Manitoba

An Evaluation of the Chronic Disease Prevention Initiative (CDPI)

Executive Summary

June 30, 2010

G. BRAHA & ASSOCIATES LTD.
CONSULTANTS IN MANAGEMENT AND INFORMATION TECHNOLOGY

Note to Reader

This evaluation report has been compiled from information supplied by stakeholders of the Chronic Disease Prevention Initiative including committees, organizations, and individuals involved in either delivering and overseeing the Initiative or being the recipient of the Initiative's various programs and activities, as well as information researched or extracted from background material sources on the Initiative. The information provided by these stakeholders and the background material read have been taken at "face value", as being accurate in their representations of data, processes, and events. The information has been corroborated primarily through the process of interviews and supporting documents.

Some of the information and statistics presented in this report have been derived from monitoring reports completed by Manitoba communities involved with the Initiative and entered into a computer database. Because the database was a relatively recent creation and because not all data from communities have been received and transcribed into this database, there are limits to the data analysis that was feasible during this evaluation.

During the course of the evaluation, the Manitoba government underwent a re-organization process. The re-organization included the creation of the Department of Manitoba Healthy Living, Youth and Seniors. The work of chronic disease prevention moved from the Department of Health to the Healthy Living and Populations Branch within the new Department of Manitoba Healthy Living, Youth and Seniors. For simplicity sake, any reference to the provincial government Department in this report has remained as it was at the beginning of the CDPI evaluation; namely Manitoba Health and Healthy Living (MHHL), Chronic Disease Branch.

The contents of this report should, in no way, be construed as a statement of performance, capability, or future capacity on the Chronic Disease Prevention Initiative, or its stakeholders. The findings presented in this report do not constitute a financial, operational, or value-for-money "audit" of the Initiative. The report has been prepared as a requested service strictly to help gather insights from the experiences of persons involved with CDPI as to what has worked well and the many benefits that have been derived, and to help identify where opportunities exist to enhance the Initiative going forward, by identifying those areas needing particular attention and ongoing oversight in future CDPI-like planning and execution.

Finally, the findings and recommendations written in this report are presented in a manner that assumes there will be continuity to the Chronic Disease Prevention Initiative, in one form or another. Therefore the observations and suggestions made in the report have a "looking forward" perspective in their structure and presentation.

"CDPI is not thought of as a separate initiative any longer, but rather is a way of living/doing business."

– Regional CDPI Facilitator

Executive Summary

Over a five-year period, Manitoba's Chronic Disease Prevention Initiative (CDPI) has had a far-reaching impact in the planning and implementation of chronic disease prevention in the province. Achievements of the Initiative include a series of "firsts" as it relates to a project of this size and scope. The unique structure of the Initiative allowed for flexibility and innovation within and between the federal and provincial governments, Regional Health Authorities, non-government partner organizations, and the participating communities necessary to build a momentum in the province towards chronic disease prevention. Resources needed to undertake an initiative such as CDPI were considerable, including funding, human resources, volunteerism, and in-kind donations. It was these combined resources and effort at community, regional, provincial, and federal levels that made CDPI possible and successful.

In light of the rising rates of chronic disease in Manitoba and elsewhere in Canada, the prevention of chronic disease has become more urgent. With the scarcity of resources, both human (i.e. people's time) and financial, government and non-government agencies can no longer afford to fund what does not work. Manitoba's Chronic Disease Prevention Initiative has been a demonstration project and, as such, it constituted a learning process for the governments, organizations, and individuals involved. By conducting an evaluation of CDPI, we can learn what has worked and should continue; what has not worked and should not continue; and, what needs to be enhanced or adjusted to be more effective in implementing chronic disease prevention projects of this size and scope in the future. Furthermore, the evaluation should provide invaluable information to the federal and provincial governments in funding and overseeing a project of this size; to the Regional Health Authorities in supporting communities to undertake prevention activities using a community development approach; and, to the communities to enhance capacity in implementing prevention activities through local leadership and "champions".

Evaluability Assessment Helped to Set Stage for Evaluation

Manitoba's commitment to improving the health of its population is evidenced not only by implementing CDPI, but also in its focus on learning from CDPI. CDPI's leadership initiated an Evaluability Assessment of CDPI to determine the "readiness" of the Initiative for a full evaluation. Recommendations from the Assessment gave the province, regions, and communities an opportunity to prepare for the evaluation and helped to create an environment receptive to learning. A significant part of preparing for the evaluation involved the collation of information provided by communities and regions on CDPI-related activities into a database format for ease of analysis and interpretation. The Assessment deliverables, including a revised Logic Model, Conceptual Framework, and Evaluation Framework, set the stage for a full evaluation of CDPI.

