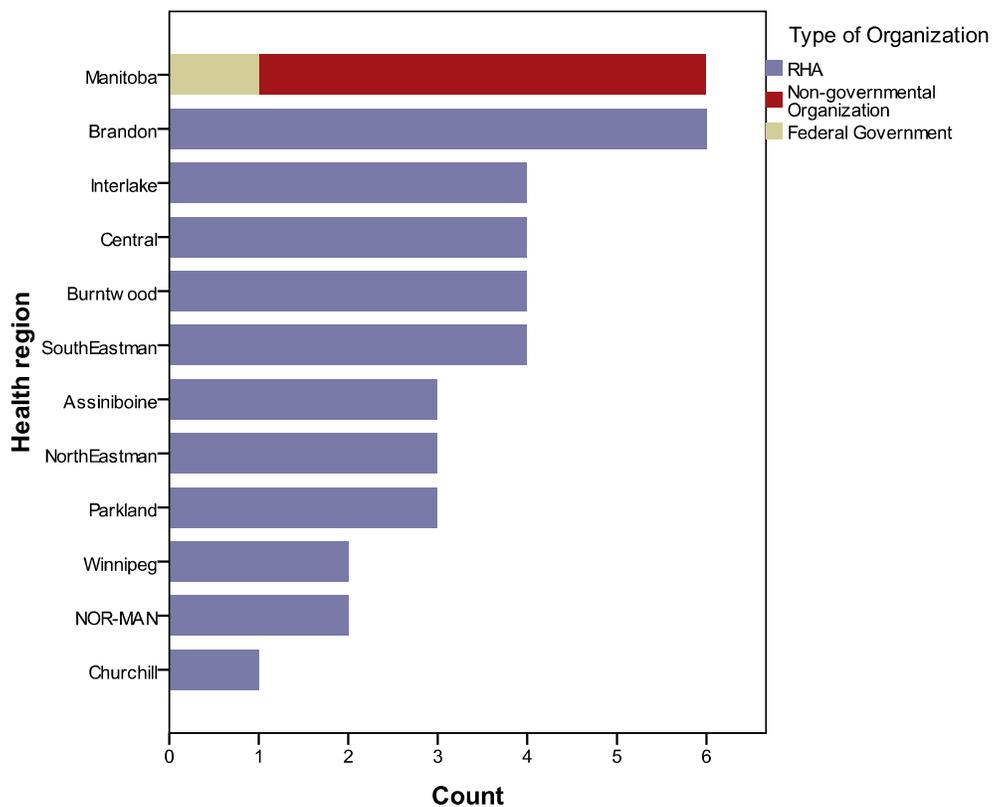
Symposium participants

All eleven Manitoba regional health authorities were represented. Brandon RHA had the highest number of participants (6) and Churchill RHA had the least number of participants (1). All other RHA's had from 2 to 4 representatives present (Figure 1). All 36 RHA representatives, two NGO representatives and one federal government representative indicated that their organization is a member of Partners in Planning for Healthy Living (PPHL). Two NGO participants did not know if their organization was a PPHL member and one NGO participants reported that they are not currently a PPHL member (Table 1).

Table 1: Member of PPHL (Manitoba participants)

	PPHL Member	Non-Member	Don't know
	n	N	n
Regional health authority	36	0	0
Non-governmental organization	2	1	2
Federal Government	1	0	0
Total	39	1	2

Figure 1: Manitoba regions by type of organization (N = 42)



