

# YATI Training Summative Evaluation Report 2009-2010 Training Results



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## Executive Summary

The Ontario Lung Association's Youth Advocacy Training Institute (YATI) was initiated in 2005 by the Ontario Lung Association with funding from Ministry of Health Promotion (MHP) in support of the Smoke-Free Ontario strategy. Originally created to support and serve the Youth Action Alliance (YAA) program (which was defunded in 2009), YATI has evolved in the areas and ways it collaborates with youth and youth-serving organizations. Throughout this year, YATI continued to broaden its audience and extend its services to a variety of youth and adults in a variety of setting including recreation programs, newcomer/immigrant services groups, community centres, mayor's youth councils, Aboriginal and First Nations groups, neighbourhood associations and school groups among others. These youth groups were engaged to support their involvement in advocacy and health promotion activities relating to chronic disease prevention. YATI provided training, training conferences, keynote speaking, partnership in implementing youth engagement initiatives, training resources, and technical assistance to a variety of people in a number of settings.

During the first two months of the fiscal year, YATI continued to support public health unit youth groups as part of the Youth Action Alliance program. The funding to this program was cut early in the year and therefore YATI had to develop a host of new trainings to serve a broader and more diverse set of groups.

Through training and technical assistance in 2009-2010, YATI equipped youth and the adults who support them, with the knowledge and skills to engage in advocacy and health promotion oriented-activities. These activities promoted their understanding of how to create effective health promotion and advocacy campaigns on topics such as tobacco-free sports and recreation and targeting the tobacco industry, as well as understand strategies on how to improve the health of a community and how to influence public policy.

In the 2009-2010 training fiscal year, YATI delivered 62 trainings across Ontario from April 2009 to April 2010: 36 youth trainings, 12 adult trainings, 6 of which were contracted out to the Health Resources in Action organization (formerly known as the Medical Foundation), 3 *hey!* (Healthy Empowered Youth) conferences, 5 Special Event trainings, and 6 pilot trainings to evaluate the new curricula and tools. Youth trainings focused on the knowledge and skills required to engage in health promotion and advocacy-oriented activities to prevent chronic disease in the province. YATI's adult trainings focused on strategies to foster positive youth development and provide effective support to these youth initiatives.

The purpose of this summative report is to present the evaluation findings from the YATI Training Program for the 2009-2010 fiscal year. This report includes the results from the following training components: YATI old training curricula results for youth and adults (Apr '09 – May '09), *hey!* conference results for youth and adults (Feb '10 – Mar '10), and YATI new training curricula results for youth and adults (Sept '09 – Apr '10). In order for YATI to evaluate both the program content of their trainings as well as the actual training procedures and delivery, each training component had its own evaluation design and data collection tools. For the old training curriculum, participants' knowledge uptake and feedback regarding the quality, usefulness, delivery, and facilitation of the training were evaluated. The *hey!* conferences had specific objectives to which participants evaluated whether the conferences: increased their knowledge, increase their willingness to become involved in health promotion and advocacy

activities, increased their networking with others within regional areas, and whether participants felt they had the tools and resources to implement activities in their community. For the new training curricula, participants' knowledge, self-efficacy, and feedback regarding the quality of the activities, information presented, facilitation, handbook distributed and overall training logistics were evaluated.

For all three training components, the evaluation results suggest that the 2009-2010 training season was very successful. In total, 681 youth and 400 adults attended these training programs and the majority of participants completed a client satisfaction evaluation survey; 571 youth and 179 adults. A brief overview of the results is presented for each training component below.

### ***YATI Old Training Program Results***

Overall, the old YATI training program brought together 231 youth and 88 adults from across the province to learn about varying topics related to the work they do in health promotion and advocacy. A brief summary of the results are presented below:

- For both youth and adult training programs, participants demonstrated a statistically significant increase in knowledge from pre to post training. On average, youth participants increased 5.6 points and adult participants increased 3.4 points from pre-score to post-score on their knowledge quiz.
- Training feedback was obtained from 196 youth who attended old youth training programs. Overall, the youth training programs were evaluated very positively for all evaluative summative measures including: overall training logistics, curriculum delivery and content, and facilitation. The facilitators were rated the highest overall amongst all items evaluated, 4.57 out of 5. Training curriculum that youth participated in was rated next highest overall, 4.34 out of 5 respectively. Amongst all items evaluated, the curriculum delivery received the lowest ratings by youth, 4.18 out of 5. Still a quite high rating overall, given feedback was measured on a 1 to 5 likert scale.
- Training feedback from 39 adults was obtained for the two adult training programs, Message Development and Recruitment of Hard to Reach Youth. Compared with youth, adults rated the elements of the training program slightly lower for all summative measures including: overall training logistics, curriculum delivery and content, and facilitation. Similar to the youth results, the facilitators were rated the highest overall amongst all items evaluated, 3.41 out of 5. Curriculum delivery was rated second highest overall, 3.01 out of 5. The overall training program logistics were rated lowest, 2.70 out of 5.

### ***Hey! Conference Results***

Overall, the *hey!* conferences achieved its 5 main objectives of the conferences as outline above. The *hey!* conferences brought together 334 youth and adult supports from three regions across Ontario to learn about how they can make an impact on the health of their community.

- The majority of youth (79.9%) strongly agreed or agreed that they learned something new they never knew before as a result of attending the *hey!* conference youth training

programs which included sessions on: Advocacy for Health 101, Influencing Public Policy, Tobacco-Free Sports and Recreation, and Improving the Health of your Community (IHYC). Adult participants also felt they learned something new; 78.6% of adult participants strongly agreed or agreed they learned something new they never knew before as a result of attending the Creating Effective Health Education Campaigns with Youth .

- While trends from pre to post conference were not statistically significant, youth motivation and readiness to get involved in health promotion and advocacy activities increased from the beginning to the end of the *hey!* conference. Interestingly, adults demonstrated the opposite trend to which they rated their motivation and readiness higher at the beginning of the conference and lower at the end of the conference (also statistically non-significant).
- In total, 220 Youth and 114 adults attended the *hey!* conference and workshops which provided them with numerous tools and resources to implement and put to action health promotion and advocacy campaigns. All participants as a result of attending also received access to all session materials online for future reference and use. In the case of all three *hey!* conferences, host partner staff helped disseminate or conference participants contacted YATI directly to distribute additional resources and tools for adults participants to support the youth they worked with.
- The greater part of youth and adults strongly agreed or agreed they had the opportunity to network with others from their area at the *hey!* conference; 78.0% of youth and 78.7% of adults.

A full report summarizing the results and program recommendations for future delivery of the *hey!* conferences can be found on the Youth Advocacy Training Institute website.

### ***YATI New Training Program Results***

Overall, the new training program brought together 200 youth and 198 adults from across the province to learn about varying topics related to the work they do in health promotion and advocacy including tobacco control, healthy nutrition, physical activity, mental health, substance misuse, and alcohol use. A brief summary of the results are presented below:

- For both youth and adult training programs, participants demonstrated a statistically significant increase in knowledge from pre to post training. On average, youth and adult participants increased approximately 2 points from pre-score to post-score on their knowledge quiz. Given that all participants significantly increased their knowledge, demonstrates that YATI trainings have proven the ability to facilitate learning and knowledge translation with both youth and adults.
- Overall, youth self-efficacy significantly increased from pre to post training program. Participants' ratings of their abilities to implement the actions as outlined in each training program increased on average 0.18 from before to after the training program. Thus as a result of attending training, youth felt confident in their ability to work as team, talk with stakeholders, research information, create and design health promotion campaigns for

various topics (policy, advocacy, health promotion, targeting the tobacco industry), and many other activities. This result suggests that YATI trainings do give youth the confidence to put into action health promotion and advocacy activities in their communities.

- Training feedback was obtained for all 159 youth who attended new training programs. Overall, the youth training programs were evaluated very positively for all evaluative summative measures including: training activities, training content, facilitation and handbook distributed, and overall training program logistics. The facilitators were rated the highest overall amongst all items evaluated, 3.67 out of 4. Training activities that youth participated in were rated next highest overall, 3.42 out of 4 respectively. Amongst all items evaluated, the handbook received the lowest ratings by youth, 3.15 out of 4.
- Feedback from 37 adults was also obtained for the one adult training, Creating Effective Health Education Campaigns with Youth. Compared with youth, adults rated the elements of the training program slightly lower for all summative measures including: training activities, training content, facilitation and handbook distributed, and overall training program logistics. The facilitators were rated the highest overall amongst all items evaluated, 3.60 out of 4. The handbook that was distributed during training was rated second highest overall, 3.30 out of 4. The overall training program logistics were rated lowest, 3.04 out of 4. Time for learning, time for discussion, and time for networking were rated lowest among all items in this scale.

