The Manitoba Youth Health Survey

Presentation for Data Day
November 15, 2010

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for Partners in Planning for
Healthy Living (PPHL)
Outline

• History
• Background
• Surveillance Planning
• Surveillance Methodology
• YHS
• What did we Learn?
• Where We Are
• Moving Forward: How the YHS data is being used
• Conclusions
Our Vision

To build...

• Prevention capacity in Manitoba
• Province-wide chronic disease risk factor surveillance system that is integrated with community planning and best practices
• A sustainable system which fits into the planning cycles at all levels
Background

- Partners came together to develop an integrated knowledge system to inform local planning based on evidence. (MIKS)
- Common mandate for prevention of chronic diseases: IRHA, CCS, CCMB, H&SF, Alliance
- Partners in Planning for Healthy Living- YHS
- SNOWMAN – conceptual framework
Regional Risk Factor Surveillance in Manitoba
Practice–Based Evidence

- Requires local data
- Created through action at the local level
- Context is added through local knowledge
- Based on reality and what makes sense
- Integral part of interventions
Manitoba Risk Factor Surveillance

The goal is to develop an integrated system of ongoing risk factor surveillance in MB at the community level:

- Produces practice-based learning
- Is consistent and sustainable across province
- Is based on evidence
- Builds capacity to plan at all levels (community, school, region, province)
- Allows us to ‘learn as we go’
Surveillance Planning
Survey: Youth Health Survey

- Survey tool was developed and implemented in the Interlake Region with local input
- 4 pages, 51 questions
- Multiple choice, machine scannable
- 20-30 minutes to complete (short)
- Includes questions on tobacco, nutrition, physical activity, self-esteem and school connectedness
School Feedback Report: YHS

• Approx. 25 page report that includes school prevalence data on tobacco, physical activity and nutrition, as well as health promotion messaging, resources and comparisons to national/provincial statistics

• Reports are individual to each school but can also be generated at the regional and school divisional levels and a provincial roll-up.
Reality: (not in the Plan)
Reality: (not in the Plan)

- Surveys started in fall of 2005 in IRHA. Plan was to grow slowly as RHAs were ready...
- Unique opportunity arose in 2008 – HCM & MECY needed data to evaluate MB PE/HE policy
- RHAs conducted in winter & spring 2008
- Required all partners to contribute
  - CCMB provides statistical/analytic expertise
  - HSFM - grants to support data collection
  - CCS (KEN)
  - MECY & HCM – Ministers wrote letters of support to superintendents
Implementing the New Plan

• With the support of HCM and MECY, superintendents and principals were encouraged to participate in the survey in the spring of 2008

• RHAs worked with schools to organize and implement the data collections

*All RHAs were needed for the evaluation
New Plan

Partners:

• coordinated materials, protocols and assisted with data collections if needed
• RHAs that had completed surveillance mentored those who had not
• Partners scanned surveys, data sent to CCMB for analyses and report generation
• Reports were sent back to the RHAs for dissemination
• RHA’s own the data for use in their own program planning
New Plan

• All RHAs needed to do YHS

• Jan 2008 symposium – Data leading to Change
  - Why do risk factor surveillance?
  - How do we enhance capacity?

• Evaluation of PE/HE curriculum by MECY & HCMO
  - Letter of support from Ministers of Healthy Living and Education
  - Partnerships, collaboration, and pooling of resources
  - Multilevel leadership – gov’ts, RHAs, NGOs, communities, school boards, others
What did we learn...???
Partners in Planning for Healthy Living
Partners in Planning for Healthy Living

• Formalized our partnerships
• NGOs, RHAs, MECY, HCMO, MHHL, HIC, PHAC, etc.
• Expanding is based on common mandates
• Shared values and principles
• Ongoing at all levels – school, community, region and provincial
Our Principles:

– We focus on evidence.
– We support the development of knowledge and capacity within communities.
– We support integrated, community planning for healthy living.
Multi-Level Leadership

- Change in expectations for leadership – regional, school division, NGO, community, provincial and others could provide leadership

- Change in expectations for resources - in-kind and financial from regions, NGOs, school divisions and other government departments
Partnerships