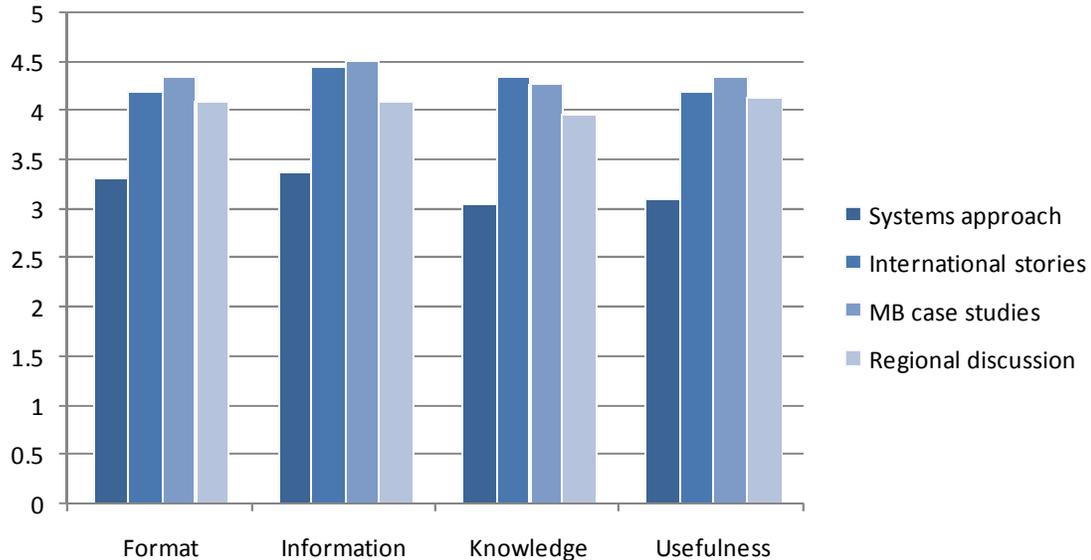
Session feedback

The symposium program included the following presentations:

1. Key note presentation by Dr. John Garcia, Associate Professor from the Department of Health studies and Gerontology at the University of Waterloo on *Using a systems approach to healthy living and the value added in Manitoba*.
2. Key note presentation by Dr. Glennis Andall-Brereton from the Caribbean Epidemiology Centre at the Pan-American Health Organization on *International success stories and lessons learned*.
3. Presentation of three *Manitoba case studies* and lessons learned implementing adult risk factor surveillance in Manitoba (Interlake, Brandon and Assiniboine Regional Health Authorities)
4. Small *group discussions* on regional approaches to community risk factor surveillance.

Participants rated each session on its format, the content, the level of knowledge gained and usefulness using a scale from one (poor) to five (excellent). An average score was calculated separately for each of the four aspects (Figure 2).

Figure 2: Session feedback



When all scores are combined, the Manitoba case studies presentation and key note session on International Success Stories were the most highly rated sessions. Participants felt that the Manitoba Case studies were most useful and most informative closely followed by Dr. Andall-Brereton’s presentation of an international surveillance program. The group activity was also highly rated with an overall mean score of 4/5.

The positive reaction to presentations on implementing surveillance in the Caribbean and Manitoba speaks to the high degree of interest among participants in learning about the practical application of risk factor surveillance at the regional and community levels.

Table 2: Mean scores by session (maximum score = 5)

	Overall	Format	Content	Knowledge gained	Usefulness
	M	M	M	M	M
Systems approach	3.22	3.32	3.39	3.07	3.13
International stories	4.32	4.22	4.46	4.37	4.22
Manitoba case studies	4.37	4.36	4.52	4.28	4.37
Regional discussion	4.09	4.11	4.11	3.98	4.15

Involvement in ARFS

Participants were asked how the information presented at the symposium would impact on their own work. (Saskatchewan participants were excluded from the analysis as they would not be involved in a provincial ARFS). Almost all participants, 38 out of 42 (91%) reported that they would stay informed of the work of the working group. Given this level of interest, the working group may wish to consider a communication plan for continuing to inform stakeholders on its progress.

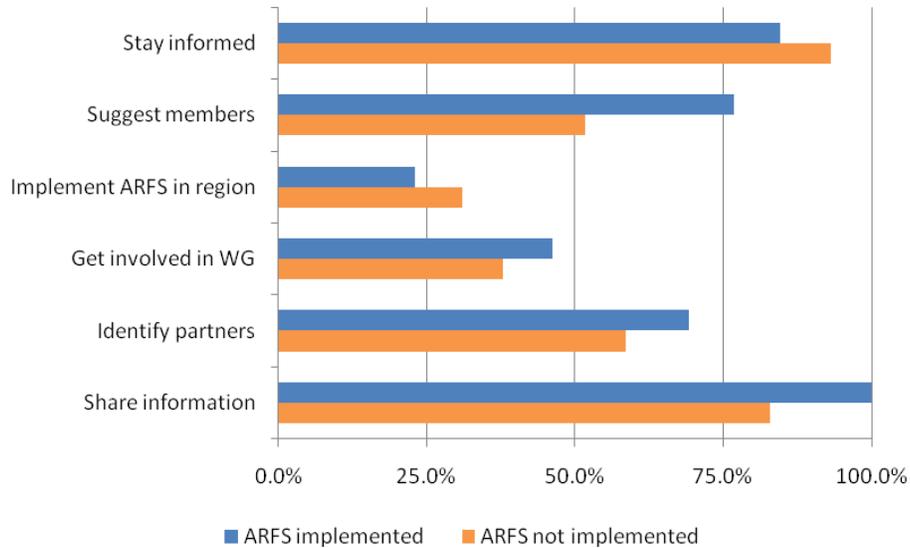
Most participants (88%) will share the information from the symposium with others. Twelve indicated that they plan to work on implementing ARFS in their region.