Overall, the following recommendations are being suggested to continue to enhance the existing programming and strengthen the positive evaluation by youth and adults. For youth training programs, the following considerations are being recommended: consider the *hey!* conference model as a regular part of YATI programming, continue to build-upon existing partnerships public health units and other youth-serving organizations and groups, continue to use youth-friendly facilitators that are content-experts, future consideration for peer-to-peer development of an enhanced handbook for youth, and increase the amount of time for discussion during training sessions. For adult training programs, the following considerations are being recommended: continue to use content-expert facilitators that are engaging to adults, continue to provide adults with handbooks in future delivery of training programs, consider increasing the amount of time for content delivery for adult sessions, and explore innovative ways for sharing information from youth sessions with adults.

In conclusion, this summary report supports YATI's ability to deliver quality training and content curricula to both youth and adult audiences across Ontario. It also supports the ability of YATI to facilitate knowledge translation and skills required to engage youth and adult supports in health promotion and advocacy-oriented activities to prevent chronic diseases across the province. Additionally, YATI has been able to facilitate the building of youth's self-confidence to go out and create positive changes in their communities. With the continued expansion this year to a broader audience has shown YATI's adaptability in meeting the needs of a diverse array of youth groups and organizations while significantly impacting all groups' knowledge and self-confidence. Finally, with the development of a new host of training curricula and new training formats such as the *hey!* conferences, YATI's 2009-2010 fiscal year was an overall success.

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## **Acknowledgements**

The Ontario Lung Association would like to acknowledge the Government of Ontario's Ministry of Health Promotion for its funding of the Youth Advocacy Training Institute. Additionally, OLA's Youth Advocacy Training Institute is a program that engages Ontario youth for a healthier today and tomorrow through partnership with provincial, regional and local organizations that work with youth. OLA would like to extend its appreciation for the numerous partnerships and stakeholders and their dedication to youth development and engagement.

The Youth Advocacy Training Institute's evaluation, including this report, was completed by Sandy Dupuis, Epidemiologist. OLA would like to acknowledge Sandy for her expertise and commitment to YATI.

# Introduction

## **Overview of Youth Advocacy Training Institute**

The Ontario Lung Association's Youth Advocacy Training Institute (YATI) was initiated in 2005 by the Ontario Lung Association with funding from Ministry of Health Promotion (MHP) in support of the Smoke-Free Ontario strategy. Originally created to support and serve the Youth Action Alliance (YAA) program which was defunded in 2009, YATI now offers training and support to a wide range of youth and adults from across the province.

Throughout this year, YATI continued to broaden its audience and extend its services to a variety of youth and adults in a variety of setting including recreation programs, newcomer/immigrant services groups, community centres, mayor's youth councils, Aboriginal and First Nations groups, neighbourhood associations and school groups among others. These youth groups were engaged to support their involvement in advocacy and health promotion activities relating to chronic disease prevention. YATI provided training, training conferences, training resources, and technical assistance to a variety of people in a number of settings.

During the first two months of the fiscal year, YATI continued to support public health unit youth groups as part of the Youth Action Alliance program. The funding to this program was cut early in the year and therefore YATI had to develop a host of new trainings to serve a broader and more diverse set of groups.

## **YATI Training (2009-2010)**

In 2009-2010, YATI delivered 62 trainings across Ontario from April 2009 to March 2010: 36 youth trainings<sup>1</sup>, 12 adult trainings, 6 of which were contracted out to the Health Resources in Action organization (formerly known as the Medical Foundation), 3 *hey! (Healthy Empowered Youth)* conferences, 5 Special Event trainings, and 6 pilot trainings to evaluate the new YATI curricula and evaluation tools. Youth trainings focused on the knowledge and skills required to engage in health promotion and advocacy-oriented activities to prevent chronic disease in the province. YATI's adult trainings focused on strategies to foster positive youth development and provide effective support to these youth initiatives.

## **Objectives of the YATI Training Evaluation**

The purpose of this summative evaluation report is to present the findings from the YATI training program for the 2009-2010 fiscal year.

This evaluation sought to summarize the following findings:

- YATI old training curricula results for youth and adults (Apr '09 – May '09)
- *hey!* conference results for youth and adults (Feb '10 – Mar '10)
- YATI new training curricula results for youth and adults (Sept '09 – Apr '10)

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<sup>1</sup> 6 additional youth training program were ran as pilot training programs to ensure successfully delivery and evaluation of the new youth curriculum but are not included in the final number.

# Evaluation Methodology

## **Overview of methods**

The 2009-2010 training season was unique this year, in that YATI added to their regular training program the addition of 3 mini-conferences that brought together large groups of youth and adults from across Ontario. YATI also developed new training curricula which was launched and piloted in September 2009.

The evaluation design and objectives for each training component are presented below. In the beginning of 2009 training season, YATI's old training program was running for the months of April and May, while the new training program commenced in September. Thus, this evaluation report includes both the results from old programming and new programming. The methods for each training component: old training program, mini-conferences, and new training program were as follows:

- **YATI Old Training Program (April 2009 – May 2009):** The design of the training program evaluation was structured to collect information to determine knowledge uptake and participant satisfaction feedback regarding the quality, usefulness, delivery, and facilitation of the training provided, for each of the training sessions offered to both youth and adults.
  
- **hey! (Mini-Conferences (February 2010 – March 2010):** The evaluation design was structured to measure the 5 main objectives of the *hey!* conferences to determine their overall success in addition to regular training methods. This design incorporated a combination of quantitative and qualitative methods. The conference objectives were as follows:
  - Increase youth participant knowledge about chronic disease prevention, health promotion, advocacy and influencing public policy
  - Increase adult participant knowledge about how to effectively work with youth to engage in initiatives that focus on health promotion, advocacy and influencing public policy
  - Increase youth participant willingness to become involved in health promotion/advocacy activities in their community
  - Provide tools and resources to youth and adult supports for the purpose of implementing health promotion activities in their community
  - Increase networking amongst youth and adult supports within regional areas

*Hey!* mini-conference evaluation measures included the following: participants' self-reported knowledge uptake and ratings on how useful the information was, and motivation and readiness to implement health promotion and advocacy activities. As well, participants' self-reported ability to network with others from their area was also collected.

- **YATI New Training Program (September 2009 – April 2010):** The evaluation design of the new training program was structured to collect information to determine participant knowledge uptake and participant client satisfaction feedback for each of the training sessions offered to both youth and adults (similar to that of the old training program

evaluation). This year, the introduction of youth self-efficacy was included in the design of the evaluation to determine if participants self-reported abilities increased as a result of attending a training.

Where possible, qualitative results were included to provide further description and explanation for quantitative results.

Of note, the evaluation results of this report will be presented in three sections: YATI Old Training Program results, *Hey!* Training Conference results, and YATI New Training Program results. YATI old and new training program results will be presented separately by youth and adults. While, the *Hey!* Mini-Conference results will be presented simultaneously.

### ***Evaluation Tools***

In order for YATI to evaluate both the program content of their trainings as well as the actual training procedures and delivery, the following evaluation data collection methods and tools were utilized:

#### **YATI Old Training Program**

Two types of evaluation tools were implemented to evaluate the old training program.

##### *Pre-post Surveys*

Through YATI's trainings, participants engaged in knowledge and skill building activities. In order to assess whether the participants' increased their knowledge as a result of attending each training session, participants were asked to complete a short quiz (pre-survey) prior to each training and then again immediately following the completion of each training (post-survey). The pre- and post-surveys were identical for each training and contained questions drawn directly from the training content. It was expected that participants scores would increase from pre- to post-survey, indicating an increase in knowledge uptake.

##### *Client Satisfaction Surveys*

Following each YATI training, it was expected that participants would actively use the information they had learned in their schools or communities. In order to assess the quality, usefulness, delivery, and facilitation of the training provided, participants were asked to complete a training evaluation at the end of each training session/day. The information collected assists YATI in improving the delivery and quality of content for future training sessions.

See Appendix A all pre-post knowledge and client satisfaction surveys for youth and Appendix B for all pre-post knowledge and client satisfaction surveys for adults.

#### ***hey! (Healthy Empowered Youth) Training Conferences***

As mentioned above, the mini-conference evaluation incorporated both quantitative and qualitative methods. Each method is described in detail below:

- A new and innovative technology called "Data on the Spot" (DOTS) was used to collect quantitative participant feedback about the *hey!* training conferences. This data collection

method provided a powerful tool that allowed YATI to receive immediate feedback from audiences on a series of different question types. Participants were able to answer the questions posed using a wireless remote to which they would input their response to a given question. The data would then automatically download into a back-end database for fast and easy data analysis. Data collected using this technology included:

- *Pre-post*: Participants' rating of their motivation and readiness to implement health promotion and advocacy activities in their community, measured pre and post conference.
  - *Client Feedback*: Participants' knowledge uptake and whether they found the information presented useful was asked after every breakout session. As well, participants rated the conference format, and networking opportunities.
- To reflect on the events of the *hey!* conferences, an activity called 'Head, Heart, Feet' was implemented during the closing plenary to collect rich and meaningful qualitative open-ended data. The purpose of this activity was to have participants articulate what they learned and felt during the workshop sessions, and assist with identifying what their next steps will be. Participants were in small groups and asked to create their own person depicting a head, heart, and feet on flip chart paper. As a group, participants' recorded what they learned during the workshop (the head), how they felt about the conference and what they learned (the heart), and what they planned to do with the information they learned and next steps they would take following the conference (the feet). Each group was asked to assign a person to report back to the larger group and at closing, teams were randomly selected to take to the stage and present their drawings.
  - After each *hey!* conference, feedback was also solicited from each conference partner organization regarding *hey!* conference events and overall conference planning. Public health unit staff were asked to provide feedback on all aspects of each respective conference (from planning to evaluation) to help inform subsequent conferences and future collaborative activities. This information was important to YATI in that it would help to inform similar partnership projects in the future.

