

# YOUTH HEALTH SURVEY IMPLEMENTATION EVALUATION REPORT

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## EXECUTIVE SUMMARY

Implemented between October 2012 and May 2013 in schools across Manitoba, the Youth Health Survey (YHS) asked all Manitoba students in grades 7 – 12 (typically aged 12 – 18) about factors related to physical health, risk behaviours and mental wellbeing. The first cycle of the YHS was carried out in 2008. In 2012, the survey was expanded to include questions about sexual health and anonymous personal identifiers were added to link data to other surveys or administrative data.

An evaluation to assess the process of administering the 2012-13 YHS was undertaken between June and September 2013. The evaluation involved data collection methods geared toward target audiences (stakeholders, RHA partners, school partners), and helps to document the process and identify lessons learned.

Respondents indicated repeatedly that survey engagement, implementation and collation take a large amount of time. Clearly communicating the purpose of the survey, resources required, timelines, and benefits of the survey can help schools understand what it means to take part in YHS, and decide whether to accommodate it within their schedules and curriculum. Early and ongoing communication with schools and school divisions, and better coordinated internal and external communications may also help to engage schools. In conjunction with proactively sharing information about the survey process, clearly communicating the content of the survey can ensure parents and community members are informed.

Outlining the survey implementation processes that schools are required to follow – particularly regarding survey coding, collection and collation – can help ensure all participants consistently follow the steps required. Transparent processes and communications can help schools better prepare for the survey, and is critical to the survey's success. Activities that supported successful delivery and enhanced transparency included a school division sub-committee meeting to learn about and discuss the survey, letters sent to parents, linking the survey online and preparing information for each school principal.

Respondents identified factors that contributed to collaboration and cooperation among the YHS partners. This included engaging partners (schools and school divisions) with previous YHS experience, a spirit of cooperation among partners, the valuable participation of RHAs, and having a dedicated contact available to support those tasked with YHS implementation. Positive working relationships, responsive school leaders (administration and teachers), supportive members of the YHS network, and opportunities to collaborate on communication strategies and delivery were also identified.

More than half of survey respondents (61%) said they found communication about YHS to be either moderately (35%) or greatly (26%) clear. Over half (67%) agreed communication methods were appropriate, versus 30% who thought this was not the case, or only to a small degree. The majority of survey respondents (73%) felt they had the information needed to implement the YHS.

While many respondents said that communications about YHS were clear and appropriate methods used, and that partners across the implementation team provided a great deal of support, challenges

that hindered YHS implementation were identified. These challenges included difficulty engaging rural, independent, and First Nation schools; unclear roles and responsibilities of the many YHS implementation members; compressed timelines; and challenges navigating sensitive issues. Respondents also spoke of inconsistent communication about YHS. For example, different letters sent from RHAs to school divisions; challenges to understand the process to roll out the survey in the classroom; “nonstop” emails to public health nurses with ever-changing and duplicating information; and confusion how to opt out of various survey modules. Many of these issues were reportedly unanticipated; 72% of survey respondents encountered unexpected challenges or issues throughout the YHS.

A limited number of respondents reported negative feedback from parents. Concerns centered on a failure to share information in a timely way, the process to opt out of the survey, and age-appropriate information. Many respondents felt that communication with parents was vital. Providing ample time to review the survey, making sure this process was “easy and accessible,” and ensuring that information about the survey (including how to opt out) was clearly communicated were key areas of feedback. Where no negative feedback was reported, respondents pointed to parents’ support for collecting “important” health information. In one case, this positive response was seen to be a direct result of the implementation team “working very hard to communicate.”

A dedicated single point of contact in each region supported with broader, provincial messaging and a consistent, clearly communicated, transparent approach was identified as an element of successful survey implementation. In essence, respondents described a dual approach; a YHS that is *locally* responsive to the needs of school districts, identifying schools that may require additional support provided by one central point of contact (project coordinator), and *provincially* supported by communications that articulate policies and approach across all regions. Province-wide messaging that addresses community concerns, such as the sexual health module, and issues of privacy and confidentiality, can be helpful to schools that may use these messages in their own communications with parents. This can allow school leaders to respond to the unique needs of their community, with the support of provincial communications.

Where time permitted, providing direct support to schools throughout the survey (introduction, implementation, and data collection, collation, dissemination of information) helped ensure participation of schools and timely completion of the survey. As one coordinator put it, “part of being a good partner is to not leave [schools] with all responsibility when crap hits the fan.” Respondents repeated that the use of dedicated regional (RHA) research and evaluation resources was a great help to the project, as was the valuable support and leadership of CancerCare Manitoba and Healthy Child Manitoba.

Sharing the results of the survey was identified as important by many respondents. This sharing was seen to build trust between the survey administrators and schools, whereas failure to do so contributes to disappointment and feeling unappreciated. As one respondent said, “where are the thank you’s? Where are the results?” Another said; “if we could have the results a little earlier it would help in our

planning for September. If the questions remain the same it would help for comparisons.” All respondent groups emphasized the usefulness of survey data for school planning, identifying benefits including; stronger connections between health and education policy; building a culture of survey implementation; and continuing to build in reflection and evaluation of YHS.

A handful of respondents said it is valuable to conduct a review of YHS implementation, a feeling shared by parents who learned of the evaluation. As one respondent said;

“obtaining feedback from the school system about implementation well before the next cycle would go a long way toward creating a stronger partnership, improving implementation processes and preserving relationships between RHA's and school divisions. This should be done soon before there is a lot of turnover in division/school staff.”

## IMPLEMENTATION FRAMEWORK

The proposed framework, across four key areas, builds on recommendations respondents' identified through the evaluation (below, pp. 24-25), and identifies factors of general focus, as well as specific enhancements. Notably, a number of factors are already in place, and are critical to the current delivery of the survey.