Three region have already implemented ARFS in their regions (Assiniboine, Brandon and Interlake). When regions that have implemented ARFS are compared with those that have not, responses remain fairly consistent (Table 3 and Figure 3).

Table 3: Impact of the symposium going forward (Manitoba participants)

	Total (42) %	From a region that has NOT implemented ARFS (29) %	From a region that has implemented ARFS(13) %
Will share information with others	88.1	82.8	100
Will identify partners to involve in ARFS	61.9	58.6	69.2
Will become involved in ARFS working group	40.5	37.9	46.2
Will implement ARFS in region	28.6	31.0	23.1
Will suggest members for working group	59.5	51.7	76.9
Will stay informed of ARFS	90.5	93.1	84.6

Figure 3: Impact of symposium (Manitoba participants)



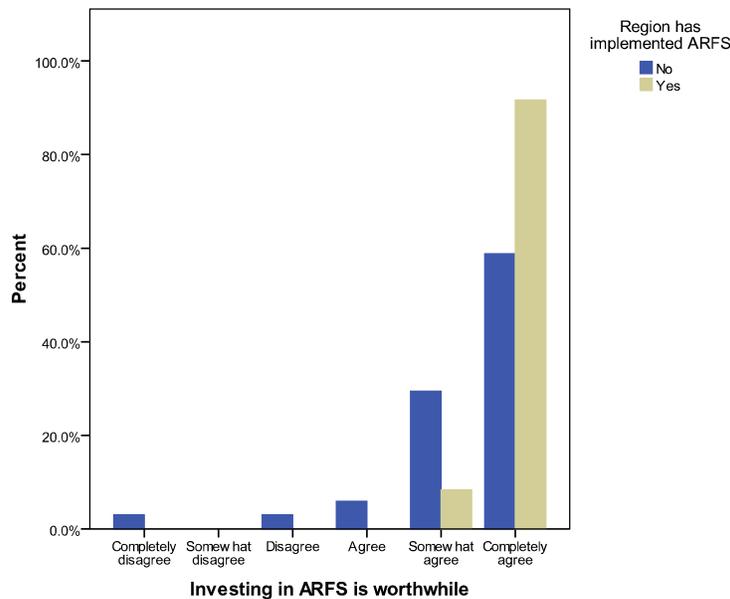
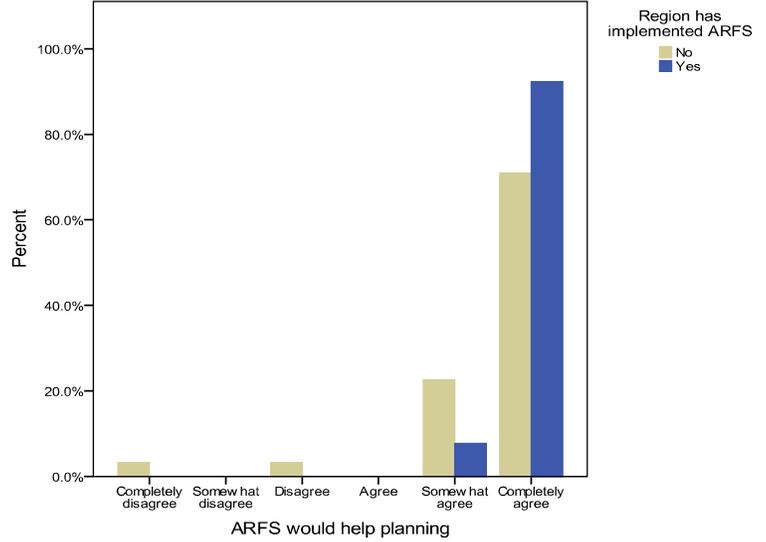
Participants were also asked to indicate their level of agreement on various aspects of ARFS implementation in Manitoba. Responses were scored on a scale of 1 to 6 with six indicating full agreement and 1 indicating full disagreement. Mean scores were compared between participants from a region that has not implemented ARFS to those from a region that has implemented ARFS (Table 4).

