

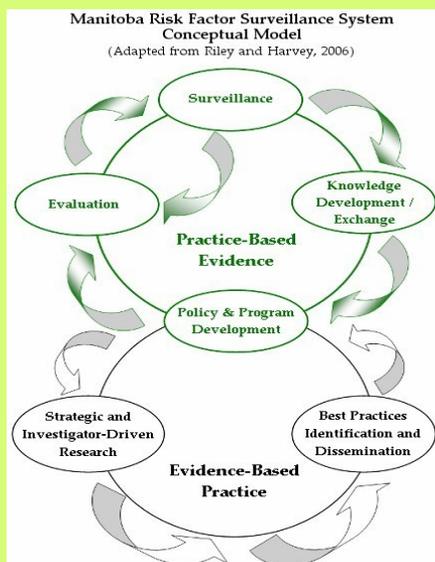
An Exploratory Case Study of the Manitoba Risk Factor Surveillance System

Partners in Planning for Healthy Living

Partners in Planning for Healthy Living (PPHL) is a group of Manitoba partners who share a common mandate for the prevention of chronic diseases. PPHL partners work together in a collegial manner to develop organizational, community and regional capacity to use evidence in planning programs for healthy living in communities across Manitoba.

Manitoba Risk Factor Surveillance System

PPHL partners are working and learning together to build an integrated risk factor surveillance system that spans and reflects the unique contexts within Manitoba.



Background

On behalf of Partners in Planning for Healthy Living (PPHL) CancerCare Manitoba is participating in the *Youth Excel CLASP* (Coalition Linking Action and Science for Prevention) project funded by the Canadian Partnership Against Cancer (CPAC). The purpose of the project is to accelerate the use of evidence to inform decisions made by policy makers, practitioners and youth health leaders to improve overall youth health. As part of the project, case studies were conducted in Manitoba, Prince Edward Island and New Brunswick. In addition, a cross case analysis was conducted to compare similarities and difference across the three provinces' knowledge exchange systems.

This particular fact sheet focuses on the Manitoba case study. The objective of the Manitoba case study was to document processes, successes/challenges and lessons learned in regards to PPHL, the Manitoba Risk Factor Surveillance System (MRFSS) and the Youth Health Survey (YHS) so that stakeholders may learn and build from the Manitoba experience.

Youth Risk Factor Surveillance Activities

Partnership

In 2006 a group of partners that is today known as PPHL came together. Their work supports provincial surveillance activities and is guided by the Manitoba Risk Factor Surveillance System (MRFSS) conceptual model. The PPHL membership has since formalized and grown from a five (5) member organization to over twenty-two (22) members. Members include government, non-government organizations (from the health and education sectors) and all Manitoba regional health authorities (RHAs). The partnership has supported youth risk factor surveillance activities.

Youth Health Surveillance Activities cont'd

Youth Health Survey

Between 2007-2008 Manitoba RHAs conducted the Youth Health Survey (YHS) in grades 9-12 and some RHAs also surveyed grades 6-8. The census style survey provided schools, school divisions, and RHAs with local information on youth health with a focus on chronic disease risk factors.

Knowledge Development and Exchange

Within the context of this study knowledge development refers to any tools that were developed for the purposes of sharing information. The main tool was the feedback reports generated at the school, school division, regional and provincial level.

Knowledge exchange (KE) within this study refers to events, forums, meetings, presentations or planning sessions that were held to raise awareness, share findings and encourage use of the YHS information/reports. Various knowledge exchange activities took place across the province.

Policy and Program Development & Evaluation

The YHS results have been used to inform policy and program development at the school, school division, regional and provincial levels. Evaluation of these new initiatives allow for the generation of new evidence and continuous learning.