Engagement	Implementation	Accountability	Communications
<ul style="list-style-type: none"> <li>• Transparent survey process, timelines and anticipated resource requirements</li> <li>• Early and ongoing communication with schools, school divisions, and Department of Education</li> <li>• Robust cross sector relationships (Education and Health)</li> <li>• Engaged experts (Education and Health) support survey development and reporting</li> <li>• Supported engagement of independent, rural and First Nation schools</li> </ul>	<ul style="list-style-type: none"> <li>• Clearly outlined steps for survey implementation</li> <li>• Schools and school divisions implement YHS in accordance with school calendar (local flexibility)</li> <li>• Dedicated RHA and Department of Education resource offer direct support to schools (eg, survey implementation support, media relations)</li> <li>• Dedicated school level resource</li> <li>• Electronic survey format to streamline collection, analysis and reporting</li> <li>• Information technology (IT) tools, processes and tech support for effective data management</li> <li>• Enhanced student coding support</li> <li>• Clearly outlined steps to protect confidentiality</li> <li>• Province-wide passive survey consent</li> </ul>	<ul style="list-style-type: none"> <li>• Clear roles and responsibilities for YHS partners</li> <li>• Age appropriate survey content</li> <li>• French language support for survey development and reporting</li> <li>• Collection and storage methods that protect privacy and confidentiality</li> <li>• Timely reporting to schools</li> <li>• YHS integrated into school planning cycles</li> </ul>	<ul style="list-style-type: none"> <li>• Consistent provincial messaging of survey purpose and process</li> <li>• Provincial level communication materials for key issues (eg, YHS purpose, privacy concerns, sexual health module, parental consent)</li> <li>• Clear communication roles across YHS partners</li> <li>• Electronic access to survey and supporting materials (eg, purpose, timelines)</li> <li>• Ongoing engagement with past and present YHS partners and schools</li> </ul>

# YOUTH HEALTH SURVEY IMPLEMENTATION: EVALUATION REPORT

## BACKGROUND

Implemented between October 2012 and May 2013 in schools across Manitoba, the Youth Health Survey (YHS) asked all Manitoba students in grades 7 – 12 (typically aged 12 – 18) about factors related to physical health, risk behaviours and mental wellbeing. The first cycle of the YHS was carried out in 2008. In 2012, the survey was expanded to include questions about sexual health and anonymous personal identifiers were added to link data to other surveys or administrative data.

Implementation of the YHS is coordinated through the Partners in Planning for Healthy Living (YHS Implementation Working Group) with each RHA designating a regional coordinator responsible for on-the-ground administration. Regional coordinators worked closely with school divisions to implement the survey in their area. Support was also provided by Healthy Child Manitoba and CancerCare Manitoba to package and distribute surveys.

Following the second cycle of Youth Health Surveys in 2012, the YHS Implementation Working Group, drawn from the various partners named above, evaluated the survey administration process.

## EVALUATION SCOPE AND PURPOSE

Intended to review the process of administering the 2012-13 YHS in Manitoba, the evaluation gathered feedback about the YHS process in order to:

- **Identify lessons learned:** What worked well and what improvements can be made to the YHS process in future cycles? How was implementation adapted across regions and school divisions and what innovative strategies were used to reach as many students as possible including youth with special needs?
- **Document the process:** Map out processes and resource needs for administering the survey including: best practices for engaging and communicating with stakeholders; securing and maintaining support for the survey; supporting regions and schools to implement the survey and ensuring data validity and reliability.
- **Foster buy-in:** Identify best practices to engage with education partners in a way that will build a culture that supports implementation of the YHS on an ongoing basis. This includes considering ways in which the YHS ‘fits’ within other ongoing data collection activities in schools (for example the “*Tell Them From Me Survey*,” or TTFM).

## EVALUATION QUESTIONS

- What activities were involved in implementation of the YHS and how can these be improved or enhanced in future cycles?
- What factors contributed or hindered collaboration and coordination among partners (health, education and other)?
- What were the perceptions and reactions of those involved to the YHS implementation (school staff, students, parents, health staff and other partners)?

## METHODOLOGY

Data collection methods were geared to target audiences (stakeholders, RHA partners, school partners. Feedback from each group was analyzed independently, and then collated by identifying themes and subthemes.

Where attribution is made, key informants are referred to as “project coordinators” or “coordinators” and focus group participants are “participants”; those who completed the online survey are referred to as “survey respondents”; and where there is general agreement, or general attribution is not valuable, the term “respondent(s)” is used.

### *On-line survey of RHA and school staff*

An on-line survey was sent to School and RHA staff involved in administering the YHS, inviting them to provide feedback and recommendations on the YHS process. The survey link was sent through lead contacts at RHA and School Divisions. Survey questions sought input on staff experiences with communication, challenges with implementation, and recommendations for improving the YHS process in the future.

A total of fifty-two people responded to the online implementation survey. The majority of respondents (69%) work for a regional health authority; 23% work for a school division and 8% work at a school. Close to half of all online respondents spent less than one day a month on YHS related activities between August 2012 and June 2013, and over a quarter spent between one and three days a month over the same period.

Response	Percentage	Count
Less than one day a month (i.e. less than 80 hours total)	46%	24
Between 1 - 3 days/month (i.e. between 80-250 hours in total)	27%	14
Between 4 - 6 days/month (i.e. between 250 - 500 hours in total)	6%	3
More than 6 days/month (i.e. more than 500 hours in total)	6%	3
Other (Specify)	6%	3
I don't know	10%	5
		<b>52</b>

### *Key informant interviews with RHA leads*

The lead person responsible for administering the YHS in each RHA was invited to take part in a key informant interview (based on the former 11 RHAs). The purpose of these telephone interviews was to solicit more in-depth feedback related to the experience of administering the YHS within the different regions and schools. These project coordinators were asked to comment on the process, challenges, innovative strategies used to expand reach, and any relevant anecdotal feedback heard from teachers, students and parents about the YHS. Coordinators also provided recommendations for improving the YHS process in the future.

Seven RHA leads participated in a key informant interview representing the following regions: Burntwood, Parkland, Brandon, Assiniboine, Central, Interlake and Southern.