Table 4: Mean level of agreement on aspects of ARFS in Manitoba (maximum = 6)

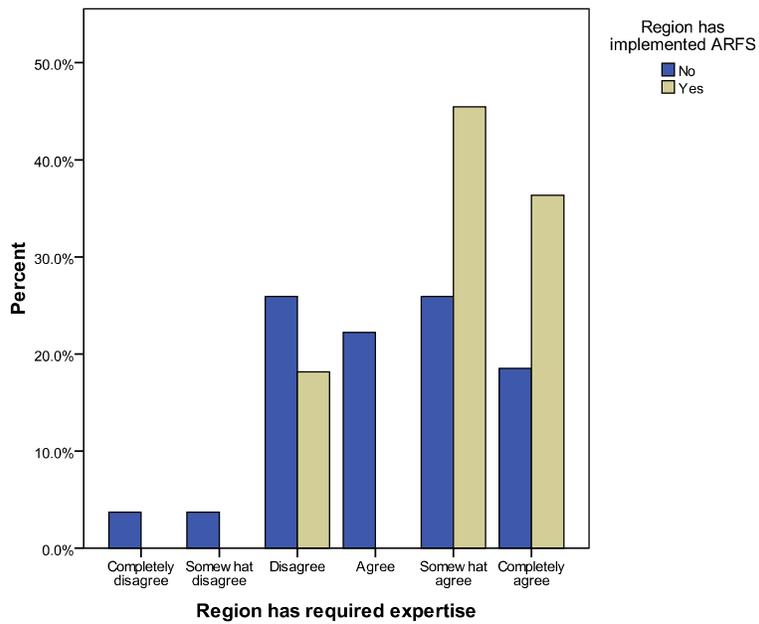
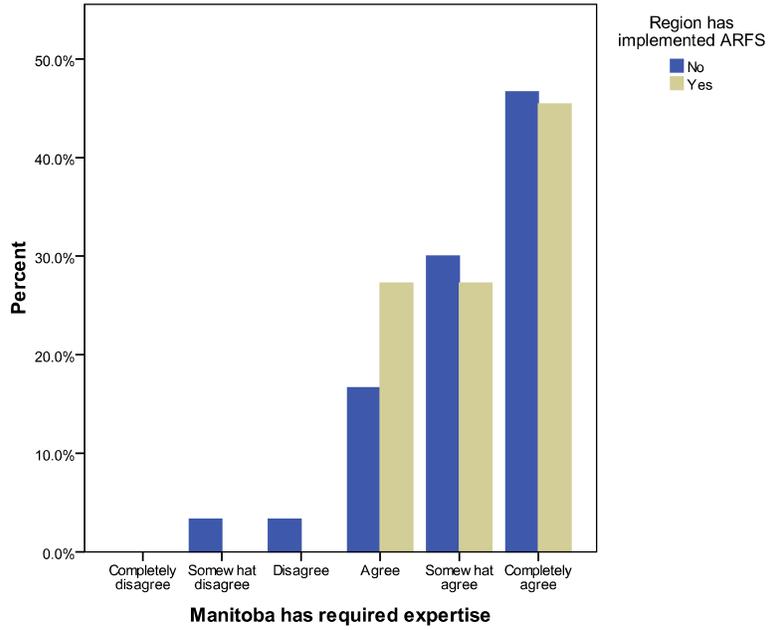
	Total	From regions that have implemented ARFS	From regions that have NOT implemented ARFS
	M	M	M
ARFS would help planning	5.64	5.92	5.52
Investing in ARFS worthwhile	5.50	5.92	5.35
Manitoba has required expertise	5.15	5.18	5.13
Region has required expertise	4.42	5.00	4.19
Region has champion to advocate for ARFS	4.76	5.69	4.32*
ARFS is a high priority	5.16	5.27	5.12
Using the same methods across regions is important	5.35	5.44	5.32
PPHL should play a key role	5.65	5.77	5.60

(*p < 0.05)