*Hey!* training-conference evaluation tools can be found in Appendix C.

### **YATI New Training Program**

YATI's new training program evaluation design incorporated pre- and post-survey design as well as client satisfaction feedback. Given that the nature of the content for this year's training program was almost entirely new, the training tools were implemented early on during pilot training sessions to ensure a) that the content of the training was what participants wanted, and b) that the tools being used to evaluate the trainings were reliable (quality of the measurements). The results of the pilot training demonstrated that the evaluation tools were collecting information about participants that was relevant and would inform future program training and delivery.

#### *Pre-post Surveys*

Through YATI's new training programs, participants engaged in knowledge and skill building activities. In order to assess whether the participants' increased their knowledge as a result of attending each training session, participants were asked to complete a short quiz (pre-survey)

prior to training and then again immediately following the completion of training (post-survey). The pre- and post-surveys were identical for each training and contained questions drawn directly from the training content. It was expected that participants scores would increase from pre- to post-survey, indicating an increase in knowledge uptake. Additionally, in order to assess whether participants' self-reported ability to implement health promotion and advocacy activities in their community increased as a result of attending each training, participants were also asked to complete a short self-efficacy tool (pre-survey) prior to each training and then again immediately following the completion of the training (post-survey). This was only evaluated among youth audiences as skill-building was acquired as a result of attending training. Similar to the knowledge tool, the self-efficacy tool was developed directly from the expected skills acquired as a result of attending training.

#### *Client Satisfaction Surveys*

Following each YATI training program, it was expected that participants would have enjoyed the training program as well as found the content fun, interesting, and informative for participants to put to action health promotion and advocacy campaigns and activities in their communities. In order to assess participants' feedback on the quality of the activities, information presented, facilitation, handbook distributed and overall training logistics such as time, format, layout, etc..., participants were asked to complete a training evaluation at the end of each training session. The information collected assists YATI in improving the delivery and quality of content for future training sessions.

See Appendix D for all pre-post knowledge and self-efficacy tools, and client satisfaction surveys for youth trainings. Refer to Appendix E for all pre-post knowledge and client satisfaction surveys for adult trainings.

Where possible, qualitative results were included to provide further description and explanation for quantitative results.

#### **Data Analysis**

Data were analyzed using SPSS v. 18.0. Descriptive statistics, including frequencies, percentages, and means were run to describe the participants in each training session and participants' feedback of the training.

With regards to the *hey!* training conference data analysis, to determine if there was a statistically significant increase in pre and post scores for participant motivation and readiness, the significance level was set at  $\alpha = .05$ .

Paired sample t-tests were conducted to determine if there was a statistically significant difference in participant knowledge and self-efficacy pre-survey score and post-survey score. Summative likert scales were created for each training programs 'self-efficacy questions to collapse into one score for overall participant self-efficacy. As well, summative likert scales were created to collapse participant feedback with regards to the quality of the activities, information presented, facilitation, handbook distributed, and overall training logistics: time, layout. Statistical significance was assessed at  $\alpha = .05$ .

For the qualitative data, answers to open-ended questions were reviewed by YATI staff in order to identify common themes to which the answers belonged. Individual answers were then assigned to one of the identified themes. This assignment was then reviewed by a second party and any discrepancy in regards to theme assignment was discussed by both parties until an agreement was made. In the end, themes were created for each question and therefore qualitative data is presented in this fashion.

Of note, sample sizes less than 30 should be interpreted with caution as participants' responses will not represent the opinions and feedback of all youth across Ontario.

## Evaluation Results

### YATI Old Training Program Results (April '09 – May '09)

#### YOUTH

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During the months of April through May 2009, youth had the opportunity to participate in trainings to strengthen the work they do in their communities. During this time period, YATI was still offering its previous year's training curricula. There were 14 youth training programs offered during this time period covering five different topic areas. These trainings were broken up into introductory level, intermediate level and advanced level.

Overall, 231 youth attended these 14 training sessions with old YATI training curricula; 196 participants completed an evaluation survey. See the table below for participant attendance by training program and the number of evaluations received.

Table 1: Youth Attendance and Evaluation Data by Old Training Curricula

Training Program	Number of Youth Attendees	Number of Youth Evaluations
Other Chronic Disease Risk Factors	79	64
Emerging Issues in Tobacco Control	61	57
The Cultural Context of Tobacco and the Industry	53	44
Global Tobacco	22	16
Message Development, Communication, and Presentation	16	15
	231	196

#### *Participant Characteristics*

The characteristics of youth who attended training sessions from old training curriculum (n=196) is presented in Table 2. On average, participants were 16.9 years of age and just over half of participants (51.5%) had worked with YAA for 12 months or less. More females than males attended the training (65.7% vs. 34.3%).

Table 2: Participant Characteristics for Old YATI Youth Curricula

	<i>N=196</i>
Age (years)	
M (SD)	16.9 (1.27)
Gender (%)	
Male	34.3
Female	65.7
Role (%)	
Peer Leader	94.9
Other	5.1

Time in Position (%)	
0-6months	19.4
7-12months	32.1
13-18months	14.3
19-24months	16.3
Longer	17.9

Note: 'Other' roles include Youth volunteers, and Youth participants

### *Knowledge Uptake*

A total of 186 youth pre-post surveys for old youth training curriculum were completed. On average, the survey consisted of a series of 5 open-ended knowledge questions out of total score of 20. For example, participants were asked to define or list items as requested. Multiple choice and matching were also methods utilized on the knowledge surveys. The surveys were scored for correct responses at pre and post. A summary of the pre-post analysis is presented in Table 3.

Table 3: Average Pre and Post scores for Youth Old Training Curricula

<b>Training</b>	<b>n</b>	<b>Pre Test Average Score</b>	<b>Post Test Average Score</b>	<b>Average Change in Score</b>	<b>t-value</b>	<b>P</b>
Youth Old Curricula	186	9.7	15.3	+ 5.6	-16.88	.000 ***

\*\*\*significant < .001

A statistically significant increase in knowledge from pre to post was seen for youth who attended old training curricula programs. On average, participants increased by 5.6 points from pre to post. Before training, on average, participants scored a 9.7 and after training participants scored on average 15.3.

### *Participant Feedback*

Overall, 196 client satisfaction surveys were received from participants who attended the old youth training curricula between the months of April and May 2009. On a 5-point likert scale, participants' rated the quality, usefulness, delivery and facilitation of the training. The results are presented below (See Table 4).

Table 4: Youth Feedback about Old Youth Curricula (n=196)

	<b>M (SD)</b>
<b>Overall</b>	4.28 (0.68)
Quality of training	4.34 (0.69)
Content in the training	4.35 (0.70)
Training activities enhanced your learning	4.24 (0.83)
Training provided you with knowledge or actions that you can apply	4.25 (0.90)
<b>Curriculum Delivery</b>	4.18 (0.74)
Usefulness of the information presented by the facilitators	4.34 (0.78)
Usefulness of the hands on activities	4.19 (0.87)
Usefulness of the handouts or tools	3.95 (0.95)
Training flowed well	4.35 (0.87)
<b>Curriculum Content</b>	4.34 (0.75)
Learning objectives were clear	4.37 (0.74)
Objectives met my learning expectations	4.34 (0.78)
Relevance to work in health promotion/advocacy	4.32 (0.74)
<b>Facilitation</b>	4.57 (0.71)
Was well prepared	4.61 (0.66)
Was knowledgeable	4.63 (0.66)
Was responsive/helpful	4.63 (0.68)
Was a good listener	4.58 (0.75)
Was youth-friendly	4.62 (0.72)
Style worked well (delivery methods, flexibility)	4.52 (0.80)

Note: Values are based upon a 5-point Likert Scale (1=not effective, 5=very effective)

Overall, the facilitator was rated the highest overall among all indicators evaluated, on average, participants rated the facilitation 4.57 out of 5. Participants felt the facilitator was knowledgeable, helpful, youth-friendly, a good listener and much more. The curriculum content was rated second highest overall, 4.34 out of 5. While, curriculum delivery was rated lowest among all indicators evaluated, 4.18 out of 5.

Overall, on a 5-point liker scale, participants rated the old youth curriculum very highly overall.