Purpose of the Evaluation

The evaluation encompasses the five-year period (September 2005 – March 2010) in

which CDPI, as a demonstration project, was implemented. The main goal of the evaluation is to identify the aspects of the Initiative that worked well and what improvements were needed in order to inform the direction Manitoba Health and Healthy Living should take in moving forward with chronic disease prevention. It is further anticipated that the results of the CDPI evaluation will serve as a guide for other jurisdictions contemplating the development and implementation of similar initiatives, and will provide valuable information to regions and communities for future planning.

Evaluation Methodology

The evaluation design and methodologies used were based on the CDPI Evaluation Framework consisting of the objectives of CDPI and evaluation questions and performance indicators developed to measure the extent to which CDPI met the Initiative's objectives, namely:

1. Implementation of community-led, evidence-informed activities toward primary prevention of chronic disease in Manitoba.
2. Development of partnerships and supporting structures of communities, regions, the province, and other partners to work collaboratively to promote primary prevention of chronic disease at the local level.
3. Integration and alignment of chronic disease prevention initiatives with existing service delivery and prevention initiatives.
4. Enhancement of the capacity at community, regional, and provincial levels to address health disparities.

CDPI is broad in its scope, involving ten out of eleven Regional Health Authorities, 83 communities (including First Nation and Métis communities), and numerous partner organizations. As a result, different methodologies were required to collect the data necessary to address the evaluation questions and performance indicators. Building on the information collected during the CDPI Evaluability Assessment, interviews were conducted with Regional Health Authority staff responsible for carrying out tasks associated with CDPI in the region and focus groups were held with individuals who had participated in CDPI activities, as a means of learning their perspectives on the successes of CDPI and the lessons learned from implementing the Initiative within their respective regions. Interviews, based on similar questions, were also conducted with partner organizations for the same purpose.

In addition to interviews and focus groups, an analysis of the data stemming from the Community Activity Monitoring Forms was conducted. The Community Activity Monitoring Forms were completed by participating CDPI communities for each of the activities implemented which served as a means of accountability to the provincial government regarding how the funding was spent. The completed forms provided information about the activities' successes and lessons learned; information about the activity; information about the participants; benefits stemming from the activity; financial and partner contributions to the activity; and, feedback regarding potential future plans for the activity.

The Community Capacity Building Tool (CCBT), developed by the Public Health Agency of Canada, measures the capacity of communities to implement projects. In 2008, the CCBT was implemented across all participating CDPI regions as a means of illustrating the current state of capacity to implement CDPI in the communities. As part of the evaluation of CDPI, five regions were asked to implement the CCBT a second time. The results from the first and second rounds of CCBT were compared as a means of demonstrating change in community capacity to implement chronic disease prevention activities.

Evaluation Highlights CDPI Achieving Many of its Objectives

It is evident from the findings of the data collected and analyzed that the Chronic Disease Prevention Initiative has, in large part, achieved its objectives as originally intended. The massive commitment to undertake an Initiative of this scope has proven to be very valuable as the challenges experienced and overcome provide a path to follow, and serve to further shape the model of chronic disease prevention in Manitoba as well as providing guidance to other jurisdictions wanting to undertake a comprehensive chronic disease prevention initiative.

The CDPI Conceptual Framework (please refer to Appendix E) illustrates the elements that underpin CDPI and that were necessary to put into place as the foundation for achieving the Initiative's intended outcomes. For the most part, CDPI successfully formed these necessary elements including:

- ✓ Establishing a CDPI supporting structure such as the governance structure (provincial CDPI management committees, regional CDPI steering committees, and CDPI community committees) and a combined distribution of federal and provincial funding based on a per capita funding model.

- ✓ Establishing and building on existing partnerships among non-government organizations, between the federal and provincial governments, between the provincial government and the Regional Health Authorities (RHAs), and between the RHAs and the communities.

- ✓ Enhancing regional and community capacity to implement chronic disease prevention activities through the provision of training and community capacity building funds, the opportunity to attend Share & Learn Conferences as a means of information exchange and social networking, and the exchange of knowledge in risk factor surveillance and evidenced-based health planning.

- ✓ Increasing opportunities for community participation in health through involvement in CDPI community committees to plan and deliver chronic disease prevention activities as well as participation in the chronic disease prevention activities delivered in the community.

- ✓ Enhancing integration and alignment with and between CDPI activities and existing prevention initiatives and community-based programs provided by schools, recreation commissions, day cares, churches, Regional Health Authorities, and federal, provincial, and municipal governments.