- 46,919 students participated in the survey (or approximately 50,000)
- Over 400 schools; 265 of these schools included grade 9-12
- All 11 Manitoba Regional Health Authorities participated
- Reports at School, School Division, Regional, and Provincial levels
- Education Coalition Award presented to the MB RHAs for their work on the YHS
- New relationships formed – still fragile
- Building capacity
Changing Roles

- RHAs own their data, together decide how to share with governments, researchers and stakeholders
- Governments benefit from regional leadership, concentrate on infra-structure to support
- Lack of resources not always a barrier – ie. Education policy in place, resources will come
- Opportunity for youth engagement and leadership
Survey Methodology
Methods

• Census of grades 9 to 12 in all schools (some schools 6 to 8)
• Census chosen to provide local-level data for local planning
• Avoids study design & weighting issues
• Straight-forward & easy to manage
• Economies of scale (printing surveys, report production)
Provincial Results
Physical Activity Rate by Grade

<table>
<thead>
<tr>
<th>Grade</th>
<th>Inactive</th>
<th>Moderately Active</th>
<th>Active</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grade 9</td>
<td>17%</td>
<td>30%</td>
<td>53%</td>
</tr>
<tr>
<td>Grade 10</td>
<td>17%</td>
<td>31%</td>
<td>51%</td>
</tr>
<tr>
<td>Grade 11</td>
<td>20%</td>
<td>35%</td>
<td>45%</td>
</tr>
<tr>
<td>Grade 12</td>
<td>24%</td>
<td>35%</td>
<td>41%</td>
</tr>
</tbody>
</table>
Active Students by Gender and Grade

- **Grade 9**: Male 59%, Female 47%
- **Grade 10**: Male 58%, Female 45%
- **Grade 11**: Male 53%, Female 37%
- **Grade 12**: Male 49%, Female 34%
Student Smoking Status by Grade

- Occasional smokers
- Daily smokers
- Total smokers

% of Respondents

Grade 9:
- Occasional smokers: 9%
- Daily smokers: 7%
- Total smokers: 16%

Grade 10:
- Occasional smokers: 11%
- Daily smokers: 8%
- Total smokers: 19%

Grade 11:
- Occasional smokers: 13%
- Daily smokers: 11%
- Total smokers: 24%

Grade 12:
- Occasional smokers: 14%
- Daily smokers: 13%
- Total smokers: 27%

Note: Total smokers = daily smokers + occasional (i.e. non-daily) smokers
Binge Drinking

Note: Binge Drinking is defined as 5 or more drinks within a couple of hours.
Illegal Drug Use by Grade

Street Drug Use by Grade

<table>
<thead>
<tr>
<th>% of Respondents</th>
<th>Grade 9</th>
<th>Grade 10</th>
<th>Grade 11</th>
<th>Grade 12</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 to 9 times</td>
<td>6%</td>
<td>8%</td>
<td>10%</td>
<td>14%</td>
</tr>
<tr>
<td>10 or more times</td>
<td>8%</td>
<td>12%</td>
<td>13%</td>
<td>12%</td>
</tr>
</tbody>
</table>

Note: Drug use includes marijuana, cocaine, heroine, methamphetamines, ecstasy, steroid pills/shots or sniffed glue
## School Connectedness

<table>
<thead>
<tr>
<th>Statement</th>
<th>Agree/Strongly Agree</th>
<th>Disagree/Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>I feel close to the people at this school</td>
<td>76%</td>
<td>19%</td>
</tr>
<tr>
<td>I feel I am part of this school</td>
<td>76%</td>
<td>18%</td>
</tr>
<tr>
<td>I am happy to be at this school</td>
<td>74%</td>
<td>17%</td>
</tr>
<tr>
<td>I feel safe in my school</td>
<td>79%</td>
<td>15%</td>
</tr>
</tbody>
</table>
Feelings of Hopelessness

60% No
37% Yes
Where We Are...
1) Feedback Report Distribution

Reports distributed by RHAs to schools and school divisions. Many feedback report templates.