### *Stakeholder's focus group*

One focus group was held with five representatives from partner organizations including Healthy Child, Louis Riel School Division and CancerCare. Partners gave feedback on the process and discussed opportunities for enhanced collaboration and engagement.

## FINDINGS

### WHAT ACTIVITIES WERE INVOLVED IN IMPLEMENTATION OF THE YHS AND HOW CAN THESE BE IMPROVED OR ENHANCED IN FUTURE CYCLES?

YHS implementation occurred in three stages: (1) engaging with school divisions; (2) coordinating survey administration (implementation); and (3) gathering and sending completed surveys to CancerCare for data analysis.

#### ENGAGEMENT

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Engagement with school divisions involved initial contact with district superintendents by phone or email followed by an in-person or phone meeting. The follow-up meetings included an explanation of the newly adopted coding system and modules added since the 2008 survey, in particular the sexual health module. In some cases, engagement included presentations to school boards and/or school staff. Coding was implemented in 2012 to provide a mechanism to anonymously link youth health survey results with administrative data from Manitoba Health. Decisions were made on a division basis regarding adoption of the coding system and inclusion of the sexual health module in the survey.

To support engagement with the schools, a letter was sent to all superintendents from the Minister of Education to inform them of the initiative and demonstrate support for the YHS at the provincial level.

Once decisions regarding the use of linkable anonymous coding and the inclusion of the sexual health module were made, school divisions worked with individual schools to schedule dates to complete the survey. Class lists were generated and sent to Healthy Child Manitoba where coded cover sheets were generated and packages prepared for each classroom that included teacher instructions; surveys (coded or anonymous, depending on the school); and a resource sheet for students who required additional supports or services related to issues raised on the survey.

#### IMPLEMENTATION

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Once school packages were prepared, RHA staff coordinated distribution and delivery to each school. Distribution mechanisms included RHA delivery systems (mail truck), distribution through school boards, mailing through regular post (for example, to remote and fly-in communities) or staff delivering them in person as they visited communities.

Once schools had the surveys, teachers followed instructions provided to administer the survey to individual classes. As with most other processes, this would vary depending on the class and student make-up. Teachers were asked to allow students to complete surveys as privately as possible. In some cases, teachers were reported to have been observing students' closely as they completed the survey (for example, walking up and down aisles). Some schools chose to include special needs students and provide additional support where required. Other schools made the decision to exclude these students due to the increased resource requirements and potential vulnerabilities.

Teachers were responsible for completing attendance sheets to indicate which students opted out and which were absent, remove the front page identifiers from surveys as they were distributed to students, put these into a separate sealed envelope, and submit to the office to be sent back to the collection point. RHA staff was identified to answer questions and provide support to implementation.

## **COLLECTION & SUBMISSION**

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Survey collection and collation varied in each region, with two areas finding ways to coordinate efforts. One RHA used existing evaluation and research resources to collect and collate results, and centralized scanning of surveys for one school district. The same RHA reviewed the process for survey collection with schools to ensure the process was safe and confidentiality was protected. Another RHA described partnering with two third parties to separate, and scan, the surveys after the front sheets had been sent to Healthy Child Manitoba. In the Frontier School Division a school division contact coordinated the survey implementation and collection. A third regional coordinator in Thompson who collected the surveys before forwarding to Flin Flon for scanning felt the surveys could have been sent directly to the Flin Flon office.

To help ensure data was valid and that confidentiality was protected, regions worked closely with CancerCare Manitoba to validate information of completed surveys. Where students crossed off their names, one respondent related that the information was entered as anonymous. After scanning the surveys in the regions, the data was cleaned, and any unusual materials were marked as suspicious and sent to CancerCare. Differences in coding and the inclusion of different modules (for example, sexual health module) increased the time needed by some school divisions to collate results.

## **CHALLENGES**

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Challenges arose in the project cycle, from engagement through implementation, survey collection and reporting. Respondents said that schools receive numerous requests to engage and reach youth, all of which may divert from the existing curriculum; while requests to engage youth is positively received by some schools, it can be a challenge for other schools to accommodate these requests. The YHS was seen by some school divisions as an additional responsibility levied on staff, and some schools had concerns about the resources required. In addition, it was reported that some schools engaged in the *Tell Them From Me* (TTFM) surveys, and so delayed YHS, in part due to concerns related to staff time and doing the YHS and TTFM close together. Most respondents said confusion between the TTFM survey and the YHS posed a challenge.

Some school divisions had difficulty working with technology when preparing the survey for distribution to schools. Some respondents indicated there were challenges for school divisions to electronically generate class lists and that schools struggled to use the scanning software. With no standardized electronic system to code class lists across the province, many respondents reported the coding system made the process more resource and time intensive. Although one health region reported no issues with the coding system, stating that schools complete enough surveys to easily understand or “get it,” other health regions reported that some schools were challenged to understand and implement the

coding required for the surveys. It was noted that schools with less electronic resources defaulted to anonymous (non-coded) surveys rather than generate class lists manually.

Respondents experienced difficulties with the scanning software. Issues included incompatibility with existing systems, and the inability to read (process) data. With little reported support from the software vendor, scanning required significant resources of some participating schools. Two reported that the IT vendor was unresponsive, and resolved their IT issues by dealing with it internally. Specifically, the YHS survey format didn't meet spacing requirements to work with REMARK and software other regions are using (YHS used Ascent Capture software). It was suggested that the survey be set up to work with existing software. One respondent asked who is responsible to maintain and upgrade the software, now and into the next cycle. Survey respondents also said scanning the completed surveys was time intensive.

Respondents experienced difficulties collecting the completed surveys, and suggested more attention be paid to gathering surveys – particularly from more remote communities. As one remarked, mailing the surveys was a prohibitive cost to the school. Two RHAs said greater planning for survey collection can protect information and mediate issues related to “human error”, such as recycled surveys appearing in the region. In general, it was challenging to maintain ongoing communication with schools and ensure surveys were returned. One respondent said there were greater issues securing participation and consent of rural or “outlying areas”. Being unable to meet face-to-face and provide direct support was a barrier, and when issues arose, some schools simply chose not to complete the YHS.