#### *Areas for Improvement*

Over one-quarter of participants (31.6%) mentioned that visual aids were an area that needed improvement overall. Another 15.3% felt the use of engaging or interactive activities was needed. Further noted improvements included: online registration system (11.2%), time for learning (10.7%), pre and post test evaluations (9.7%), pace of workshop (7.1%), food and accommodation (6.6%), facilitators' energy and style (6.1%), instruction method and pace of workshop (5.6%), and the organization of the training (2.6%) . Interestingly, 25.0% of participants thought nothing needed to be improved to the trainings at all.

## ADULTS

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Adults also had the opportunity to participate in trainings to support youth in the work they do in the community during the months of April and May 2009. The purpose of YATI's adult trainings is to provide youth advisors, youth development specialists and tobacco control managers with the necessary skills to support youth in their health promotion and advocacy-oriented activities and help the youth to achieve positive youth outcomes. During this time period, YATI was still offering its previous year training curricula. In total, 3 adult trainings were delivered by YATI covering three topic areas: Message Development, Recruitment of Hard to Reach Youth, and Inseparable Goals. Adults who attended the Inseparable Goals training program were trained by an the Medical Foundation. Given that this training program is offered by an external organization, evaluation surveys were not administered.

Overall, 88 adults attended these 3 training sessions with 70 attending old YATI training curricula programs where evaluations were administered; 39 participants completed an evaluation survey. The breakdown of adults who attended trainings and the number of evaluation surveys received by training program is presented below in Table 5.

Table 5 : Adult Attendance and Evaluation Data by Old Training Curricula

Training Program	Number of Attendees	Number of Evaluations
Message Development	35	25
Recruitment of Hard to Reach Youth	35	14
Inseparable Goals	18	N/A
Total	88	39

### *Participant Characteristics*

The characteristics of adults who attended training sessions from old training curricula (n=39) is presented in Table 6. On average, participants were 30.2 years of age and just over half of the participants (56.8%) had been working with the YAA for longer than 2 years. More females than males attended the training (80.0% vs. 20.0%).

Table 6: Participant Characteristics for Old Adult Curricula

	<i>N=39</i>
Age (years)	
M (SD)	30.2 (11.6)
Gender (%)	
Male	20.0
Female	80.0
Role (%)	
Youth Advisor	21.6
Tobacco Control Manager	5.4
Youth Development Specialist	2.7
Public Health Staff	45.9
Community Youth Worker	8.1

Health Professional Other	16.3
Time in Position (%)	
0-6months	5.4
7-12months	13.5
13-18months	8.1
19-24months	16.2
Longer	56.8

### *Knowledge Uptake*

A total of 35 adult pre-post surveys for old adult training curricula were completed. On average, the survey consisted of a series of 5 knowledge questions out of total score of 15. For example, participants were asked to fill-in-the-blank, multiple choice, circle the right answer, and true and false. The surveys were scored for correct responses at pre and post. A summary of the pre-post analysis is presented in Table 7.

Table 7: Average Pre and Post scores for Adult Old Training Curricula

<b>Training</b>	<b>n</b>	<b>Pre Test Average Score</b>	<b>Post Test Average Score</b>	<b>Average Change in Score</b>	<b>t-value</b>	<b>P</b>
Adult Old Curricula	35	10.1	13.5	+ 3.4	-4.198	.000 ***

\*\*\*significant < .001

A statistically significant increase in knowledge from pre to post was seen for adults who attended old training curriculum for Message Development and Recruitment of Hard to Reach Youth. On average, participants increased by 3.4 points from pre to post. Before training, on average, participants scored a 10.1 and after training participants scored on average 13.5.

### *Participant Feedback*

Overall, 39 client satisfaction surveys were received from participants who attended the old adult training curricula between the months of April and May 2009. On a 5-point likert scale, participants' rated the quality, usefulness, delivery and facilitation of the training. The results are presented below (See Table 8).

Table 8: Adult Feedback about Old Youth Curricula (n=39)

	<b>M (SD)</b>
<b>Overall</b>	2.70 (1.06)
Quality of training	2.70 (1.02)
Content in the training	2.68 (1.16)
Training activities enhanced your learning	2.70 (1.18)
Training provided you with knowledge or actions that you can apply	2.73 (1.22)
<b>Curriculum Delivery</b>	3.01 (0.90)
Usefulness of the information presented by the facilitators	2.84 (1.12)
Usefulness of the hands on activities	2.89 (0.97)
Usefulness of the handouts or tools	3.30 (0.91)
Training flowed well	3.08 (1.20)
<b>Curriculum Content</b>	2.72 (1.08)
Learning objectives were clear	2.61 (1.10)
Objectives met my learning expectations	2.33 (1.24)
Relevance to work in health promotion/advocacy	3.23 (0.91)
<b>Facilitation</b>	3.41 (1.02)
Was well prepared	3.74 (1.01)
Was knowledgeable	3.75 (1.05)
Was responsive/helpful	3.47 (1.16)
Was a good listener	3.50 (1.08)
Was youth-friendly	3.26 (1.13)
Style worked well (delivery methods, flexibility)	3.11 (1.13)

Note: Values are based upon a 5-point Likert Scale (1=not effective, 5=very effective)

Overall, the facilitator was rated the highest overall among all indicators evaluated, on average, participants rated the facilitation 3.41 out of 5. This result is similar to the findings for youth old curricula. Adult Participants felt the facilitator was well prepared, knowledgeable, a good listener and much more. The delivery of the curriculum was rated second highest overall, 3.01 out of 5. Overall, training logistics such as quality of content, and quality of training and training activities, was rated lowest among all indicators evaluated, 2.70 out of 5. Message Development training program received much higher ratings by adults in comparison to the Recruitment of Hard to Reach Youth training program; contributing to the lower average means for evaluative measures overall.

Overall, on a 5-point liker scale, participants rated the old adult curricula average overall. In comparison to the ratings received by youth for youth curricula, adult ratings were much lower overall for all indicators evaluated.

#### *Areas for Improvement*

Almost half of participants mentioned that visual aids were an area that needed improvement overall and content of the training (43.6% and 48.7% ,respectively). Another 38.5% of adults noted time for learning was an issue and another 30.8% thought the use of engaging or interactive activities was needed. Further noted improvements included: handbooks (23.1%), pre and post test evaluations (23.1%), pace of workshop (23.1%), instruction method and pace of

workshop (23.1%), facilitators' energy and style (20.5%), organization of the training (17.9%), and response to learning needs (15.4%), online registration system (12.8%), and food and accommodation (5.1%). Interestingly, 10.3% of participants thought nothing needed to be improved to the trainings at all.

## Hey! Mini-Conference Results (February 2010 – March 2010)

In total, 250 youth and 114 adult participants attended the 3 *hey!* Conferences held in Niagara, Toronto, and Barrie, Ontario. Almost the entirety of participants (97.1%) who registered attended the 3 Conferences. Of note, some participants did not register but attended the conferences last minute. Overall, 318 evaluations; 216 youth and 102 adults were received from participants who attended. See Table 9 for the breakdown of registrants, attendees, and evaluation surveys received by conference location.

Table 9: Number of Registrants, Attendees, and Evaluation Data for *hey!* Conferences

	Number of Registrants	Number of Attendees	Number of Evaluations
Niagara	110	110	108
Toronto	143	153	115
Barrie	91	101	95
Total	344	364	318

Participants were from various organizations from across Ontario. The breakdown of organizations is presented in Table 10. Almost half (46.3%) of all *hey!* participants were from school groups or programs. On average, participants who attended the conference were relatively new to health promotion and advocacy; just over one year (14.3 months; +/-30.4 months).

Table 10: Number and Percentage of *hey!* Participants from Various Organizations

	N	%
Public Health	39	16.0
School Group or Program	113	46.3
Community Group or Program	92	37.7

### Motivation and Readiness

At the opening and the closing of each *hey!* conference, participants rated on a scale of 1 to 4, where 1 = strongly disagree and 4 = strongly agree, the degree to which they *felt motivated* about getting involved in health promotion and advocacy and the degree to which they *felt ready* to implement health promotion and advocacy activities in their community.

Overall, just over 90.0% of *hey!* participants strongly agreed or agreed that they were motivated about getting involved in health promotion activities. As shown below in Figure 1, on average, youth rated their motivation lower at the opening of the conference in comparison to adults. At the closing of the conference plenary, youth rated their motivation higher than that of the opening plenary. While, adult motivation decreased from opening to closing plenary. Both youth and adult trends were not statistically significant but suggest very interesting patterns of motivation.