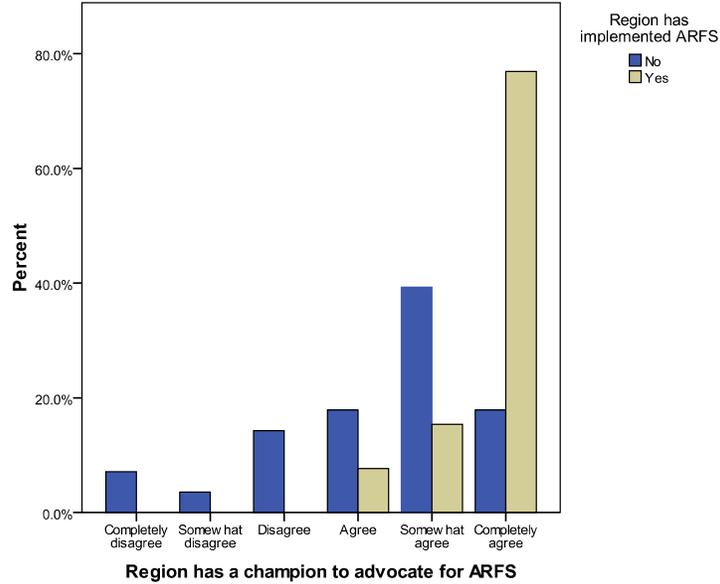
In regions where ARFS has been implemented, all agreed that ARFS would help with planning. Agreement to this question was slightly lower among participants from regions where ARFS has not been implemented. Similarly, those from regions that have implemented ARFS are more likely to consider surveillance to be a worthwhile investment.



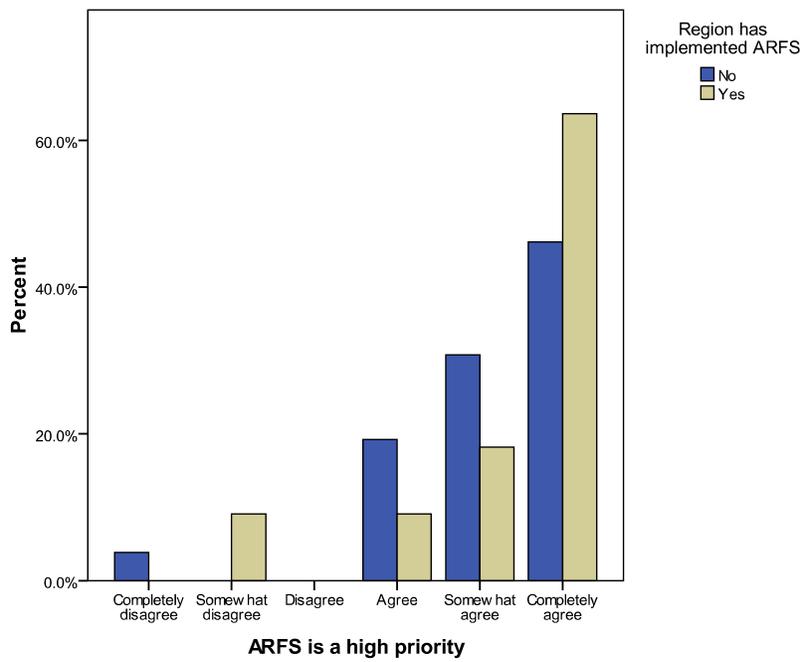
Participants agreed that Manitoba has the required expertise to implement surveillance. There was less agreement that the required skills exist at a regional level. Not surprisingly, regions with experience implementing ARFS have greater confidence in their region's capacity to implement ARFS.