What We Saw

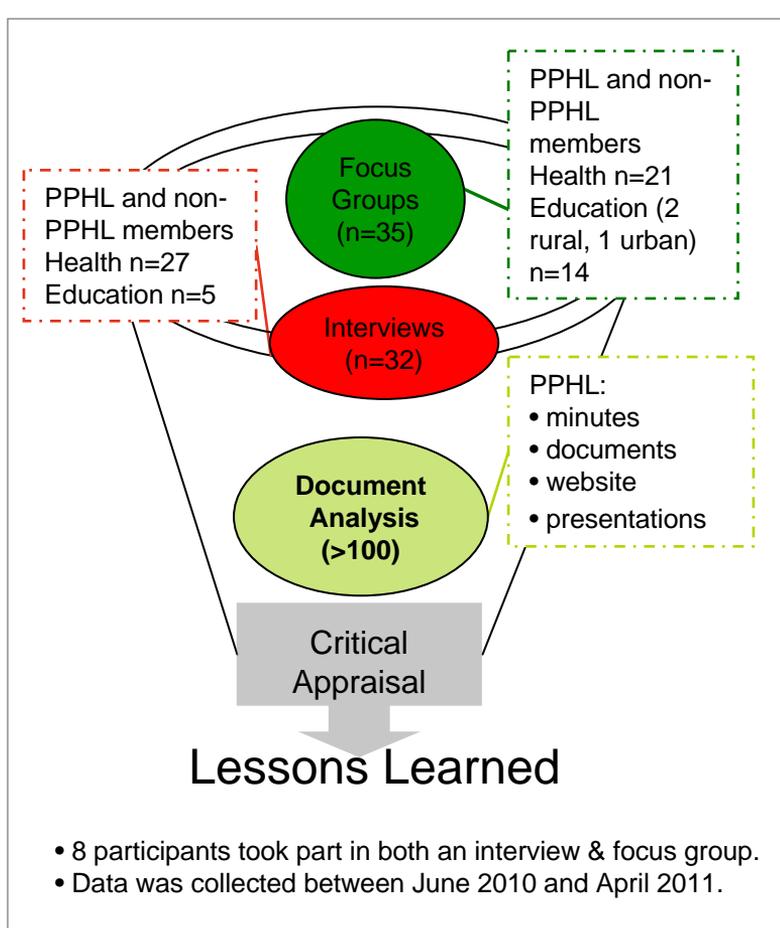
Survey Administration

- Multi-level leadership from all partners during survey implementation
- Sharing of resources, knowledge and expertise by all partners
- Acceleration of survey implementation with the engagement of Manitoba Education, Citizenship and Youth and Manitoba Healthy Living
- Readiness in many schools, school divisions and RHAs for local level data to inform decision-making
- RHA coordination of data collection and ownership of data

Knowledge Development and Exchange

- Use of plain language in feedback reports
- RHAs led KE at the school, school division and regional level
- PPHL led KE at the provincial and national level
- Varying capacity across the RHAs to conduct KE

Figure 1. Case Study Methods



What We Saw cont'd

Knowledge Development and Exchange Cont'd

- Greatest use of the YHS information was in RHAs that prioritized KE activities (ie allocated staff time and resources)
- PPHL sought opportunities to present YHS information to various end-users but there was no comprehensive KE strategy to support partners/stakeholders in developing and implementing KE activities
- Variety of KE products and KE activities tailored for various end-users

Policy and Program Development

- YHS data used in all RHA Community Health Assessment Reports
- YHS data used by many stakeholders (teachers, school administrators, RHAs, government, NGOs etc) to develop new programs/policies and/or support existing programs/policies

What We Learned

- ✓ Partners' networks can increase the reach and capacity for surveillance and knowledge uptake.
- ✓ Partnerships can leverage funds and resources, both in-kind and financial.
- ✓ Champions at all levels are needed to help build momentum and gain support for initiatives.
- ✓ Engage a broad range of stakeholders including youth in surveillance planning, knowledge development and exchange to ensure that data collected is useful and presented in a format understood by end-users.
- ✓ Support from the Department of Education is helpful to encourage school participation.
- ✓ Regional ownership of the data increases the sense of accountability to utilize and share the data with youth health stakeholders.
- ✓ YHS survey and KE coordinators are often different people. KE training is needed to ensure KE coordinators are comfortable following-up with schools to encourage use and integration of the reports into school plans.
- ✓ Use language that stakeholders are familiar with so that knowledge products are easy to understand and use.
- ✓ Personal follow-up, sharing of success stories, support from partners, resources (money, time, and people), and engaging youth were identified as critical for successful KE.
- ✓ KE plans both provincial and local should be developed concurrently with data collection and analysis plans.
- ✓ Schools are very busy places. Educators need to understand that the YHS is meant to be complementary to existing school/school division initiatives and is not intended to be an additional burden on the schools.
- ✓ School division and RHA boundaries do not always align. School divisions that overlap with more than one RHA face additional challenges in coordination of KE activities, RHA partnerships and support.
- ✓ There is opportunity to increase the evaluation capacity at the local level.
- ✓ Continuous multi-year funding is necessary for integration of the MRFSS into existing planning cycles and structures and its subsequent sustainability.

What We Heard

"I think more real life examples would be helpful. Stories make it come alive and I think if you are going to get people excited about using data they have to make the connection with themselves. Sharing success stories would help them say 'We can do that!' "

- PPHL Member/Regional Health Authority

"Knowing that they would receive school reports was the big sell as was knowing that the education minister was behind it because they [schools] would be a little bit more hesitant if they didn't have the education ministerial support. "

- Educator

"I think [because of] the size of Manitoba, and maybe the fact that individuals have been in leadership positions for a number of years, that there's a trust built that allow things to happen."

- PPHL Member/NGO

"There's a strong emphasis on the surveillance and doing the surveillance and kind of forgetting about the knowledge exchange piece. They [PPHL] hadn't planned fully how that [KE] was operationalized."

- PPHL Member/NGO

"PPHL leading is most helpful because when I go to senior management to say this is what PPHL wants to do there is more value than saying this is what I want to do."

-PPHL Member/Regional Health Authority

"I think the report does a really good job of having the reading level almost conversational. It's plain language and not technically written."

-Health Promoter

"Difference is that it was not led by academics for research proposes but rather by practical people for use in planning."

-PPHL Member

More Information

Please visit the PPHL website to view:

1. MB case study report: *"Telling the Whole Story: An exploratory case study on the Manitoba Risk Factor Surveillance System"* and
2. Cross-case report: *Youth Excel CLASP Cross-Case Study of Knowledge Exchange Capacity Within Three Provinces: Manitoba, New Brunswick, and Prince Edward Island*

www.healthincommon.ca/pphl

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