Part 2: Evidence to Action

Tuesday June 17, 2014  10:00 – 11:30 AM EDT

Co-hosted by: camh  HPRC  E3net
Your Co-Hosts

- Provides system support, capacity building, content expertise and access to information and research for Ontario health promotion and public health audiences related to:
  - Mental health promotion
  - Substance misuse

- Consults with CAMH colleagues from across the organization (clinical, research, etc.)

- Funding provided by the Health Promotion Division of MOHLTC

- Aims to make Ontario’s mental health and addictions system more evidence-informed. Promotes the use of evidence in decision-making, develops targeted knowledge translation products and tools, and supports interactive exchanges.

- Funding provided by Health Canada’s Drug Treatment Funding Program and the Centre for Addiction and Mental Health.
2-Part Webinar Series

Part 1 – 2013 Ontario Student Drug Use and Health Survey Results

Partners: camhOSDUHS camhPSSP

Part 2 – OSDUHS: Evidence to Action

Partners: Canadian Centre on Substance Abuse Ottawa OSSTF/FEESO
What is the OSDUHS?

• the OSDUHS is repeated, cross-sectional, anonymous survey of students in grades 7-12 in Ontario’s publicly funded schools

• the survey monitors drug use, mental health, physical health, bullying, gambling and other risk behaviours

• it has been conducted every two years since 1977, making it the longest ongoing student survey in Canada and one of the longest in the world
Who uses the findings?

**Government**
- Ministry of Education
- Ministry of Children and Youth Services
- Ministry of Health and Long-Term Care
- Ministry of the Attorney General
- Health Canada
- Municipal governments

**Other Canadian Organizations**
- Ontario Tobacco Research Unit
- Public Health Units/Departments
- Problem Gambling Institute of Ontario
- Public Health Ontario
- The Hospital for Sick Children
- Canadian Centre for Substance Abuse
- Partnership for a Drug-Free Canada
- Ontario Physical and Health Education Association (OPHEA)
- Ontario Pharmacists’ Association
- Mental Health Commission of Canada
- Public Health Agency of Canada

**International Organizations**
- United Nations agencies (e.g., World Health Organization, United Nations Office on Drugs and Crime)
- National Institute on Drug Abuse (e.g., Community Epidemiology Work Group)
- Cayman Islands National Drug Council
How are the findings used?

Public Health Monitoring

- identify the prevalence of new risk behaviours (e.g., emerging drugs, cannabis and driving)
- evaluate youth health objectives and prevention strategies
- provide statistics for community reports and policy related documents at all levels of government (e.g., Toronto’s Vital Signs report)
- collaborate with public health units in Ontario to provide local health data
How are the findings used?

Health Promotion

• findings are used in the development of resources to help youth, families and communities (e.g., CAMH brochures for parents, CAMH best practices guidelines)

• provide the impetus and information for national media campaigns (e.g., Partnership for a Drug-Free Canada’s awareness campaign to return unused prescription drugs to pharmacies, Canadian Public Health Association’s awareness campaign about cannabis use and driving)
How are the findings used?

**Education**

- provide educators with accurate information about youth risk behaviours
- facilitate youth outreach activities in communities and school boards
- facilitate outreach to parents and communities
- disseminate information and train professionals in public health and educational settings
Ontario Secondary School Teachers’ Federation
What is OSSTF?

OSSTF is a trade union made up of teachers and education workers.
Who belongs to OSSTF?

Some become members automatically by legislation:

- public high school teachers
- occasional teachers
- continuing education teachers (who teach secondary credit courses)

Some became members originally by choice:

- continuing education instructors
- independent school teachers and instructors
- educational assistants
- speech-language pathologists
- custodians, plant maintenance educators
- and many other job classes

- psychologists
- secretaries
- social workers
- university support staff
- early childhood
What does OSSTF do?

For its members, OSSTF provides:

• collective agreements
• awareness – rights and responsibilities
• representation for members in difficulty
• protection – including legal assistance
• advice and assistance in professional matters
• political and activism opportunities
• professional development opportunities
• where contract violations occur, the union will file a grievance.
What else does OSSTF do?