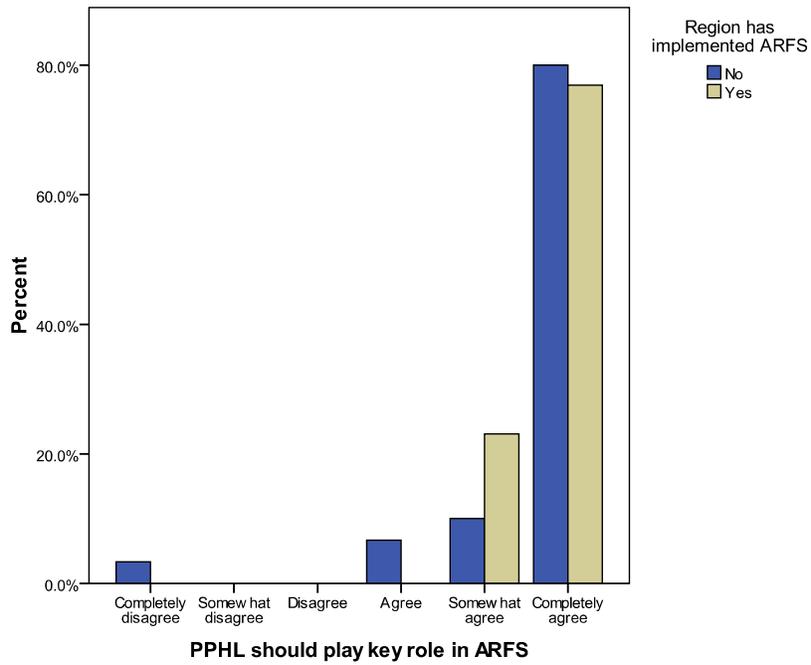
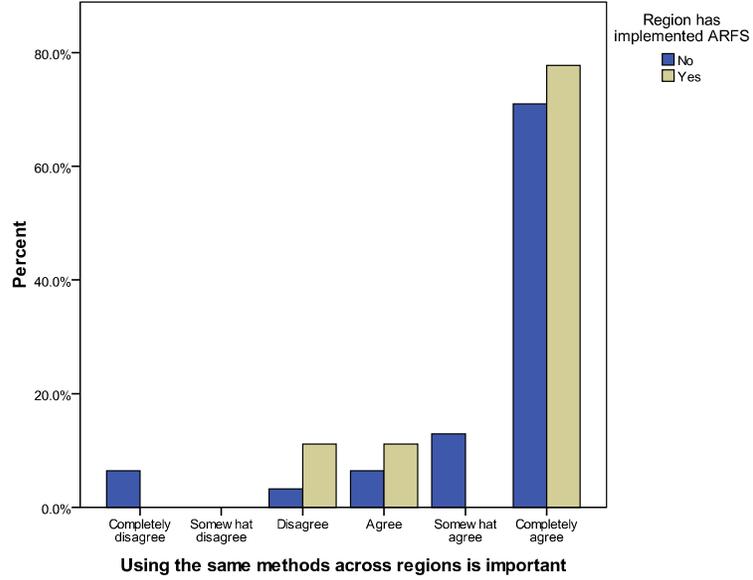


Champions to advocate for ARFS exist primarily within those regions that have experience conducting adult surveillance. This was the only question for which responses to the two groups differed significantly.



Overall, participants agreed that ARFS was a priority for Manitoba. Almost all, 80%, strongly agreed in the importance of using the same methods across all regions. There was also a high level of agreement with the belief that PPHL should play a key role in implementing ARFS in the province.





Readiness for ARFS

Participants were asked to comment on their region’s overall readiness to implement or use ARFS. Thirty four RHA representatives responded to the question. All RHA’s reported some progress on ARFS within the region. Over one third (38%) have discussed ARFS

within their region. 35% have initiated planning and over one quarter (25%) have either implemented or are using ARFS data (Table 5).

Participants reporting that their regions have discussed ARFS are primarily from Burntwood, Central and South Eastman RHA. All of the representatives from Parkland RHA indicated that preliminary steps have been taken towards planning ARFS. All representatives from NOR-MAN, Churchill and Winnipeg reported that the regions have begun planning ARFS. Assiniboine and Interlake participants reported that they have either implemented or are using ARFS data.

Table 5: Stage of ARFS implementation by RHA

RHA	Discussed	Preliminary steps	Planning	Implemented	Using
	n	n	n	n	n
Assiniboine	0	0	0	2	1
Brandon	2	2	1	1	0
Burntwood	3	0	0	0	1
Central	4	0	0	0	0
Churchill	0	0	1	0	0
Interlake	0	1	0	0	3
NOR-MAN	0	0	2	0	0
North Eastman	1	0	0	1	0
Parkland	0	3	0	0	0
South Eastman	3	0	0	0	0
Winnipeg	0	0	2	0	0
Total	13	6	6	4	5

Symposium Objectives

Participants were asked to indicate the degree to which they felt that they symposium had met the stated objectives. Participants unanimously agreed that all objectives had been met to some degree. The symposium was most successful at highlighting the importance of community level ARFS. The symposium was least successful at identifying regional challenges for ARFS.

	Fully met	Somewhat met	Not at all met
Highlighted the importance of community level ARFS	91.5%	6.4%	0.0%
Reviewed the methodologies for ARFS	59.6%	38.3%	0.0%
Identified existing regional resources for ARFS	42.6%	53.2%	0.0%
Identified existing regional challenges for ARFS	34.0%	59.6%	0.0%

Additional Comments

The following additional comments were made:

An economic framework would be essential and a proposed cost should be shared among the regions and government/NGOs. It is critical that sustained resources be part of the overall implementation plan.