The findings from all data collected and analyzed are organized in this Evaluation Report according to each CDPI objective, and include unintended impacts/outcomes, successes and lessons learned. These findings provide the basis for the identification of the successes of CDPI and the recommendations to improve the different elements of CDPI according to each objective.

Successes

As will be demonstrated throughout this evaluation report, CDPI has generated a number of key successes. These are summarized below according to the objectives of CDPI.

Objective #1 --- Implementation of community-led, evidence-informed activities toward primary prevention of chronic disease in Manitoba

- ➢ Nearly 1,200 activities carried out related to chronic disease prevention over a span of 36 months.
- ➢ Between April 2006 and March 2009, approximately 109,000 participants in CDPI activities across the participating communities, with an average of 197 participants per activity or event.
- ➢ Community residents, various partners, volunteers, regional and provincial staff working together to carry out these chronic disease prevention activities --- and doing so innovatively and creatively.
- ➢ The number and type of activities that have been implemented for relatively little money. Some communities spent less money than anticipated due to volunteers, partnerships, and in-kind resources.
- ➢ Making participation in the activities affordable (e.g., distribution of seeds and cultivated foods, purchase of sports equipment, no-fee participation) for a variety of target populations (youth and seniors).
- ➢ An increase in knowledge of risk factor surveillance and transfer to evidenced-based health planning.
- ➢ Strong evidence that CDPI activities are largely supported by community volunteers. In a majority of CDPI activities, volunteers often outnumbered paid staff 3:1.
- ➢ Extensive in-kind support provided by regions and non-government

organizations to CDPI activities were an essential ingredient for the success of CDPI activities. In-kind support included items such as donated space for meetings and activities, and donated equipment for CDPI activities.

- A demonstrated capacity at the regional and community levels to sustain chronic disease prevention activities for the longer term.

- Non-CDPI affiliated communities expressing eagerness to become part of the Initiative and its various programs and activities.

- Despite challenges faced at getting programs going, communities continuing to actively implement CDPI activities and remain engaged.

- Awards/recognition of CDPI including CDPI as a recipient of The Tommy Douglas Award and the community of Kenton as a recipient of the Healthy Living Award.

Objective # 2 --- Development of partnerships and supporting structures of communities, regions, the province and other partners to work collaboratively to promote primary prevention of chronic disease at the local level

- Communities learning (and continuing to learn) to build and leverage partnerships; the RHAs expanding the number of partnerships, bringing different partners to work together and bringing communities together and facilitating community networking; and, the extent of partnerships that have evolved at the provincial, regional, and community levels.

- CDPI creating an environment conducive to the formation of partnerships that further enhance chronic disease prevention, such as the formation of Partners in Planning for Healthy Living and the collaborative work with the Canadian Cancer Society – Knowledge Exchange Network.

- The extent to which partnerships have led to changes beyond chronic disease prevention. For example, communities that had not previously worked together are now joining efforts towards a common goal.

- Federal and provincial governments, the provincial government and the RHAs, and the Aboriginal organizations working differently and in improved relationships with one another.

- Continued strengthening in relationships among CDPI partner organizations (e.g., Canadian Cancer Society – Knowledge Exchange Network, CancerCare Manitoba, and Health in Common).

- Strengthened relationships among partners in communities (e.g., Regions and Recreation Commissions).

- The synergy that has resulted when resources are combined through partnerships and sharing agreements.

- The shift in thinking about government's role in supporting health promotion and prevention in the communities.

- The impact of having a structure in place (at the community, regional, and provincial levels) that allows relatively little funding to transform into local pro-active initiatives in chronic disease prevention.

Objective #3 --- Integration and alignment of chronic disease prevention initiatives with existing service delivery and prevention initiatives

- CDPI activities expanding to other programs in the communities and also to other communities (e.g., community kitchens to schools in additional communities, addition of after-school food preparation programs).

- Integration and alignment of CDPI with existing programs in the regions (e.g., alignment of mental health sector with CDPI in South Eastman region and integration of CDPI into the Wellness Screening program in Assiniboine region).

- Integration or alignment with other existing prevention initiatives (e.g., Healthy Together Now, ***in motion***, Healthy Schools).

- Widespread national and provincial dissemination of CDPI prevention material (e.g., Interlake region's "What is in your lunch?" display boards that have been adopted provincially and nationally with some 130 display boards distributed).

- Evidence that it has become the "cultural norm" for people to walk to school and other venues, exercise more, and practice better eating habits; and, healthier lifestyles becoming part of the "community culture" (e.g., serving healthy foods at snack times).