We *engage* our members:

- To develop resources to support all educational workers in their work with student
- To be involved with social justice issues

We *monitor* government and public policy:

- Looking for changes in legislation and regulation that affect our members

We *research* political/economic/educational trends:

- That affect pedagogy and practice including the affects of standardized testing on our students
- That affect our members and our students

We *inform* the public and politicians:

- About all factors affecting our students’ learning
Relevant OSSTF Policies

We inform the public and politicians:

• About factors affecting our students’ learning:

• It is the policy of OSSTF that the goals of education should enhance the student’s ability to: assume responsibility for a healthy lifestyle;

• It is the policy of OSSTF that the study and inquiry into controversial, difficult and disturbing issues should be a fundamental right of students;

• It is the policy of OSSTF that policies, programs, curriculum and learning resources should be in place to ensure that all students have an opportunity to obtain an Ontario Secondary School Diploma.
OSSTF’s Education Platform

Released in December 2013, OSSTF/FEESO calls for:

• Education Funding at ALL Levels
• Schools as Community Hubs
• Broad Opportunities for Learning
• Safer and Healthier Schools
  • Continue to fund initiatives for students and education workers that support the understanding of mental health and wellness
  • Equip schools with proper resources to respond to immediate health needs
• Beyond High School
• Looking Toward the Future
Achieving Excellence

Released in April 2014, the Ministry of Education calls for:

- Promoting Well-Being
- Skills to make positive choices
- Achieving Excellence – Mission statement:

  Ontario is committed to the success and well-being of every student and child. Learners in the province's education system will develop the knowledge, skills and characteristics that will lead them to become personally successful, economically productive and actively engaged citizens.
Achieving Excellence

The renewed goals have been identified as:

- Achieving Excellence
- Ensuring Equity
- Promoting Well-Being
  “Continue to support education sector initiatives for Ontario’s Mental Health and Addictions Strategy in collaboration with other ministries”
- Enhancing Public Confidence
OSSTF’s Concerns

- The need for updated and relevant curriculum
- The need for meaningful professional development and training for all educational staff to address important issues
- The need for equitable access to services and resources throughout the province, particularly in rural, remote and underserviced areas of Ontario
OSDUHS: Evidence to Action at Ottawa Public Health

Darcie Taing, Healthy Living Project Officer
Robin Ray, Family Health Specialist
Family & School Health Unit
OSDUHS oversample

- Active parental consent essential
- N=1000, $24,000
- Public health involved in analysis & dissemination
- 5 ‘public health’ questions
  - Goes beyond age, sex, and hospitals
Figure 1: Ontario Public Health Standards: Relationship between the Principles, the Foundational Standard, and the Program Standards

Program Standards and Protocols

- Chronic Diseases and Injuries
  - Chronic Disease Prevention
  - Prevention of Injury and Substance Misuse
  - 3 Protocols

- Family Health
  - Reproductive Health
  - Child Health
  - 5 Protocols

- Emergency Preparedness
  - Public Health Emergency Preparedness
  - 1 Protocol

- Infectious Diseases
  - Infectious Diseases Prevention and Control
  - Rabies Prevention and Control
  - Sexual Health, Sexually Transmitted Infections, and Blood-borne Infections
  - Tuberculosis Prevention and Control
  - Vaccine Preventable Diseases
  - 11 Protocols

- Environmental Health
  - Food Safety
  - Safe Water
  - Health Hazard Prevention and Management
  - 6 Protocols

- Population Health Assessment
- Surveillance
- Research and Knowledge Exchange
- Program Evaluation
- 1 Protocol

Foundational Standard and Protocol

- Need
- Impact
- Capacity
- Partnership and Collaboration

Principles
OSDUHS: Evidence to Action

- Monitor Health Trends
- Stakeholder and Community Engagement
- Strategic and Operational Planning
- Strategy/Program/Policy Development
Monitor Health Trends

OSDUHS 2009-13 Children reporting they bullied others

Year

Percentage

2009

2011

2013

OSDUHS 2009-13 Children reporting they bullied others

Percentage

2009

2011

2013

OSDUHS 2009-13 Children reporting they bullied others

Year

Percentage

2009

2011

2013
Stakeholder and Community Engagement

- Knowledge exchange
- Call to action
- Identify data gaps
Stakeholder and Community Engagement

100% of grade 7 & 8 reported they were not daily smokers. Learn more
Strategic and Operational Planning

- Rationale for current and future programming
  - Health behaviour trends
  - Identify gaps
Strategy/Program/Policy Development

- Identify issues to be addressed
- To whom
- How are we doing... monitoring health trends

Example: __healthy transitions__
Promoting Resilience and Mental Health in Young Adolescents
Thank you!