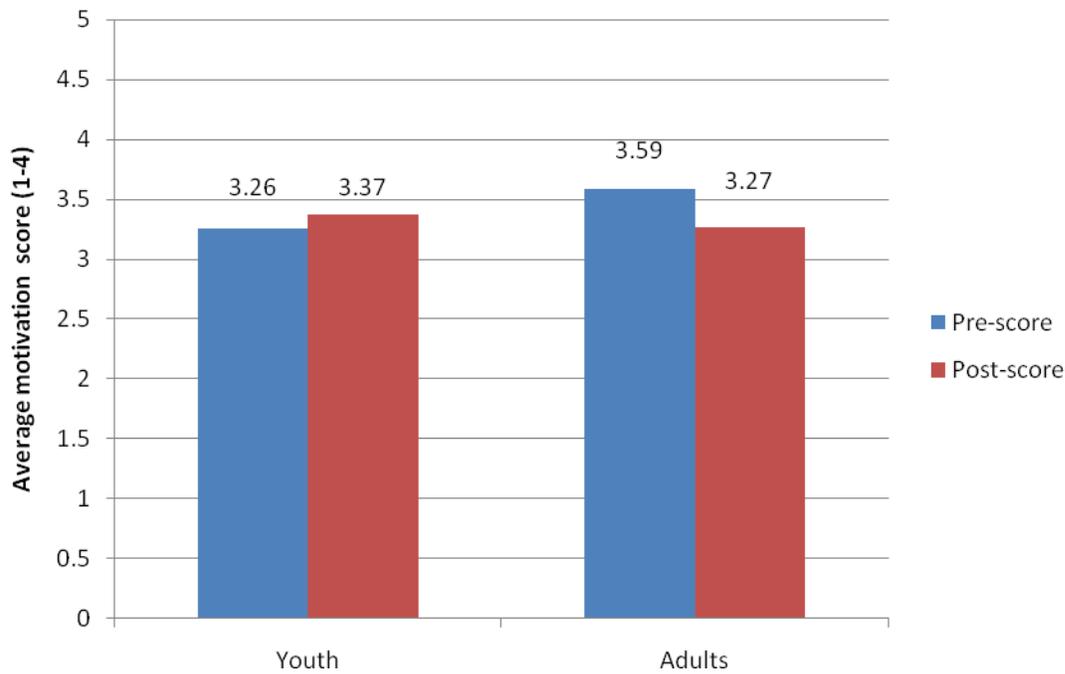


Figure 1. Youth and adult pre and post mean ratings of motivation

Similar trends were also seen for youth and adults' ratings of the degree to which they felt ready to put to action health promotion and advocacy activities in their community. Overall, just over 80.0% of participants strongly agreed or agreed that they felt ready. On average, adults' reported readiness decreased from opening plenary to closing plenary; while youth, showed only a slight increase in readiness from opening to closing plenary. Trends from pre to post were not significant however, do provide valuable information about youth and adult readiness (See Figure 2).

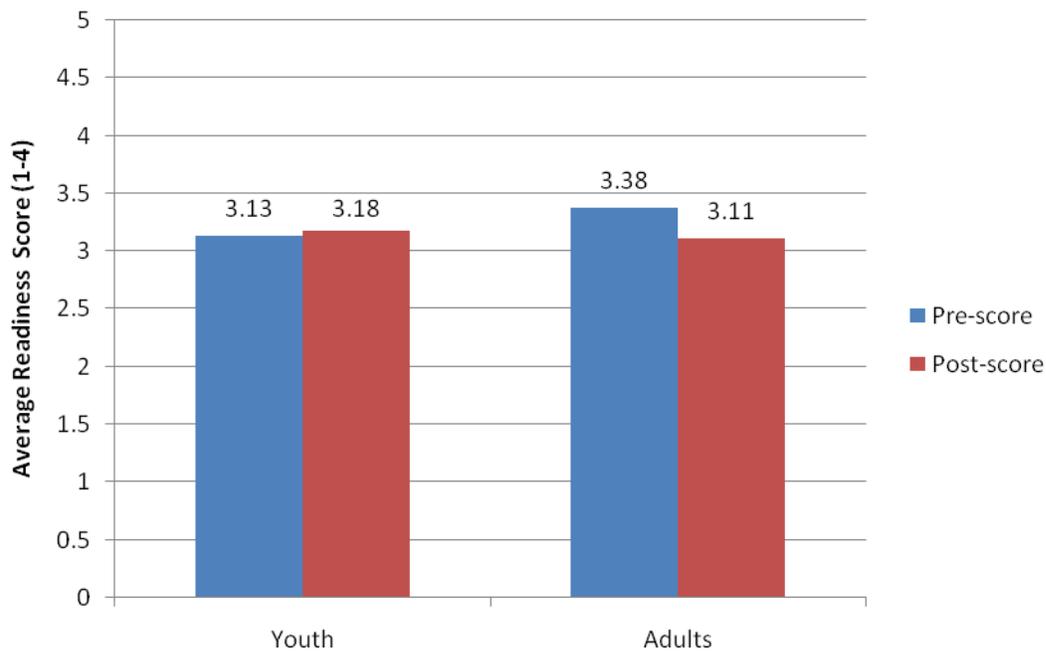


Figure 2. Youth and adult pre and post mean ratings of readiness

### Learn New Information

Youth and adults were invited to provide feedback after each of the 5 breakout sessions of the *hey!* conferences. Youth provided feedback about the youth sessions they attended which may have included: Advocacy for Health 101 (Adv 101), Influencing Public Policy (IPP), Tobacco-Free Sports and Recreation (TFSR), and Improving the Health of your Community (IHYC). While, adults provided feedback about the one adult breakout session; Creating Effective Health Education Campaigns with Youth (CEHECY). Participants' rated whether they learned new information they never knew before, and whether they found the information presented useful.

For a more detailed overview of participants' feedback about individual sessions, refer to the *hey!* conference evaluation report.

Among all breakout sessions that youth attended, almost 80% of participants strongly agreed or agreed they learned something new they never knew before. See Figure 3 for a more detailed summary of how participants rated the information they learned.

With regards to the adult session, Creating Effective Health Education Campaigns with Youth, the majority of adults strongly agreed or agreed they learned new information they never knew before; 78.6% respectively.

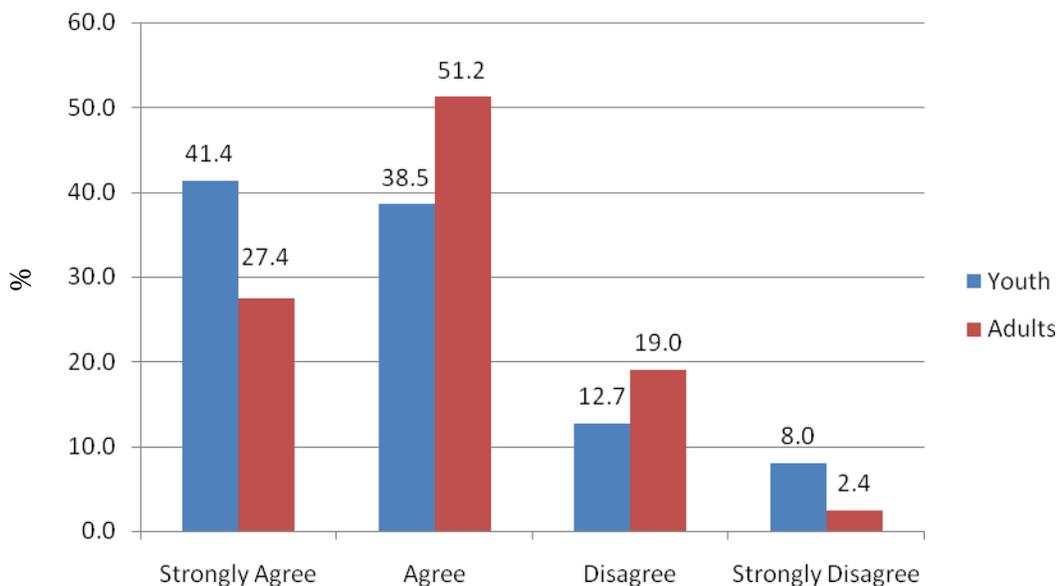


Figure 3. Youth and adult ratings of whether they learned new information

### Useful Information

With regards to youth ratings of whether they found the information presented useful at each of the breakout sessions, 83.8% of youth strongly agreed or agreed the information presented during the breakout sessions was useful to the work they do in health promotion and advocacy. See Figure 4.

Similar to adults perceptions of whether they learned new information, the majority also strongly agreed or agreed that the information presented was useful; 76.5% respectively.