Respondents said that survey collection and collation was time consuming and requires better coordination. Participants described an “overwhelming” hands-on process, including receiving, scanning and confirming surveys were properly submitted (for example, with correct class lists attached, and no missing surveys). They highlighted resource challenges; “we just didn't have enough bodies. We tried to plan ahead of time what our really big peaks were...but I don't think that we can ever do that.” Nevertheless, one respondent emphasized that although the process of verifying surveys was “onerous” the “data is meaningful.”

Some proposed improvements for survey collection included better coordination by schools to ensure all classrooms' completed surveys are sent together, accompanied by accurate class lists to ensure the surveys can be properly sorted and entered, and introducing a mixed methodology that includes online surveys to streamline the process of collection, collation, analysis and reporting. “I think we underestimated the work load impact of the identifiers,” said one focus group participant. “It became a much bigger job. I think that now we have a sense of what's required and we can probably streamline that a lot next time.”

## IMPROVEMENTS & ENHANCEMENTS

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In interviews, respondents spoke of connecting directly with schools early in the YHS process to encourage participation; this included in-person visits, phone or email, and making efforts to “tailor” communications with each region. Early and ongoing communication with schools and school districts is essential to survey implementation. As one respondent said, “I would engage much earlier and lay out processes well in advance,” adding that providing materials such as a sample of the survey (example questions) and previous YHS reports can help increase understanding of the initiative.

Establishing contacts in each school division prior to survey delivery is critical for “buy in” and ensuring school participation. As one respondent described, this may entail “initial meetings in person to set up the relationship...set the tone for how they would work together.” Project coordinators working at a regional implementation level relied on the knowledge and expertise of regional contacts to connect with the schools, often working with school administration to provide additional information as required. As one said, trusting the school districts to “tell us what they needed,” is an “important and respectful” way to work. Respondents emphasized that although answering questions and providing information directly to schools and school districts is critical to successfully engaging schools, it is undeniably time consuming.

Prior approval and support from the school division is important for engagement and survey implementation. Early and ongoing communication with the division helps to secure survey participation by individual schools, and ensures the modules and processes are properly introduced.

While one respondent mentioned that a letter from the Department of Education was helpful in some cases – for example, convincing school divisions to use proposed codes – the letter also antagonized School Division Superintendents, some who reportedly felt they were being “strong-armed.” This respondent suggested that including superintendents in preliminary discussions with Department of Education staff and officials may elicit greater support as well as collect valuable input.

To minimize confusion sorting surveys, one respondent suggested creating different labels and separate electronic files for surveys that include the sexual health module; “electronically create 2 separate ‘files’ for the two different surveys. It was confusing dealing with the same forms labelled “with” or “without” sexual questions; especially when having to organize to email to schools.”

### WHAT FACTORS CONTRIBUTED OR HINDERED COLLABORATION AND COORDINATION AMONG PARTNERS (HEALTH, EDUCATION AND OTHER PARTNERS)?

Respondents identified factors that contributed to collaboration, including partners with previous YHS experience, participation of RHAs, a spirit of cooperation among partners, and identifying a dedicated resource to support YHS. Challenges that hindered the process included some instances of inconsistent communication, unclear roles and responsibilities, compressed timelines and time spent navigating sensitive issues. Many of these challenges were reportedly unanticipated; 72% of survey respondents encountered unexpected challenges or issues throughout the YHS.

## EXPERIENCE

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As noted, coordinators believe that initiating communications with the school divisions early in the engagement improves understanding and participation rates with YHS. Coordinators reported that school districts with previous experience were more receptive; in cases where school district contacts were new, it took more effort to engage the school and secure buy-in. Coordinators and school staff with previous YHS experience understood the survey process and was able to reconnect with school divisions. A focus group participant stated that it was “beneficial” to have schools that had previously participated in the 2008 YHS take part in the 2012-13 survey as “they were able to speak to the value of the information.” However, staff turnover at the school level made it difficult to rely on schools having prior experience with the YHS.

## COORDINATION

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Respondents said repeatedly that working together with the implementation team is important for successful survey implementation. They highlighted the importance of internal engagement and coordination of the working partners, and pointed to “shared leadership,” with ample collaboration and flexibility that allowed players to take on various responsibilities. One respondent said “there was lots of collaboration to make sure that everything ran smoothly”, and another said “I think no one having a defined role in this... it’s not like you couldn’t say, it’s not my job. We all had a vested interest in making this a success.” This collaboration and coordination was supported by positive working relationships, responsive school leaders (administration and teachers), supportive members of the YHS network, and opportunities to collaborate on communication strategies and delivery.

One RHA described that by working together, coordinators from different areas of an RHA were better able to engage, implement and collect, and collate the survey. This approach included dividing tasks and identifying key contacts for the schools. In terms of coordinating efforts, one RHA enlisted support from the Health Promotion unit and a public health nurse, creating teams to prepare, box and deliver the surveys, which “worked really well.” Similarly, coordinators said that schools reported it was easier to work with one coordinator than connect with multiple RHA employees.

Involving all partners (including educators and in particular the representatives from the RHAs) on the implementation team is valuable. As one respondent said, “it was really key to have all those RHAs on the implementation team. They were involved in every decision in every meeting and had all the background info.”

In the focus group discussion, respondents described the YHS as a “top-down” implementation approach that was coordinated centrally, yet still offered flexibility at the local or school level. Examples of this approach included providing a general time frame for the survey to be delivered and schools deciding on a survey date, and providing schools with provincial level communications (such as introductory letters, briefing notes, web site links) that schools can deliver, as appropriate. Creating communication materials for distribution by schools allows for greater personalization and sensitivity to the community. As one respondent said, “we were allowing bit of flexibility. It all worked out and I think schools appreciated that, having that little bit of control.”

## DEDICATED RESOURCE

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Dedicated and centralized resources were often associated with the benefit of increased coordination among partners. Key stakeholders identified that having a key school division contact to anticipate and trouble shoot issues provided much needed guidance, and helped navigate challenges; “It’s having someone in the division to answer questions and go to.” Overall, this support of the point person was valuable, and resulted in “a really great team effort with an excellent point person and leader.”