- Darcie Taing
  - Email: darcie.taing@ottawa.ca

- Robin Ray
  - Email: robin.ray@ottawa.ca
The Canadian Standards for Youth Substance Abuse Prevention: From Evidence to Action

June 17, 2014

Michael Stephens, Canadian Centre on Substance Abuse in collaboration with the CAMH Health Promotion Resource Centre
Strategic Focus Areas

Partnerships
- Shared responsibility and accountability
- 500 partners, 2100+ stakeholders
- Community outreach

Knowledge Exchange
- Foster a knowledge translation environment
- Knowledge exchange framework

Research and Policy
- Monitoring and surveillance
- Research in the substance abuse field
- Policy development
- International alcohol and drug policy activities

Organizational Excellence and Innovation
- Information Systems and Performance Measurement
- Communications best practices
CCSA’s National Priorities

- Mental Health & Substance Abuse
- Prescription Drug Misuse
- Canada’s North & First Nations, Inuit, Métis
- National Alcohol Strategy
- Workforce Development
- Impaired Driving
- National Treatment Strategy
- Children & Youth

Canada’s National Framework for Action
1) Canadian Standards Framework: Evidence-based Prevention
Canadian Standards for Youth Substance Abuse Prevention

- **Stronger Together**: Canadian Standards for Community-based Youth Substance Abuse Prevention
- **Building on our Strengths**: Canadian Standards for School-based Youth Substance Abuse Prevention
- **Strengthening our Skills**: Canadian Guidelines for Youth Substance Abuse Prevention Family Skills Programs
Poll Question #1

• Prior to today’s webinar, who was aware of the Canadian Standards for Youth Substance Abuse Prevention?
Poll Question #2

- Of those who were familiar with the Canadian Standards, who has used them formally or informally to inform or assess their initiatives or processes?
Community-based Standards

A. ASSESS
1. Determine youth substance use patterns and associated harms
2. Learn factors linked to local youth substance use problems
3. Assess current activities, resources and capacity to act

B. ORGANIZE
4. Engage youth partners in the initiative
5. Develop organizational structure and processes
6. Build and maintain team capacity
7. Clarify members’ perceptions and expectations

C. PLAN
8. Ensure plan addresses priority concerns and factors, and current capacity
9. Develop logic model showing how initiative will bring desired change
10. Plan for sustainability of the initiative

D. COORDINATE & IMPLEMENT
11. Promote quality of existing and planned initiatives
12. Strengthen coordination among local initiatives
13. Give attention to community policies and processes
14. Monitor the initiative

E. EVALUATE
15. Conduct a process evaluation of the initiative
16. Conduct an outcome evaluation of the initiative
17. Account for costs associated with the initiative
18. Revise initiative based on evaluation
2) The Standards as a Mechanism to Utilize Student Data
Yellowknife Education District 1 School Board and Yellowknife Catholic Schools

- Conducted a Drug Awareness and Use Survey to assess prevalence and perceptions of youth in grades 6 to 12;
- Completed by 50% of the student population;
- Average age of onset was 13 years old;
- Youth used substances to fit in;
- Students identified a need for more youth activities, better role models, more treatment services and policing.
Standard #2: Learn Factors Linked to Local Youth Substance Use Problems (Risk and Protective Factors)

Standard #4: Engage Youth Partners in the Initiative

Campbell River’s Seeds of Resilience Program (BC)

• Targeted programs to students going through key life transitions.

• A train-the-trainer model, students from Grades 10, 11 and 12 develop activities for middle schools based on resilient qualities such as belonging, emotional awareness and self-efficacy.

• Worked diligently to involve youth in the project as peer mentors.

• Very challenging in first project to engage youth, especially during development and planning.

• In the second project, built-in youth engagement from the very beginning and made this a core component of project design (youth were paid to sit on the Prevention Committee).