9 of the 11 RHAs used a template originated by the Interlake RHA, and adapted by each RHA

Winnipeg and South Eastman used a template produced by Winnipeg RHA

Several RHAs used updated calculations for BMI Guidelines and Canada Food Guidelines
2) Launch of PPHL website

launched in Fall 2009

Content includes:
- YHS Toolkit (presentations, survey tool, and materials) collected by the YHS Knowledge Exchange Working Group, and all identifiers were removed.
- Provincial report and Data Access Request form.
- Meeting minutes from all PPHL committees and links to all PPHL partners’ websites

http://www.healthincommon.ca/pphl/
3) Knowledge Development & Exchange

- YHS Knowledge Exchange WG coordinated presentations to various audiences
- Many symposiums and activities in regions, communities, school divisions and schools were based around local data
Moving Forward: How the YHS Data is being used...
Informing the MB Active Healthy Lifestyles: Physical/Health Education curriculum

- Evaluation of the mandatory physical education/health education policy
- Informing strategic planning at the provincial level (secondary analyses)
RHAs using data...

- Link to Chronic Disease Prevention Initiative – community committees engaged
- Granting to support student initiated projects – youth engagement
- Program planning and evaluation at local, community, and regional levels
School and Division level examples...

- Physical Education Supervisors – used to initiate discussions with schools
- Teachers using the data as part of curriculum
- Public health nurses using the school data to build stronger relationships to schools
4) Release of the Provincial Report

The Youth Health Survey Report 2009 was released March 3\textsuperscript{rd}, 2010 (404 schools, n=33,977 students in grades 9 through 12)

A report of Francophone schools (DSFM) was also produced using the Winnipeg template (15 schools, n=1126 students in grades 6 through 12)
Summit on Youth and Alcohol - MLCC

- After the release of the YHS Provincial Report, MLCC gathered stakeholders for a summit. (students, NGOs, school divisions, Justice, Education, private sector, C&FS, etc)
- Discussions around issues including underage drinking, legal implications, policies to support healthy choices.
- Commitment to continue working together
4) Release of the Provincial Report cont’d

• Presentations given to:
  – Manitoba School Boards Assn
  – Manitoba Physical Education Supervisors
  – Manitoba Association of Parent Councils
  – Ministers of the Healthy Child Committee of Cabinet
  – Healthy Child Manitoba Office
  – Manitoba Health
  – Chronic Disease Prevention Initiative Share and Learn
  – Health Promotion Network
  – Community Health Assessment Network

• Various other venues and opportunities arose for members

• These presentations were also coordinated by the YHS Knowledge Exchange Working Group
5) Data Access

Permission to include regional data in the provincial report was sought by the Addendum Working Group.

This group’s function evolved into creating the form and protocol for data access requests, and became the Data Access Review Panel. The data access request form is available online, and DARP reviews requests on an on-going basis.

Manitoba Youth Health Survey
Data Access Request Form

Please submit this request form and any attachments electronically to contact@healthincommon.ca. If certain attachments are only available in hard copy, please advise us by email, and forward those attachments by mail to:

YHS - Partners in Planning for Healthy Living, c/o Administrative Assistant, Health in Common, 100-6 Donald Street, Winnipeg, Manitoba R3L 0K6 Phone: 204-949-2001 / 1-800-731-1792

Instructions:
- This form is to be completed when requesting aggregated¹ and anonymized² Youth Health Survey data held by CancerCare Manitoba for the Manitoba Regional Health Authorities.

- Filling out the form in Adobe Reader: Use the cursor to advance to the next input field, with the document text being protected from inadvertent changes. Checkboxes may be checked by clicking with a mouse. Once completed, save the document and submit electronically, together with any required attachments, to the email address above. A copy may be printed for your records.

- If you have questions or require further information regarding data content, please contact the above individual.
Conclusions
Current Reality

- Changes are happening ~ regular physical activity in schools, surveys, KEN, multilevel leadership and collaboration (Manitoba Health, NGOs, PHAC, RHAs, School boards, others)
- People affect change, from their positions in organizations and systems
- Complex change emerges in social movements
- Working & learning together while meeting local needs
- Challenge to develop shared meaning; link surveillance to planning & interventions and further evaluation... to think and act as a system
What Next?

- Continue to share the lessons learned and best practices from the YHS and repeat in 2012.
- RHAs continue to be involved, and assume a leadership role in disseminating and using the data.
- Take what we’ve learned about evidence-based practice, communicating and mobilizing, collaboration and partnerships, and apply it to adult RFS.
Questions?  Thank you!