We're just starting to look at this process, so this session was very relevant and timely.

Loved the idea of using PDA's for research - feel using university students for assisting with surveys good idea. Would like to learn more about the group. Youth Report is well done! Thank you!

Provincial movement for ARFS will be appreciated to initiate ARFS in our region.

Very well organized, generated a lot of enthusiasm among colleagues who hadn't really understood what RFS was about & why it is so important for regions.

Thank you. Appreciated the 'real' stories info from Glennis - able to explain in an easy to understand way.

We should all put this in the health plan and do it at a time when it can be used for the CHA. Thank you very well organized! Amazing lunch.

It would have been good to have more time allotted to Dr. Glennis to expand on her presentation. It was excellent!

Keynote: sound was not great, missed majority of presentation as difficult to hear, lots of echo, too quiet.

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WINNIPEG, MB. JANUARY 26, 2011

PARTICIPANT EVALUATION FORM

In order to help the organizing committee know how well the symposium met your needs and to help plan future activities, please complete this evaluation form. Your responses will be confidential.

Please leave your completed forms at the registration desk at the end of the day

1. Is your organization a member of Partners in Planning for Healthy Living (PPHL)?

- Yes No Don't know

2. What type of organization do you work in?

- Regional Health Authority Non-governmental organization
 Provincial government Federal government
 University/Academic Institution Other: _____

3. Which health region do you primarily work in?

- Assiniboine Brandon Burntwood
 Central Churchill Interlake
 NOR-MAN NorthEastman Parkland
 SouthEastman Winnipeg All of Manitoba
 Other: _____

Please rate the following sessions:

4. Keynote address: John Garcia	Excellent	Very Good	Good	Fair	Poor	N/A
(a) The format						
(b) The information/content						
(c) The level of knowledge gained						
(d) The usefulness of the session to your work?						

5. Keynote address: Glennis Andall-Brereton	Excellent	Very Good	Good	Fair	Poor	N/A
(a) The format						
(b) The information/content						
(c) The level of knowledge gained						
(d) The usefulness of the session to your work?						

6. Manitoba Case Studies	Excellent	Very Good	Good	Fair	Poor	N/A
(a) The format						
(b) The information/content						
(c) The level of knowledge gained						
(d) The usefulness of the session to your work?						

7. Group activity	Excellent	Very Good	Good	Fair	Poor	N/A
(a) The format						
(b) The information/content						
(c) The level of knowledge gained						
(d) The usefulness of the session to your work?						

APPENDIX 1: Evaluation Form

8. How will the information you heard today impact on your work in the future? (check all that apply)

- I will share information about adult risk factor surveillance with others
- I will identify and approach partners in my region to involve in adult risk factor surveillance
- I will become involved on the Adult Risk Factor Surveillance (ARFS) Working Group
- I will actively work on implementing adult risk factor surveillance in my region
- I will suggest that somebody in my region become involved on the ARFS Working Group
- I will stay informed about the progress of the ARFS Working Group
- Other, please

describe: _____

9. Please indicate how much you agree with the following statements about provincial ARFS:

	Completely disagree			Completely agree			Don't know N/A
	1	2	3	4	5	6	
(a) ARFS would be a helpful tool for local planning in my region							
(b) Investing in ARFS is a worthwhile cost							
(c) Manitoba has the required expertise to implement ARFS							
(d) My region has the required expertise to implement ARFS							
(e) My region has a champion who can advocate for ARFS							
(f) ARFS is a high priority for Manitoba							
(g) Using the same methodology across regions is important							
(h) PPHL should play a key role in implementing provincial ARFS							

10. Please select the statement that best describes your regions' readiness for ARFS

- Surveillance is not being considered at this time
- Surveillance is being considered/discussed but no specific action taken
- The region has taken preliminary steps in planning for surveillance
- The region is actively involved in planning for surveillance
- The region has implemented adult risk factor surveillance
- The region has used local adult risk factor surveillance for planning
- I don't know

11. How well do you feel the symposium met the following objectives:

	Not at all	Somewhat	Fully
(a) Highlighted the importance of community level ARFS			
(b) Reviewed the methodologies for ARFS			
(c) Identified existing regional resources for ARFS			
(d) Identified existing regional challenges for ARFS			

12. Additional comments