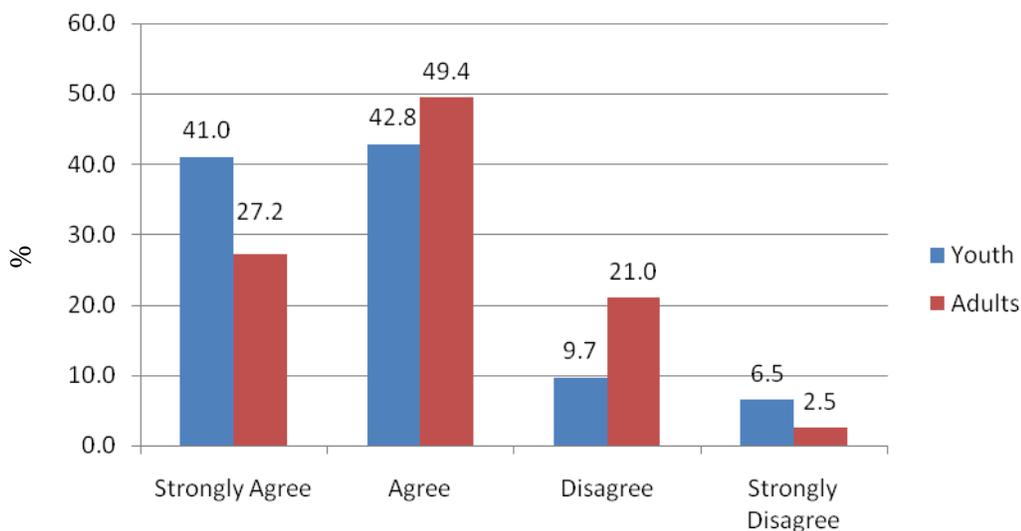


Figure 4. Youth and adult ratings of whether they felt the information presented was useful

## Networking

Participants were provided with numerous opportunities to network and meet other youth and adult advocates from within their local area. Participants' ratings of their ability to network with others are presented in Figure 5. Overall, almost 80.0% of participants strongly agreed or agreed that they had the opportunity to network with others from their area at the *hey!* conference. Both youth and adults strongly agreed or agreed they had the opportunity to network with others; 78.0% and 78.7% respectively. Overall, both groups felt they had the opportunity to connect and network with others.

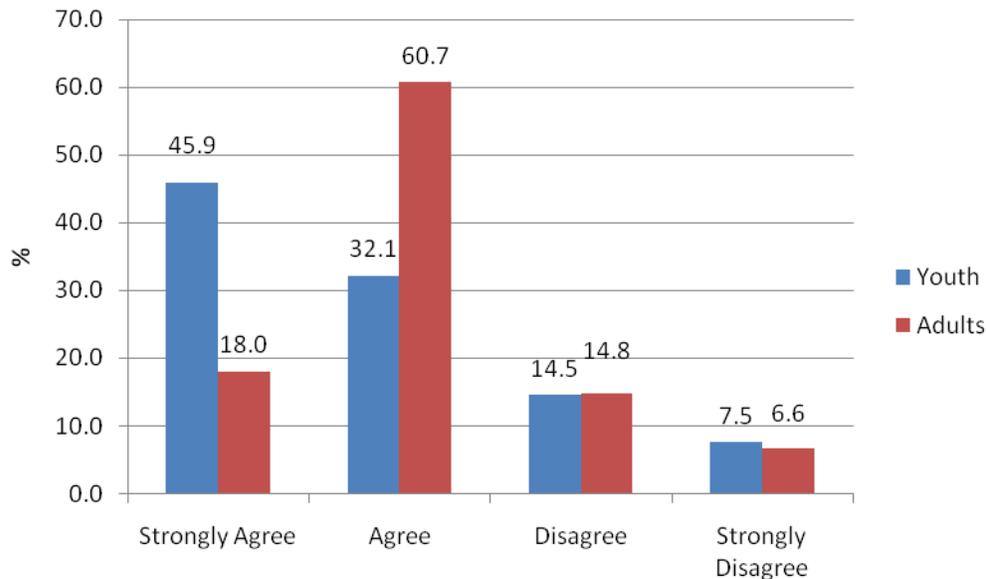


Figure 5. Youth and adult ratings of their ability to network with others at *hey!* Conferences

## Overall Satisfaction with *hey!* Conferences

Overall, participants were satisfied with their attendance at the *hey!* conferences. In total, 81.4% of participants who attended the *hey!* conferences would recommend the conference to others. More youth strongly agreed or agreed they would highly recommend the conference to others, compared with that of adults; 84.1% vs. 75.0%. See Figure 6.

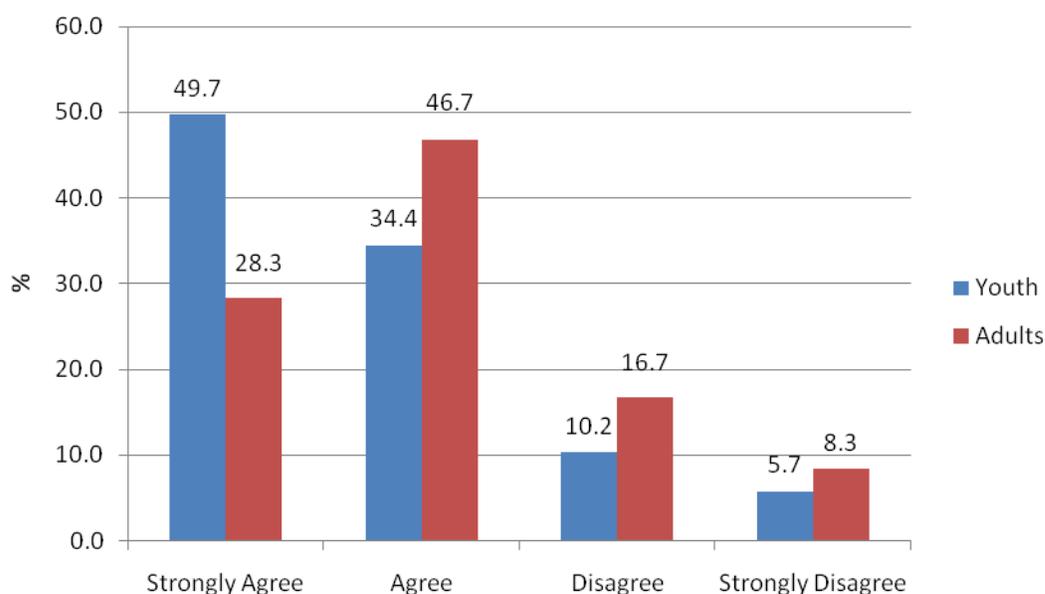


Figure 6. Youth and adult ratings of whether they would recommend attending the conferences to others

## Head, Heart, Feet

As mentioned above, an activity called ‘Head, Heart, Feet’ was implemented during the closing plenary to collect meaningful open-ended data. Again, this activity was only implemented at two *hey!* conferences; Niagara and Toronto, but not Barrie<sup>2</sup>. The objectives of this activity were to:

- Reflect on the events of the conference (thoughts, learnings, impressions, etc.)
- Articulate what participants learned and felt during the conference and breakout sessions
- Identify what participant would take away to act upon (i.e. what their next steps would be)

Some of the **main themes** that emerged from this activity for each reflection area (i.e. body part) included the following: (*themes are presented in order of most popular to least popular*)

**Head: what participants learned during the workshops** (*N = 63 responses*)

(*11 responses were unable to be themed*)

- New strategies for advocacy (16.2%)
  - (*i.e., tactics, way to advocate*)
- Tobacco industry/Tobacco product information (16.2%)
  - (*i.e., types of tobacco, facts about tobacco, tobacco prevention ideas*)
- Health information (13.5%)
  - (*i.e., chronic disease and factors that affect health*)
- Public policy information (12.2%)
  - (*i.e., steps to influence policy change*)
- Strategies, best practices, and new tools (10.8%)
- What youth wanted and needed (5.4%)
- Tobacco and sports and recreation information (2.7%)

<sup>2</sup> The “Head, Heart, Feet” activity at the Barrie *hey!* conference was not a scheduled item on the conference agenda due to the lack of time as a result of many groups of participants travelling far distances. Thus the agenda was tailored to meet the needs of the group.

- How to create change/make change (2.7%)
- Learned new information/learned a lot (2.7%)

***Heart: How participants felt about the conference and what they learned*** (N = 73 responses)  
(28 responses were unable to be themed)

- Motivated (19.8%)
  - (i.e., motivated to share, learn, speak out, to take action!)
- Positive: Excited, happy, great, wonderful (15.4%)
  - (i.e., thumbs up, feel good about what was learned)
- Informed: Intelligent, smart and knowledgeable (9.9%)
  - (i.e., learned new strategies, knowledge, information)
- Able to make change happen (7.7%)
- Empowered (4.4%)
- Inspired (3.3%)
- I made connections/made friends (3.3%)
- Confident (2.2%)
- Determined (2.2%)
- Encouraged (1.1%)

***Feet: What participants will do with the information they learned and what are the next steps they will take following the conference*** (N = 67 responses)  
(6 responses were unable to be themed)

- Share information with others (22.4%)
  - (i.e., with friends, family, peers, everyone!)
- Create programs/workshops/campaigns (19.4%)
  - (i.e., campaigns to reduce smoking, workshops about the importance of health in your community)
- Work in my community (9.0%)
  - (i.e., community outreach, sharing with the community)
- Make healthier choices (7.5%)
- Help others/be a support to others (7.5%)
- Share information with the media/internet (6.0%)
- Work with partners and other groups (6.0%)
- Create/join a group (4.5%)
- Talk to stakeholders/policy makers (4.5%)
- Get other youth involved (4.5%)

## **Conference Host Partners' Feedback**

After the conclusion of each *hey!* conference, the Conference Coordinator or Program Manager solicited feedback from each of the hosting public health unit staff. It was important to solicit this feedback to gather useful information about the conference planning process and conference proceedings to inform similar partnership projects in the future.