- Regional coordinators across the province incorporating prevention into everything they do – "a new way of doing things".

Objective #4 --- Enhancement of the capacity at community, regional, and provincial levels to address health disparities

- Increased skills and knowledge at the community level in chronic disease prevention.

- Increasing capacity at the community level to develop and encourage formal and informal leadership.

- Increased capacity among CDPI partner organizations in their ability to disseminate information regarding chronic disease prevention, and particularly surveillance data.

- A comprehensive range of training opportunities offered and provided in communities.

- An increasing capacity at the community level to explore root causes of priority issues.

- Progress made at the community level to involve priority populations in planning.

- Regions recognizing the importance of involving priority populations in CDPI planning and making efforts to address barriers in participation.

Challenges and Areas Needing Improvement

Learning from issues and challenges encountered during CDPI's implementation and post-implementation, improvements are warranted in a number of project management and operational areas.

Evaluation

- To ensure that funds are provided to initiatives that are effective in addressing health risk factors, evaluation components need to be incorporated at all levels and stages of the initiative from the beginning. This will require training within the regions regarding the methods of monitoring and evaluation. Sharing stories, although very valuable, are not sufficient. The dissemination of evaluation results should be planned and coordinated to ensure that the findings lead to improved initiatives in the future.

Funding

- Per capita funding is a necessary component to an initiative of this nature, albeit the per capita "formula" needs to take into consideration a number of environmental factors pertaining to differences in regions and communities. The provision of "seed money" to the communities is a critical component to the successful implementation of activities as is funding for travel expenses in rural and remote communities. Funding needs to reach the communities in a timely manner and according to their project fiscal cycles. Funding approval processes should be

streamlined to "quicken the pace" of making funds available to the communities. Ideally, funding should be integrated so that there is one application form to complete and one process for the various CDP programs and services offered.

- A mechanism needs to be created that would allow organizers of activities in communities to establish a direct bank account, where CDPI funds would be deposited by the regions and from which organizers could draw on the funds directly as needed, without the need to go through third-parties to receive their funds and to receive them on a timely basis. (Maybe a joint region/community bank account mechanism may work best, with the record of withdrawals serving as a form of accountability reporting for the regions and the province.)

Leadership

- Strong and consistent leadership at the community, regional, and provincial levels is critical to success. Government leadership of an initiative of this scope can be applied and viewed as either too-controlling (too many barriers to overcome; too much accounting and paperwork) or facilitating (providing direction and facilitating the expediting of programming/activity deployment across the province).

- It is a challenge to maintain enthusiasm and a positive outlook regarding an initiative of this size when project management is perceived by community stakeholders as being disconnected from the activities at the community level. It is essential to provide a forum for connecting the project management (including governance) committees to the work being done in the communities. This needs to be built into the Initiative's oversight process.

Communication

- Communications (from central committees) should not just be directed to the executive level of the regions, but should also ensure that regional staff and communities are "kept in the loop" in a comprehensive and timely manner.

- More communication, and more timely communication, is required with regions and communities --- telling them what is happening, when it is happening, what to expect, and what is required from them.

Accountability

- Project activities (and expenses) should be recorded for accountability purposes; however, recording must be made more simple and clearer. Timelines for submitting any form of accountability reporting should be reviewed and adjusted to accommodate communities' "realities". Monitoring Forms and Community Actions Plans should be streamlined and language simplified, with some flexibility built into the reporting process.

Risk Management

- Information is needed to ensure that liability issues are addressed at activity venues in communities. The information pertaining to regional policies concerning liability risk should be shared with communities and made clearer regarding communities' responsibilities related to implementing activities.

Avoiding "Re-Inventing the Wheel"

- An initiative of this scope should focus on enhancing existing programs and services, rather than creating new ones.

Community Development (Building Capacity)

- More effort is required in supporting communities in their community development, including training and practice in recruiting volunteers, leveraging other resources within the community, knowledge exchange, planning, basic accounting and reporting, and leveraging transportation options. An appropriate project structure and resources are needed to provide this community development support.

Programming

- Where appropriate, incorporate traditional Aboriginal teachings into chronic disease prevention programs.

- Simplify program material so that it is accessible and understood by all potential recipients.

Based on the successes and lessons learned, recommendations to move chronic disease prevention forward in Manitoba and key considerations in implementing a CDPI-like initiative in other jurisdictions are as follows:

Recommendations for Moving CDP forward in Manitoba

Project Scope

- CDPI has so far been implemented on a limited scale. If chronic disease prevention is to be adopted as a priority more broadly across all regions, then more communities will need to be included in the Initiative.