A dedicated point of contact within the RHAs was also helpful, as was coordination with a school division representative which ensured parents were able to get information required or voice concerns, to either the school or health authority. Respondents noted that generally school divisions work very closely together, consulting and often following each other’s approach.

The collaborative team approach described by respondents relies on having an informed and balanced group of experts for survey development. “Sometimes we didn’t have the right experts at the table or experts from a particular position if you will,” one respondent said, reporting that there were “difficult[ies] engaging some of the stakeholders for the expert working groups.” Respondents also flagged the importance of engaging experts to provide input to survey reporting.

## COMMUNICATIONS

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More than half of survey respondents (61%) said they found communication about YHS to be clear to either a moderate (35%) or great degree (26%). Over half (67%) also agreed that the communication methods were appropriate, versus 30% who thought this was not the case, or only to a small degree. The majority of survey respondents (73%) felt they had the information needed to implement the YHS. Seventy one percent felt they had the support to implement the YHS in their region, division or school to a moderate or great degree, versus 22% of those who felt this to a small degree. A lack of clear communication was an issue for approximately a third of participants. When asked “to what extent did you find the communication about the YHS to be clear”, 37% of survey respondents replied negatively, 24% saying “not at all” and 13% answering “to a small extent.”.

Respondents said it is particularly important to collaborate on communications. A coordinated communication approach can improve partners’ understanding of the survey and cultivate a shared understanding about YHS. Coordinated communications can also help address parents’ doubts and concerns. One respondent said “I think it really helped” to have early messaging from the Ministers of Education and Health in addition to a letter from the Department of Education. Looking forward, respondents said that working with educators to prepare standard “canned” messages that can respond to parents’ questions will help ensure the YHS team is “much better prepared for next time.” As one respondent said, if the Department of Education was more engaged in communications about the survey, this may have helped to “alleviate backlash” to the survey.

Another suggestion for improved communication is to make the survey accessible online; “it’s a public document so that was a lesson learned. We should have posted a link to the actual survey just to make it more convenient for parents. They’re hustling around back and forth to work and getting their kids to

drop off the survey wasn't all that convenient for them." This idea resurfaced in later discussions, with respondents affirming the idea to embed the survey in reports, ensuring "it's just all there" for readers to contextualize the findings. Similarly, two survey respondents described clear communication activities that supported the successful delivery of the survey in the region, including a school division sub-committee meeting to learn about and discuss the survey prior to implementation at the school, letters sent to parents, linking the survey online, and preparing information for each school principal. One respondent suggested engaging mainstream and social media to share information, and improve the reach to parents and communities.

Better coordination also includes internal communications, managing stakeholders (the internal audience, such as schools, school divisions, and provincial representatives) and clarifying the communication role of each partner. This could include bringing together government departments at the outset of the process to better understand the cross-departmental (and inter-sectoral) connections. One respondent spoke of the need to clarify the communication roles of the province and other partners, from a communication perspective, and ensure that the communication roles are "clearly outlined up front."

In a similar way, respondents said that a transparent survey process can help clarify roles and responsibilities of all partners, which in turn can have the positive effect of supporting awareness and understanding of the survey and translate into increased participation. This includes being clear about the goals of the survey, and how it can connect to work at the school level. As one respondent said, "I think [schools] just didn't know what we were up to and they didn't really see the linkage to their work."

Improved internal communications is a part of encouraging participation and building a culture of survey implementation; "So I think a little bit more up front work. Maybe it'll be easier next time because we've engaged with them and we've engaged in the review and report template and that kind of thing. So I think next time it might be a little bit easier."

## **TIMELINES**

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A number of survey respondents said tight timelines created implementation challenges for schools. Although one survey respondent reported that schools were "very receptive and eager" to take part, the compressed timelines during a busy time of year made implementation more complicated. Respondents repeatedly said that learning to upload and use the survey was difficult and time consuming for schools. The coding system also raised issues for many schools that did not have the technological capacity or human resources to dedicate to the coding process. The compressed timeline exacerbated the challenges schools faced manually or electronically creating and coding class lists. In addition, over a third of survey respondents (37%) did not feel communication was timely, versus 62% who agreed (to a moderate or great degree) that it was.

The timing of the survey also created issues for public health nurses (PHNs) tasked in some health regions to support survey delivery. This issue was raised repeatedly by survey respondents, particularly in regard to PHN immunization schedules (influenza and school clinics). As one respondent said, public health nurses have other duties and the demands were "unrealistic," creating a "frustrating experience"

that was not good for the PHN and school working relationship; “felt like we were not prepared and unorganized. School understood, but still frustrating. Time frames constantly were changing.”

## **SCHOOL ENGAGEMENT**

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A number of coordinators cited challenges ensuring participation by independent schools, and pointed to lower response rates. With “not a lot of luck with independent schools,” one RHA said that sending a letter to each school, with a follow-up phone call to some of the larger institutions did not produce positive responses. The reluctance to participate was explained by some coordinators as the desire of faith-based schools to maintain independence from the public system. Respondents expressed interest to learn how other areas were more successful in engaging independent schools.

In addition, as previously noted, some school divisions had difficulty generating class lists, and experienced challenges with the scanning software. In some cases, schools with fewer electronic resources defaulted to anonymous (non-coded) surveys rather than generate class lists manually. Smaller, independent schools were particularly impacted by any additional resources required in order to participate in the survey.

Issues of school engagement were compounded by challenges to secure participation and consent in rural areas, where members of the implementation team were less able to meet face-to-face and provide direct support. Survey respondents voiced challenges engaging both First Nation and independent schools, and identified the lack of “face to face contact” as a factor; “it seemed without an in-person connection the survey was not a priority and so having them completed and returned was a challenge”. As noted earlier, this led to some schools simply choosing not to complete the YHS.