(Note: CCSA release of Childhood and Adolescent Risk Factors for Substance Abuse in June 2014)
Guelph and Wellington County’s Strengthening Families Program

- 9 week program, engages parents with children 12-16 yrs; begins with a communal family meal then parents and kids go into separately facilitated sessions and come back together to share skills learned

- Multiple organizations including Children’s Aid Society, housing support workers, public health, addiction therapists, pharmacists, addiction workers, etc. (Std #12)

- Adoption of an evidence-based program (Std #11)

- Lead agency was GW Drug Strategy and is now CMHA (Std #10)
Tools to Apply the Standards

Planning, Self-Assessment and Action Sheets

School-based Prevention

Community-based Prevention
3) Standards Uptake Consultation Results
Potential Strategies for Uptake of the Standards

- Create ‘starting small’ or ‘bite size’ resources for teams wishing to improve their practices
- Profile the different uses of the Standards
- Profile specific standards, such as youth engagement, ensuring sustainability, evaluation and capacity building
- Create an online forum in collaboration with CAMH-HPRC, EENet and other partners on holistic prevention showing how the Standards framework can be used across sectors. “Prevention is not about stopping drug use it’s about [creating] a healthy society”.
- Collaborate with Ontario Public Health and regional intersectorial tables
- Collaborate with the CAMH Health Promotion Resource Centre on a knowledge to action webinar!
4) The Student Alcohol and Drug Use Surveys “Casebook”: Additional Examples for Inspiration
The Value of Student Alcohol and Drug Use Surveys (CCSA, December 2013)

- Prepared by the SDUS Working Group at CCSA
- Some provincial surveys were experiencing increasing pressure to demonstrate the value of collecting student data. Also some jurisdictions lacking surveys were showing increasing interest in collecting student health and drug use information to inform decisions and actions based on clear evidence.
- Developed as a resource to profile the value and important contributions that student alcohol and drug use surveys make to policies, programs and health outcomes at all levels.
- Also describes the different options available for the collection of student data:
  - Stand-alone provincial surveys;
  - Multi-jurisdictional or regional surveys;
  - National student health surveys; and
  - Local surveys.
Informing Policies, Laws and Strategies

- **British Columbia Adolescent Health Survey (BC AHS)**
  - Grades 7 through 12 every five years since 1992.
  - Was cited by provincial government as the key reason for changing two laws: In February, 2007, the BC Minister of Public Safety and Solicitor General issued a press release announcing stiffer penalties for serving alcohol to minors, as well as a new law making it an offence for minors to buy liquor using false ID.
  - Sexual health data from the BC AHS was also used by the National Council on Vaccines to develop guidelines for the appropriate age to administer the human papillomavirus vaccine among adolescent girls.
In 2013, data from the National Youth Smoking Survey (YSS), the The Alberta Youth Experience Survey (TAYES) and the Ontario Student Drug Use and Health Survey (OSDUHS) were all used to inform the national strategy to address the harms associated with prescription drugs, *First Do No Harm: Responding to Canada’s Prescription Drug Crisis*, produced by the National Advisory Committee on Prescription Drug Misuse in collaboration with CCSA.
Demonstrating the Need for Programs

- Prior to 1990 there were no specialized addictions treatment programs available for youth in New Brunswick. The **New Brunswick Student Drug Use Survey** (NB SDUS) has collected data since 1986. The survey and other related reports identified the need to focus on youth, which led to the prioritization of specialized service delivery models to be introduced in New Brunswick. The result was the **New Brunswick Youth Treatment Program**, a community-based program for youth between the ages of 12 and 19 who are experiencing difficulties in the use of alcohol and drugs.
Evaluating Policies, Laws and Strategies

• **British Columbia Adolescent Health Survey** (BC AHS)

• The province’s 10-year mental health plan, *Healthy Minds, Healthy People* (BC Ministry of Health Services, 2010), drew upon a report from the survey about the potential impact of delaying first use of alcohol or cannabis. The Ministry incorporated this information into one of the six major milestones identified in the plan and is using the 2008 survey data as the baseline indicator for assessing progress.
Evaluating Programs

- **Manitoba**
- Partners in Planning for Healthy Living intends to use the results from the Youth Health Survey to contribute to the evaluation of the new grades 11 and 12 *Active Healthy Lifestyles: Physical Education / Health Education* curricula in Manitoba. Baseline data collected in 2009, prior to the implementation of the new educational program, will be compared to the results from the 2012 YHS to help assess if the new curricula contributed to improved health outcomes for students.
Visit the CCSA website for tools and resources:

http://ccsa.ca/Eng/topics/Children-and-Youth/Pages/default.aspx

If you are interested in future collaboration contact:

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Questions/Comments?

Please type your questions in the chat box
Thank you!

Contact us:

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