

Trauma-informed Community of Practice Meeting




“PHAC Annual Report”

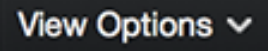
March 6, 2024



Interpretation & Slides




This meeting will take place in English with simultaneous French interpretation.

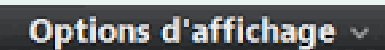
Important!! You **MUST** select your preferred audio language. To do this, click on the interpretation button →  (on the bottom navigation panel if you are using a desktop.) Then select either  or .

To select the language of your slides, click  at the top of your screen and then your preferred language: English or French.

Interprétation & diapositives

Ce réunion se déroulera en anglais avec une interprétation simultanée en français.

Important!! Vous **DEVEZ** sélectionner votre langue audio préférée. Pour cela, cliquez sur le bouton d'interprétation →  (dans le panneau de navigation inférieur si vous utilisez un ordinateur de bureau.) Sélectionnez ensuite soit ou  .

Pour sélectionner la langue de vos diapositives, cliquez sur les  en haut de votre écran, puis sur la langue de votre choix: Anglais ou Français.



MC
2023

Agenda

- Welcome and Introductions
- Upcoming Events
- Knowledge Exchange
- PHAC Presentation
- PHAC Q&A
- Reminders!
- Closing
- Drop -in Session





Upcoming Events

CoP Drop-In Sessions

- Today! following CoP Meeting

March KH Presents!

- March 7, 2024 @ 1:30 pm EST, Lianne Lee and ConnectED Parents
- March 27, 2024 @ 1:30 pm EST, Gabby and Francine with TVI Movement

2024 Virtual CoP Meetings

- [May 15, 2024](#)
- [September 25, 2024](#)
- [November 6, 2024](#)





The Knowledge Exchange June 4-5, 2024 in Montreal

Advisory Group

- Join us Wednesday March 20th @ 1pm to have your say!

Accommodations

- Delta Marriott, Montreal, 475 President Kennedy Ave, Montreal, QC
- [Book Your Room](#) before May 3, 2024!



Big Thank you to our West Coast Hosts!





Agence de la santé
publique du Canada

Public Health
Agency of Canada

Canada

Information session on annual reports

March 6, 2024

PROTÉGER LES CANADIENS ET LES
AIDER À AMÉLIORER LEUR SANTÉ



Agenda of the session

- The purpose of this monitoring tool
- Why are we collecting this data?
- Tips for completing the Annual Report
- Overview of some sections of the Annual Report
- Question period

The purpose of this monitoring tool

For PHAC

- Monitor and support the progress of funded projects
- Identify successes, trends, areas requiring support or oversight, any potential need for changes in our approach

For you and your project:

- Meet the monitoring requirements as stipulated in the Contribution Agreement
- Validate the progress of your project from year to year
- Serve as a basis for writing your final project report

How is this information used?

Parliament/Minister/Canadians:

- Annual departmental reporting to Parliament, to demonstrate how public funds are being used
- To support the Minister to address questions in Parliament or from the public

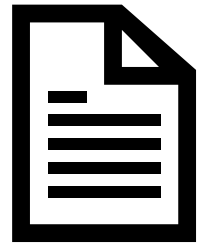
Department:

- To link departmental resources with results
- To inform senior officials of progress, highlight any challenges
- To communicate the value, importance and impact of the investment

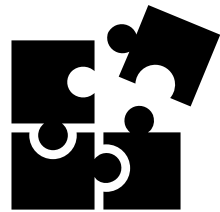
Program:

- To reveal trends, issues, areas needing support or oversight, areas where we need to adjust our approach

Tips for completing the annual report



- The intention of the annual report is to reflect project activities that have taken place in fiscal year 2023-24



- Do not hesitate to seek support from project collaborators to complete sections of the report



- We encourage you to share examples that you feel are relevant to illustrate the progress of your activities

Key changes to the templates

Formatting

- The navigation pane can now be used for easier access to different sections of the document
- While the sections remain the same, the questions are numbered in consecutive order throughout the document

Splitting things up (see next slides)

- In-person/hybrid reach and online reach are now in 2 separate sections
- Knowledge mobilization events and products are also in 2 separate tables

New questions for online delivery

- Type of online programming
 - Asynchronous, individual – each participant takes their training on their own when it suits their schedule
 - Synchronous, cohort-based – participants are part of a group and participate in several sessions
 - Synchronous, one-time – participants are part of a group and take one session of training
 - Other, please specify : _____
- Type of platform used for online delivery (zoom, social media, etc.)
- List of online delivery “sites” – cohorts, modules, sessions, etc.

Name of cohorts/modules/sessions: This column should reflect the way your organization structures your online programming. e.g. 2023 cohort, Kamloops youth, Module 3, etc.	Location of participants, if known <i>(Mention all that apply)</i>	Total # of Participants who completed programming this year <i>(only count those that completed programming in this section)</i>

*Add additional rows as necessary.