Respondents spoke of challenges engaging First Nation schools that are often smaller and geographically isolated. Suggestions included involving the community health nurse, community health workers or ADI (Aboriginal Diabetes Program) Coordinators to better connect to local schools, and meeting principals of First Nation schools as a group, face-to-face. In one case, a First Nation school dedicated significant resources (eight hours of staff time) to ensure students took part in the YHS; this was seen by one as “very different [approach] but essential if buy in [is] wanted.” Another respondent highlighted the importance of relationships to ensure better connections with First Nation schools:

“I think another area that we could potentially get a little better with is First Nations. I don’t know if it’s a matter of getting more people on board from different organizations or just more support in reaching out to the First Nation communities and understand better what’s happening. How they can use that data info...there might be a lag there in communication.”

Focus group respondents provided some general feedback on youth who are hard to connect with, underscoring the great need within this segment of the student body; “and that’s the one [thing], moving forward, we need to continue to look at how do we get the info from the kids that are on the fringes.” As one respondent said, “we sent out surveys to 8400. That’s pretty good. We didn’t miss a whole bunch of kids, although, the kids that we missed are very special.”

## **SURVEY VALIDITY**

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A limited number of survey respondents questioned the survey's validity. One concern identified was the high literacy level of the survey and length that could potentially lead to students "simply marking boxes" to complete the survey. Another issue was information gathered on student self-reported weight; one respondent noted this may be useful in regard to studies of self-perception, said one respondent, but not a quantifiable measure.

## **BUILDING A CULTURE OF EVALUATION**

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The focus group discussed the value of evaluation and reporting. Discussion centered on building a culture around evaluation (data collection) and policy and planning (data application and use), expert-driven data analysis and dissemination, and cross-sectoral coordination and knowledge exchange.

Respondents felt that sharing unique findings with schools can support future survey participation, and can help schools recognize the value of data to inform planning. One division reported that schools are using YHS data to help with their school planning, and will be meeting in the upcoming 2014 school year to discuss how survey data can support a pilot project.

Creating an accessible and attractive report was recommended as one tool to connect with both internal and external audiences. Respondents said that despite the time-consuming nature, developing a survey report for every school is important; "we understand the value of producing a report of every individual school so we spend the time." To engage schools and parents, the report template must be accessible and attractive, and frame information in a positive, "glass half full," manner. As one respondent said, "a concerted effort going into the report template was to give the data in the most positive light possible. We know that the shock factor and scare tactics don't work."

Respondents want YHS data to support data-driven decision-making and inform education and health planning and policy development. The focus group identified the need to strengthen connections between the health research and education sectors, understanding the "challenge or...opportunity" for these two areas to work closely together. Focusing on the health and wellness of youth and putting sector differences aside to respond to students who disengage from school, as one said, "survival, safety, basic needs come first", and focus on the health and wellness of youth; "they're all our kids." Support from the Department of Education is one mechanism to promote the survey, and secure more engagement by educators.

Ensuring that messaging about YHS can also be framed from an education perspective may help ensure connections between the survey and policy and planning development. In order to strengthen these connections and improve knowledge exchange between health and education sectors, respondents repeated that enlisting experts to provide feedback on YHS reports helps create a final product that is technically robust and expert-driven, with current information, resources and language. The report, in turn, becomes a vehicle to share and build knowledge, and forge connections.

Focus group participants highlighted that YHS data owners need to understand the ethical considerations of data use by external researchers. This involves calling for more conversations about application for use of YHS data.

Respondents said that evaluation is important in ensuring the survey is continually revisited and improved. Ways to incorporate evaluation include continuing to pilot the survey with youth, gathering data from administrators, ensuring that the current YHS evaluation becomes an ongoing practice, and incorporating any lessons learned from the *Tell Them From Me* survey. Notably, focus group participants placed little emphasis on potential conflict with YHS and TTFM, focusing instead on the opportunities to use and apply both data sets to improve school planning and health delivery, as well as to mutually improve survey implementation processes.

### WHAT WERE THE PERCEPTIONS AND REACTIONS OF THOSE INVOLVED IN THE YHS IMPLEMENTATION (SCHOOL STAFF, STUDENTS, PARENTS, HEALTH STAFF AND OTHER PARTNERS)?

One health region reported there was no reaction from the broader community of school staff, parents and students, as “kids do a lot of tests or surveys.” In contrast, another said that “privacy was the biggest concern” expressed by parents; in particular, parents voiced concerns about whether the coding system adequately protected student confidentiality. One region noted that although the survey pledged confidentiality, this relies in part on how the schools follow through with survey collection and collation. This was a concern for one coordinator, who said that “even though we promised that results would be confidential they weren’t – that was a concern for me.” Four survey respondents spoke directly of parents, schools, school divisions and youth expressing concerns about privacy and confidentiality.

### CLEAR COMMUNICATION

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Survey respondents said that miscommunication (for example, different letters sent to different school divisions, and email chains to PHNs and schools that incorrectly described the survey implementation process) created issues for schools and parents. Inconsistent and uncoordinated messaging contributed to confusion on all sides. Survey respondents said that clear communication of survey implementation is needed. As one respondent said, “plans need to be more clearly defined and communicated,” and another said that to have “more streamlined instructions from one person, would be much more efficient.”

Communication with parents is vital throughout the survey, from start (information sharing), to implementation (survey delivery), to finish (reporting). Respondents said that parents asked for: earlier notice of the survey and adequate time for parental review of materials; easily accessed materials (particularly for rural Manitobans); consistent and ongoing communication; and a “specialized” contact to provide “timely and correct” information. This feedback is illuminated by survey responses. Forty one percent of survey respondents saying they didn’t know if parents understood the YHS process; in contrast, 24% said parents understood the process to a small degree, and 26% said parents understood the process to a moderate degree.

## SEXUAL HEALTH

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In some regions/school divisions, parents had a “STRONG negative reaction” [*emphasis original*] to the sexual health module and voiced repeatedly that questions were inappropriate for the age group. Schools had lots of questions, and “some divisions just didn’t want to go there,” said one respondent.