Host partner staff shared two types of feedback regarding the conferences; feedback about the *hey!* conference events and feedback regarding the planning process.

Overall, feedback from host partner organizations was positive especially regarding the extent to which the conference format engaged and 'energized' youth in learning about health promotion, advocacy and other related concepts. Other feedback included the positive engagement of youth

in leading and facilitating different aspects of the conference program including registration, opening plenary, the tobacco-free sports and recreation breakout session, the youth panel during the adult breakout session, and the closing reflection activities and plenary. Partners also stated that the conference was successful in facilitating networking amongst youth and adult participants.

Two partner organizations gave feedback that the breakout sessions for youth were well done by actively engaging youth in learning and by making learning fun. Some partners stated that the youth and adult facilitators developed rapport with their audience, used fun activities for learning and solicited a lot of participation from the youth participants. Furthermore, all partners commented that the conferences were fun and inspiring.

In terms of the adult breakout session (Creating Effective Health Education Campaigns with Youth), there were mixed reviews across all three events. Host partner organizations shared that the adult session went very well in Niagara while it went fairly well in Toronto with room for improvement. Feedback regarding the Barrie adult session was that it did not go very well and that many participants expressed concerns about the facilitator's style and approach. With that said, all three partners expressed very positive feedback for the youth panel discussion included in the adult session.

It was shared by two partner organizations that the adult participants would have benefited from knowing more specifically about what the youth learned in the youth breakout sessions. This would in-turn assist adults to be able to better support the youth in their endeavours after the conference.

In the case of all three *hey!* conferences, host partner staff helped or conference participants contacted YATI to distribute additional resources and tools for adults participants to support the youth they worked with.

In terms of the evaluation, two out of three partner organizations expressed that they liked and heard positive comments from conference participants regarding the use of the DOTS technology. They stated that this was a more effective means of evaluation with a youth audience than a 'paper-pencil' evaluation. One partner organization stated that the DOTS system was appealing, however, did not adequately capture all types of feedback. It was suggested that future evaluation efforts should include both quantitative and qualitative kinds of collecting data. Further, it was suggested that an evaluation that included open-ended questions could have collected more specific information from the adult sessions specifically.

It was suggested that given more time to plan, greater tailoring of each training breakout session would help ensure that it meets each participant groups' needs. The example used to illustrate this point was the adult session in Barrie that did not go as well.

In terms of overall feedback regarding the planning of the conferences, a common response was that there was not enough time for planning and recruitment of youth, given that the conferences were planned in 5-6 weeks, a significant amount of partner staff time was needed for the promotion of the conferences and the administering of conference registration. Partner organizations shared that more time would allow for staggered recruitment of youth and adult

youth workers. Further, all partners shared that the registration was too taxing and that this part of the program should be taken on by YATI.

Other feedback regarding the planning related to the inadequate planning time for the conferences. Given more lead time, partners expressed a desire for greater involvement in the development of the conference program and related components, as well as greater involvement in tailoring of plenaries and breakout session content and curricula.

Finally, all three partners provided positive feedback regarding the effort and responsiveness of the YATI staff in the planning process and emphasized that the YATI conference coordinator did a very good job considering the untenable timeframe.

## YATI New Training Program Results (September 2009 – April 2010)

### YOUTH

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YATI's new youth trainings focus on the knowledge and skills required to engage in health promotion and advocacy-oriented activities to prevent chronic disease in the province. While still maintaining a strong focus on tobacco prevention and advocacy, YATI's new curricula broadened to provide foundations for youth in areas that could support health promotion and advocacy initiatives regarding any health issue or topic. Therefore, YATI was able to provide support and partner with groups on a variety of issues including tobacco control, healthy nutrition, physical activity, mental health, substance misuse, and alcohol use.

In total, 200 youth attended the 22 training programs as part of YATI's new training curricula. Participants had the opportunity to attend: Advocacy for Health 101, Creating Effective Health Education Campaigns, Health Promotion and Advocacy 101<sup>3</sup>, Improving the Health of your Community, Influencing Public Policy, Targeting the Tobacco Industry, and Tobacco-Free Sports and Recreation. Of note, attendance was accepted for adults who were interested in the training program, however, adults were not asked to complete a youth evaluation survey. Participant attendance represented 99.0% of those that registered. Overall, 159 evaluation surveys were collected from youth that attended the training programs, 79.5% of attendees respectively. See the table below for participant attendance by training program and the number of evaluations that were received.

Table 11: Participant Attendance and Evaluation Data by YATI New Training Program

Training Program	Number of Youth Attendees	Number of Youth Evaluations
Advocacy for Health 101	46	43
Creating Effective Health Promotion Campaigns	42*	34
Health Promotion and Advocacy 101	40*	22
Improving the Health of Your Community	12	12
Influencing Public Policy	32*	23
Targeting the Tobacco Industry	17	14
Tobacco-Free Sports and Recreation	11	11
Total	200	159

\* A large number of adults attended these youth trainings. Their evaluation data was not collected as these trainings are meant for youth audiences only.

The characteristics of participants who attended the new youth training programs (N=159) are as follows:

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<sup>3</sup> This training program was an aggregation of Advocacy for Health 101 training and Creating Effective Health Education Campaigns condensed into one day. It was offered one time in one location.

- Gender breakdown: Male (32.2%); Female (67.8%)
- Organizations participants are a part of: Public Health Program (27.8%); Recreation Program (10.6%); Other Community Program<sup>4</sup> (61.6%)
- Time involved in health-related activities in their community: On Average, participants have been involved for 11.6 months (+/- 18.8 months); approximately one year and a half. Minimum time (0 months), Maximum time (72 months).
- Age breakdown: Average age of youth participants was 17.0 years of age (+/- 2.37 years). Minimum age (13 years), Maximum age (24)

### ***Youth Knowledge***

A total of 250 youth pre- and post-knowledge surveys for all new youth training programs were completed<sup>5</sup>. The pre and post surveys consisted of a series of approximately 10 to 12 quiz questions presented in many different formats: multiple-choice, matching, open-ended, fill-in-the blank, etc.. For example, participants were asked to choose which multiple choice response best answered *What is Tobacco Industry Denormalization?* or fill in the blank for *Please list any 4 determinants of health*. These surveys were scored for correct responses at pre and post out of a total sum of ranging between 10 and 17. Each training program had a unique knowledge tool; thus the number of questions and the total score differed by training program. A summary of the pre/post analysis is presented in Table 12.

Table 12: Average Pre and Post Knowledge scores for Youth New Training Programs

<b>Training</b>	<b>n</b>	<b>Pre Test Average Score</b>	<b>Post Test Average Score</b>	<b>Average Change in Score</b>	<b>t-value</b>	<b>p</b>
New Youth Trainings	250	8.12	10.11	+ 1.98	-8.581	.000 ***

\*\*\* significant at <.001

Overall, youth participants who completed the training programs gained a statistically significant amount of knowledge from pre to post training. On average, participants increased almost 2 points from pre to post. This is a significant finding given that the purpose of each training program is to increase participant knowledge about content relevant to health promotion and advocacy.

### ***Youth Self-Efficacy***

A total of 96 youth pre and post self-efficacy surveys for all new youth training programs were completed. The pre and post self-efficacy surveys consisted of a series of 7 to 10 statements to which participants rated the degree to which they felt able to implement or take action on the items as outlined in the tools. For example, participants were asked to answer on a scale of 1 to 4 (1 = strongly disagree, 4 =strongly agree), *I feel confident in my ability to create and design policy change and development campaigns*. Another example included participants' ratings of

<sup>4</sup> Community programs included: Girls Inc., Youth Exchange, Toronto Public Housing, New Heights Community Centres, etc...

<sup>5</sup> This number of pre and post surveys includes knowledge quizzes completed in the regular training as well as the pilot trainings.

their ability to *Be a team player, work well with stakeholders, and research information to support the revision or creation of a policy*. Statements were summed to create a summative likert scale, then averaged based upon the number of statements in that given tool to determine the degree of self-efficacy (ranging from 1 to 4). This was completed at pre and post. Similar to the knowledge tools, each training program had a unique self-efficacy tool. Therefore the number of statements and the total score differed by training program. A summary of the pre/post analysis is presented in Table 13.

Table 13: Average Pre and Post Self-Efficacy scores for Youth New Training Programs

<b>Training</b>	<b>N</b>	<b>Pre Test Average Score</b>	<b>Post Test Average Score</b>	<b>Average Change in Score</b>	<b>t-value</b>	<b>p</b>
New Youth Trainings	96	3.11	3.29	+ 0.18	-3.115	.002 **

\*\* significant at <.05

Youth ratings of their self-efficacy significantly increased from pre to post training program. Overall, participants' ratings of their abilities to implement the actions as outlined in each training program increased on average 0.18 from before to after the training program.