Knowledge mobilization – Events and products

- Focus on products or events designed to share **evidence, best practices, and learnings** developed through your research and/or evaluation activities, or that disseminated research or practice-based expertise from the field.
- Whenever possible, use metrics (views, downloads) that are usually available for electronic products, including academic articles.
- Do not include:
 - Professionals/service providers who took part in your programming (these should be reported under in-person and online reach reach).
 - Tools or activities for which the main purpose was project management, marketing, recruitment, or awareness
 - Publications authored by project leads but not linked to the project funded by PHAC.

Health equity & data disaggregation

- Health equity is an ideal state in which all people have the same opportunity to **reach their fullest health potential** and are not disadvantaged from attaining it because of the social determinants of health.
- Addressing health equity is a key public health priority
- Federal departments, including PHAC, use Sex- and Gender-Based Analysis Plus (SGBA Plus) to advance health equity, diversity and inclusion.
- **For the purpose of these annual reports:**

Is our programming responsive and tailored to the diverse needs of people living in Canada, including those affected by and most at risk of family violence?

Health equity in the annual reports

Key equity question	Report section
Are we reaching diverse groups through programming?	Section 3 and 4 – Reach to survivors and Reach to professionals
Is programming having the same impact on diverse groups?	<ul style="list-style-type: none"> • No specific question. • Use questions 28 and/or 29 to discuss any disaggregated findings and their implications • Use the open question below the mandatory indicators table if you have disaggregated indicators.

- What could disaggregated findings look like?
 - 68% of all participants saw improvements in their mental health, but this jumped to 82% for participants from group A.
 - Parents from group A were just as likely as parents from group B to acquire new skills and knowledge but were less likely to report behavior change at follow-up.
 - Professionals from group A were more likely to be lost to follow-up, and so we cannot measure the medium-term impact of programming on their professional practice.

Mandatory quantitative indicators (section 5)

- If an intervention is shown to be effective, we expect to be able to document the following in participants:
 1. Changes in knowledge or skills
 2. Changes in behaviour
 3. Improvements in health status
- There is a tension between long-term goals (deeper social changes) and short-term requirements (mandatory indicators).
- These indicators are one item in a set of measures of success, set out in the research plan; they can be measured in different ways.
 - Be mindful of how you define “success” – be fair to your project!
 - Ideally, change indicators (behaviour and health status) require **longitudinal data collection**, ie asking the same person questions at 2 or more points in time. Ex. Before programming, immediately post-intervention, 3-6 months after the end of programming.
 - Avoid using “intention to change”

Mandatory reporting indicators (section 5)

- 3 mandatory indicators – you may not yet have change indicators

Mandatory Indicators	Total in 2022/23			Cumulative Total		
	Total number of research/evaluation participants reporting change	Total number of research/evaluation participants <u>surveyed</u>	% of <u>research/evaluation</u> participants reporting change	Total number of research/evaluation participants reporting change (total since project start)	Total number of research/evaluation participants surveyed (total since project start)	% of <u>research/evaluation</u> participants reporting change (total since project start)
% <u>participants</u> reporting changes in knowledge and/or skills						
% <u>participants</u> reporting changes in behaviour						
% <u>participants</u> reporting improved health outcomes						

Mandatory reporting indicators – Numerator & denominator

- How many people did you survey? How many people reported a change?

Mandatory Indicators	Total in 2022/23			Cumulative Total		
	Total number of research/evaluation participants reporting change	Total number of research/evaluation participants <u>surveyed</u>	% of <u>research/evaluation</u> participants reporting change	Total number of research/evaluation participants reporting change (total since project start)	Total number of research/evaluation participants surveyed (total since project start)	% of <u>research/evaluation</u> participants reporting change (total since project start)
% <u>participants</u> reporting changes in knowledge and/or skills	numerator	denominator	%			
% <u>participants</u> reporting changes in behaviour	820	2000	41%			
% <u>participants</u> reporting improved health outcomes	7	17	41%			

Mandatory reporting indicators – Cumulative numbers

- Only use the right-hand section if you reported numbers last year.

Mandatory Indicators	Total in 2022/23			Cumulative Total		
	Total number of research/evaluation participants reporting change	Total number of research/evaluation participants <u>surveyed</u>	% of <u>research/evaluation</u> participants reporting change	Total number of research/evaluation participants reporting change (total since project start)	Total number of research/evaluation participants surveyed (total since project start)	% of <u>research/evaluation</u> participants reporting change (total since project start)
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% <u>participants</u> reporting changes in behaviour						
% <u>participants</u> reporting improved health outcomes						

Annual Report: Key Learnings (section 7)

This section is an opportunity for you to share:

- Lessons learned
- Challenges encountered
- Proposed solutions

and for us to:

- Understand the challenges encountered
- Reflect on how these learning could be applied to other projects or initiatives

Question period



Thank you!



Reminders !

KH Bulletin will be distributed at the end of March

Please book your accomodations

Consider joining the Advisory committee meeting



Thank you!

See you May 15th