Survey respondents recounted parental concerns with the sexual health module, including: parents who felt they had inadequate information regarding survey content; parents unable to view the survey prior to implementation; inconsistent information provided to school divisions; inappropriate or “explicit” nature of questions (particularly for younger students); excessively detailed survey content; content provided with little or no educational context; and letters sent home with students (as opposed to directly sent to parents).

The focus group, key informants and survey respondents all reported that parents voiced dissatisfaction with the opt-out option. “Parents did not feel they were adequately informed regarding the content of the survey or how to access it prior to, and when they found out there was a different letter in other divisions they were not happy.” As one survey respondent reported, “passive consent was a real problem. Parents had no idea that it was being done until it was too late.”

Parents also felt there was inadequate communication (often entailing inconsistent and delayed information), and received mixed messages about the survey content. In one case, this led to a “media frenzy” that needed “damage control” to mend relationships between health and school divisions. Another respondent said that despite the school’s effort to adapt its curriculum to include the sexual health module, a negative reaction by parents led to scrutiny of the school division.

School divisions took different approaches communicating about the module. In one division, a coordinator reported “backlash” from parents who felt they did not receive sufficient information. Another division mailed a letter to opt out of the sexual health module, which the school division representative reported helped to alleviate concerns and resulted in minimal issues with the module. And a third school division advocated for active parental consent; in this case, the coordinator worked with the division to secure passive consent, and suggested that this approach be adopted provincially. One respondent shared that parents “felt there was not enough choices about choosing abstinence.”

## RESOURCE REQUIREMENTS

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In addition to the intensive time requirements reported by the coordinators, schools were concerned about the time and resources needed by schools to implement the survey. One respondent said it is important to “say clearly what goes into [the survey]” at the outset, to all partners (school division, school, parents). A conversation about timelines with partners can build awareness of the commitment required, while offering an opportunity to discuss benefits of the survey. Another respondent said that it may also be useful to integrate the YHS into the longer term school planning.

Despite the technological constraints experienced by some areas, some school divisions expressed a desire that the survey go fully electronic. One school division stated that if YHS is still paper based in four or five years, they won’t participate. In support, one respondent suggested that the YHS be offered

in both formats (electronic and print), while another said “put it online, simplify logistics, that’s half the puzzle,” and another said “all have internet; do it digitally in the future.” Respondents repeated that improvements for survey collection and collation can help “turn things around more quickly,” ensuring that data is shared in a timely, relevant and subsequently gratifying manner.

Respondents said that CCMB positively managed perceptions and reactions to the survey, and provided leadership to respond to questions and address concerns. On three occasions, respondents expressed particular support for the Project Chair, Tannis Erickson, with one respondent emphasizing the value of having the right person, “very knowledgeable and patient” to field questions and provide leadership.

Coordinators reported that working on the survey was a “good” and “intense” experience. Building on the work to date will pay off for the province and youth, improve each cycle, and “keep getting better and better.” Coordinators emphasized that next steps be taken to continue planning, increase the efficiency and ease of survey implementation, and clearly communicate the benefits of the survey.

A number of survey respondents directly addressed the role played by public health nurses, many questioning whether this is an appropriate use of resources. Respondents questioned the value of having PHNs provide “clerical” survey coordination and administration support – with some describing their role as “middle men” or “glorified secretar[ies]” who “do not have the information often asked of us by the school and have to call someone.” Other related factors include the changed relationship of PHNs and schools – PHNs “now have very little involvement with health promotion activities in schools” – and the busy autumn (immunization programs and school clinics), leading respondents to question if involving the PHN was cost-effective or appropriate.

Recognizing the importance of the survey, respondents indicated there may be other more cost effective ways to provide coordination and support. One tool is a “template summarizing PHN roles & responsibilities and instructions”; another suggestion is to identify a dedicated contact person who provides accurate information in a timely manner.

## LIMITATIONS

The evaluation of YHS employed an electronic survey, focus groups and interviews to solicit feedback about the YHS process. Surveys were sent electronically to school division, school and RHA partners through RHA leads. Respondents self-selected to participate in the survey leading to potential selection bias. Additionally, while the final sample was relatively large (52), more than two-thirds (69%) represented an RHA, resulting in under-representation from education.

Focus groups and interviews involved as many key stakeholders as possible. However due to scheduling difficulties some RHA’s, notably Winnipeg, Churchill and the former NorthEastman Health Region, did not participate. As such, the feedback provided is reflective only of the participants’ experiences and cannot be generalized beyond those who took part in the evaluation. While the findings do not necessarily reflect the views of missing partners, opportunity to provide feedback need not end here. Engaging all RHA’s as well as school representatives in discussion about the recommendations included

in this report and seeking further input into future YHS cycles would further enhance and validate the results presented here.

## CONCLUSION

### RECOMMENDATIONS

Evaluation of the YHS offers recommendations for future implementation. These recommendations, themed below, reflect respondents' feedback related to the process, content and role of the survey in Manitoba.

### ENGAGEMENT

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- Establish consistent processes to introduce the survey, and broadly share a plan outlining how information will be shared in a timely fashion with all partners and stakeholders.
- Communicate resources required for survey implementation to all project teams and participants (RHA project coordinators, administrators, public health, Department of Education and Health, schools and school divisions).
- Hold preliminary discussions with superintendents at the Department of Education level.
- Engage senior school division representatives and administrators early in the process.
- Conduct face-to-face meetings with potential new schools and those outside of the public school system (for example, independent and First Nation schools) to encourage participation.
- Work with local representatives to better engage First Nation schools (for example, community health nurse).
- Develop consistent province-wide communications addressing key issues (for example, privacy, student coding, opting out of modules, and passive parental consent).
- Outline processes or steps required by schools to protect confidentiality (for example, seal surveys upon completion).
- Adopt province-wide passive consent.

### PROJECT SUPPORT & COORDINATION

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- Provide direct and tailored support to schools (for example, providing information, responding to inquiries), with materials that build understanding for survey implementation.
- Identify one “go-to” point person at Manitoba Health.
- Dedicate existing regional (RHA) research and evaluation resources to support survey engagement, implementation and collation.
- Appoint school division contacts to ensure information is consistently and directly shared.
- Respond by email to schools confirming receipt of school lists.