Project Approach

- An overarching provincial strategy on CDP should be adopted that integrates inter-sectoral involvement and partnerships already in existence into an overall approach at addressing **all** the determinants of health and disease prevention (i.e., go beyond Healthy Eating, Physical Activity, and Tobacco Reduction).

- To support the implementation of this strategy, an appropriate program infrastructure will need to be put in place at the provincial level (i.e., a Project Management Office [PMO], sufficient staff to deal with program workloads, creation and maintenance of a CDP performance monitoring database, and so on.)

- Communities, regions, and partner organizations need to be aware of all of the activities taking place within CDP (and of relevance to CDP) in order to develop necessary linkages and partnerships in an effort to avoid duplication and enhance existing initiatives.

- Provincial targets should be established for reducing chronic disease and progress should be measured towards achieving these targets.

- Further effort should be applied to create opportunities for networking with individuals and organizations not involved in the Initiative, as a means of increasing partnerships and interest which may lead to new ideas and programs.

- Government may wish to assume a minimal degree of "hands-on" role/involvement in the delivery of CDP programming, ideally only establishing policy around provincial CDP initiatives and allowing regions and communities greater latitude/flexibility in deploying programs and activities.

Knowledge Exchange

- The provincial Share and Learn Conferences are an important mechanism for communities to remain connected and to exchange

knowledge and practices in CDP. These conferences should continue in the future.

- Health professionals should be retained to provide periodic reviews of information being disseminated through CDPI activities to participants to affirm the continuing validity of the information. The reviews can include randomly selected activities.

Programming and Participation

- Formally incorporate Mental Health and Wellbeing as a 4th pillar in CDPI. Mental Health and Wellbeing is a driver in chronic disease prevention. Poor mental health/wellbeing in an individual is likely to lead to (provoke) a number of other health issues. Hence, addressing mental health/wellbeing requirements should help prevent potential health deterioration.

- Assist regions/communities with increasing the volume/frequency of tobacco reduction activities.

- Help to get more communities involved in CDP program planning; and, involve more Elders, youth, and parents in programming.

- Develop new strategies to engage teenage youth (including Aboriginal youth) and a more diverse cross-section of priority populations (including Elders, parents, persons with disabilities, etc.), and more remote and smaller communities in CDPI planning and programs.

- Develop strategies to engage "champions" and community leadership involvement in northern, remote communities.

- Transportation (i.e., the availability of it to community members) consistently comes up as a theme when discussing why community members do not participate in community activities, why they do not come to health-related clinics and sessions, why they do not make their medical appointments, and so on. In effect, transportation (the lack of or onerous aspects in securing it in a timely fashion) is turning out to be a significant barrier to improving the health of individuals in rural and remote communities. CDP programming/funding may need to take the initiative in improving transportation capacity within communities.

Key Considerations for Implementing a CDPI-like Initiative in Other Jurisdictions

As a demonstration project, CDPI provided an abundance of information pertaining to "lessons learned" in implementing an initiative of this size and

scope. This information forms the basis for the points outlined below to be taken into consideration by other jurisdictions planning to undertake a similar initiative.

- An infrastructure, with sufficient project management and administrative resources and clearly-defined roles and responsibilities, needs to be in place, at the community, regional, and provincial levels, **prior** to the start of an initiative of this scale. (If sufficient resources cannot be found from within, then consideration should be given to contracting out the initiative --- a project without the adequate number/level and qualification of resources is an invitation to obstacles and problems throughout the lifecycle of the project, and quite likely a lower probability of achieving all project goals/objectives).

- It is important to have a clear understanding, at the outset of an initiative, of the purpose and objectives of the initiative, roles and responsibilities, and funding available, in order to engage regions and communities in planning.

- The initiative needs to be designed in such a way that it captures and accommodates the diversity of the population. The demographics and needs of the people being targeted for a specific program/activity need to be assessed prior to the initiative being implemented.

- There should be a clear and comprehensive work plan, beyond the Project Charter, at the outset of the project that outlines the tasks, responsibilities, and roles of individuals and organizations involved.

- The capacity of communities to sustain programs is critical to an initiative like CDPI and should be incorporated in community engagement. Government should have a mechanism to assess regional capacity at the onset of implementing an initiative of this scale.

- A key lesson learned is the necessity to be flexible when implementing an initiative of this size and to develop an environment of trust among partner organizations and the community.

- The availability of promotional materials at the beginning of the project is invaluable in engaging regions and communities.

- Recognize that communities have very different needs and allow them to adapt according to their own pace, keeping in mind that change is a slow process.

The detailed CDPI Evaluation report follows.