## **SURVEY IMPLEMENTATION, COLLECTION & SUBMISSION**

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- Develop a plan for survey collection and collation.
- Ensure compatibility of RHA and YHS scanning software.
- Do surveys electronically, online.
- Provide IT tools and outline administrative processes that allow for efficient data extraction of surveys.
- Create different labels and separate electronic files for surveys that include the sexual health module.
- Ensure surveys are never left unattended, and directly courier to project coordinators to address privacy and confidentiality concerns.

## **REPORTING & INFORMATION SHARING**

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- Communicate timeline to share data and findings.
- Share data and findings in a timely fashion.
- Integrate YHS into school planning cycle, and ensure awareness of four year cycle to support regularity.
- Collect feedback from school divisions on the YHS survey process.
- Formal appreciation to schools and school divisions; for example, thank you notes for every school, principal and superintendent.

## APPENDIX A – KEY INFORMANT INTERVIEW GUIDE

Thank you for agreeing to participate. The interview will last about 30 minutes and will ask you to comment on the YHS process and challenges in terms of: (1) engagement; (2) implementation; and (3) gathering and submitting completed surveys.

Please answer as honestly as you can. What you say will be kept confidential. In other words, no one will know that you specifically said it. What you tell us will be put together into report and shared with the YHS implementation team and Partners in Planning for Healthy Living.

There *are no* right or wrong answers.

What you say will be typed up and audio recorded so that my notes can be checked. The recording and notes will be destroyed after we are done writing the report.

1. Describe your overall experience with the YHS.

*Probes: What was your role? What did you do? How did you find the overall process?*

### **Engagement**

2. Describe strategies used to engage with key partners/stakeholders.

*Probes: How did you connect with partners (including schools)? What was particularly successful for you?*

3. What are some of the challenges you encountered trying to engage with partners in your region?

*Probes: What, if anything, would you have done differently?*

### **Implementation**

4. Describe strategies/process you used to implement the survey in your region. (i.e. collect data).

*Probes: What were the steps involved? What was particularly successful for you?*

5. What are some of the challenges you encountered in administering the YHS in your region? How did you deal with them?

*Probes: What, if anything, would you have done differently?*

### **Collecting and submitting completed surveys**

6. Describe strategies/process you used to collect and get the surveys ready for submission to Cancer Care?

*Probes: What were the steps involved? What was particularly successful for you?*

7. What are some of the challenges you encountered in gathering and submitting the surveys?

*Probes: What, if anything, would you have done differently?*

8. What recommendations do you have for future YHS?

## APPENDIX B – YHS IMPLEMENTATION SURVEY

Thank you for taking the time to complete this survey. In order to evaluate and improve on the Youth Health Survey, we would like your feedback. All feedback will be reviewed carefully and used to make the next round of YHS surveys better for all involved. The survey should take 10 minutes to complete. All responses will be anonymous. If you have any questions or comments about this survey, please contact: Tannis Erickson, Epidemiologist, Cancer Care Manitoba Tannis.Erickson@cancercare.mb.ca 204-235-3326

1. Which region do you work in?

- Northern Health Region
- Prairie Mountain Health
- Interlake Eastern Health Region
- Winnipeg (Churchill) Regional Health Authority
- Southern Health Region
- Other (specify) \_\_\_\_\_
- I don't know

2. Approximately how much time did you spend on YHS related activities between August 2012 and June 2013?

- Less than one day a month (i.e. less than 80 hours total)
- Between 1 - 3 days/month (i.e. between 80-250 hours in total)
- Between 4 - 6 days/month (i.e. between 250 - 500 hours in total)
- More than 6 days/month (i.e. more than 500 hours in total)
- Other (Specify) \_\_\_\_\_
- I don't know

3. Do you work in a:

- School Division
- School
- Regional Health Authority
- Other, please specify... \_\_\_\_\_

4. How many school divisions did you work with on the YHS?

5. Out of the total number of school divisions you worked with, how many would you consider to have been:

Easy to engage in the YHS

Average (neither easy or difficult)

Difficult to engage in the YHS

6. How many schools did you work with on the YHS?

7. Out of the total number of schools you worked with, how many would you consider to have been:

Easy to engage in the YHS

Average (neither easy or difficult)

Difficult to engage in the YHS

8. Generally speaking, for those school divisions/schools that were DIFFICULT to engage in the YHS, how did you find the following activities:

	Very Easy	Easy	Not very easy	Extremely difficult	Don't know or Not applicable
Engaging with school division administration (Superintendents, School Division staff)	<input type="radio"/>				
Engaging with school administration (Principals, Vice Principals)	<input type="radio"/>				
Engaging with school teachers	<input type="radio"/>				
Engaging with other RHA staff	<input type="radio"/>				
Providing support and instructions to teachers for survey administration	<input type="radio"/>				
Gathering completed surveys	<input type="radio"/>				
Preparing completed packages for submission to CancerCare	<input type="radio"/>				

9. To what extent did you:

	Not at all	To a small extent	To a moderate extent	To a great extent	Don't know/NA
Have the information you needed to implement the YHS in your region/division/school	<input type="radio"/>				
Have the support you need to implement the YHS in your region/division/school	<input type="radio"/>				
Find communication about the YHS to be clear	<input type="radio"/>				
Find communication to be timely	<input type="radio"/>				
Find communication methods to be appropriate	<input type="radio"/>				
Understand the instructions on the survey	<input type="radio"/>				
Feel that youth understood the process	<input type="radio"/>				
Feel that parents understood the process	<input type="radio"/>				

10. Did you encounter any unexpected challenges or issues?

- Yes
- No

10(a) Please Explain

11. Did you have any particular successes that you would like to share? Please describe.

12. Was there any specific feedback from any of the following groups that you would like to share?

Youth

Parents

Other (community residents, media, etc.)

13. Do you have any recommendations for improving implementation of the YHS in the future? Please explain.