### ***Participant Feedback***

Overall, 159 client satisfaction feedback surveys were received from participants who attended all new youth training programs. On a **4-point likert scale (versus a 5-point scale used in the old YATI curricula programs)**, participants were asked to rate the degree to which they agreed or disagreed with statements relating to the training activities, training content, the facilitation and handbook distributed, as well as overall training program logistics: time, layout, networking, etc...The results below are a summary of participant feedback for all youth training programs.

### ***Training Activities***

Participants were asked to rate how they felt about the activities. Specifically, participants rated the degree to which they agreed or disagreed that the activities were interesting, fun, useful, interactive, and relevant to the work they do. The table below summarizes participant feedback for each item; as well an overall summative score was created for participants' ratings of the activities during the training programs.

Table 14: Youth Feedback about New Training Activities

	<b>M (SD)</b>
Activities were interesting/creative	3.35 (0.57)
Activities were fun	3.36 (0.61)
Activities were useful in helping me understand the work I do	3.43 (0.60)
Activities allowed me to interact with other youth	3.60 (0.61)
Activities were relevant to the work I do in health promotion/advocacy	3.29 (0.59)
<b>Activities (overall)</b>	<b>3.42 (0.44)</b>

Note: Participant feedback was rated on a 4-point likert scale; 1 =strongly disagree, 4 = strongly agree

On average, participants rated the training activities very highly; 3.42 out of 4. Participants' rating of whether the activities allowed them to interact with other youth was the highest among all activity items; 3.60 out of 4. Despite a relatively high rating by participants, the relevance of the activities was rated lowest among all activity items; 3.29 out of 4.

### *Training Content*

Participants were asked to rate how they felt about the information that was presented for each training program. Specifically, participants rated the degree to which they agreed or disagreed that the training covered the majority of information they want to know on the topic and whether the information was relevant and interesting. They also rated whether they learned new information they never knew before. The table below summarizes participant feedback for each item; as well an overall summative score was created for participants' ratings of the information presented during the training programs.

Table 15: Youth Feedback about New Training Content

	<b>M (SD)</b>
Training covered the majority of information I wanted to know on this topic	3.25 (0.60)
Information presented was relevant to the work I do	3.25 (0.62)
I learned new information I never knew before	3.50 (0.67)
I found the content of the training interesting/fun	3.43 (0.59)
<b>Information Presented (overall)</b>	<b>3.36 (0.47)</b>

Note: Participant feedback was rated on a 4-point likert scale; 1 =strongly disagree, 4 = strongly agree

On average, participants rated the information presented during new trainings very highly; 3.36 out of 4. Participants' rating of whether they learned new information they never knew before was the highest among all activity items; 3.50 out of 4. Participants' ratings of whether they agreed that the training covered the majority of information they wanted to know on a given topic was rated lowest (M=3.25) among all activity items; yet, on average, this rating was still quite high overall.

### *Facilitation*

Participants were asked to rate how they felt about the facilitator. Specifically, participants rated whether they agreed or disagreed that the facilitator was knowledgeable, helpful, a good listener, youth-friendly, and whether they created a comfortable environment for the youth. The table below summarizes participant feedback for each item; as well an overall summative score was created for participants' ratings of the facilitator for all training programs.

Table 16: Youth Feedback about New Training Facilitation

	<b>M (SD)</b>
Facilitator was knowledgeable	3.62 (0.53)
Facilitator was helpful and answered my questions	3.60 (0.50)
Facilitator was a good listener	3.69 (0.49)
Facilitator was youth-friendly	3.75 (0.44)
Facilitator created a comfortable environment where I felt I	3.66 (0.52)

could share my opinions openly with the group <b>Facilitator (overall)</b>	<b>3.67 (0.41)</b>
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Note: Participant feedback was rated on a 4-point likert scale; 1 =strongly disagree, 4 = strongly agree

Overall, participants on average rated the facilitators very well; 3.67 out of 4. Facilitators overall score was highest amongst all items in the client satisfaction feedback survey. Participants’ strongly agreed that the facilitators were youth-friendly; 3.75 out of 4. All facilitator ratings were consistently high and participants strongly agreed with all statements that pertained to the facilitators.

### *Handbook*

Participants were asked to rate how they felt about the handbook that was distributed during the training program. Specifically, participants rated whether they agreed or disagreed that the handbook and worksheets were easy to use, useful to follow along during the training, and whether they would keep the handbook after the training and refer to it in the future. The table below summarizes participant feedback for each item; as well an overall summative score was created for participants’ ratings of the handbook distributed for all training programs.

Table 17: Youth Feedback about New Training Handbook

	<b>M (SD)</b>
The worksheets were easy to use	3.19 (0.70)
I found the handbook to be a useful guide to follow along during training	3.18 (0.70)
I will keep the handbook after today’s training	3.14 (0.75)
I will refer to the handbook in the future	3.10 (0.77)
<b>Handbook (overall)</b>	<b>3.15 (0.62)</b>

Note: Participant feedback was rated on a 4-point likert scale; 1 =strongly disagree, 4 = strongly agree

Compared to all other summative items measured on the client satisfaction survey (i.e., activities, information presented, facilitation), the handbook had the lowest ratings overall; 3.15 out of 4. The lowest rating for individual items with respect to the handbook was for participants ratings of whether they would refer to the handbook in the future; on average, 3.10 out of 4. The item pertaining to the worksheets received the highest rating; 3.19 out of 4. Despite the fact that the handbook was rated the lowest among all measures, overall the rating was still quite high with youth agreeing with all statements.

### *Overall Training Feedback*

Participants were also asked to rate how they felt about the items that related to how the training day went overall. Specifically, participants rated whether they agreed or disagreed that there was enough time to learn and discuss questions and network with others. As well, participants provided feedback about the layout and flow of the day, whether they were able to contribute during the training, and whether they would recommend the training to others. The table below summarizes participant feedback for each item; as well an overall summative score was created for participants’ ratings of the overall training.

Table 18: Youth Feedback about the Overall New Training

	<b>M (SD)</b>
I felt there was enough time to learn everything outlined in the training agenda	3.25 (0.67)
There was enough time for discussion and questions	3.32 (0.63)
There was plenty of time to network with others at today's training	3.31 (0.68)
The layout at today's training flowed well	3.40 (0.55)
I felt I had the opportunity to contribute during today's training	3.55 (0.51)
I would recommend this training to others	3.46 (0.60)
<b>Training Logistics (overall)</b>	<b>3.39 (0.46)</b>

Note: Participant feedback was rated on a 4-point likert scale; 1 =strongly disagree, 4 = strongly agree

Overall, participants' feedback about the overall day was rated fairly high overall; 3.39 out of 4. In particular, participants strongly agreed that they had the opportunity to contribute during the training day; 3.55 out of 4. Time for learning received the lowest rating (M=3.25) amongst all items related to training logistics.

Of note, whether male and female youth rated the training program differently was examined. The results suggested that males and females did not significantly rate any of the training elements (activities, information presented, facilitation, handbook, and overall training logistics) differently. Similarly, the longer the youth had been involved in health promotion and advocacy activities did not influence their opinions on the training programs.

### ***Youth Qualitative Comments***

Youth were asked if they had any final comments on the client satisfaction survey. Some of the **main themes** that emerged from this question included the following: *(themes are presented in order of most popular to least popular)*

*(28 responses were unable to be themed; 103 comments were themed)*

- How great the training was (46.6%)
  - *(i.e., 'good training program', 'thank you for the opportunity', 'well done', 'this was amazing')*
- The training was fun and exciting (11.7%) ; The information they learned was informative
  - *(i.e., 'very fun', 'it was fun to talk with new youth', 'it was enjoyable')*
  - *(i.e., 'thorough and informative', 'very resourceful and will use this information in the future', 'thanks for teaching me new stuff')*
- Enjoyed the teaching style (9.7%)
  - *(i.e., 'comfortable learning and sharing environment', 'I liked the way the information was shared with us', 'the information was presented in a fun interactive way')*
- How much they liked the facilitator (5.8%)
- Comments on topics or content in the training (4.9%)
- Comments about the length of training, duration, and time (4.9%)

## ADULTS

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The purpose of YATI's new adult trainings is to continue to provide youth advisors, youth development specialists and tobacco control managers with the necessary skills to support youth in their health promotion and advocacy-oriented activities and help the youth to achieve positive youth outcomes.

In total, 198 adults attended the 7 adult YATI training programs with 37 attending new YATI training curricula where evaluations were administered. Participant attendance represented 100.0% of those that registered to attend. Overall, 37 evaluation surveys were collected from adults that attended the 2 Creating Effective Health Education Campaigns with Youth training sessions. Of note, the remaining adult participants attended the 5 Inseparable Goals Training Program (offered by the Medical Foundation). Since this training program was offered by an external organization, evaluation surveys were not administered and collated by YATI and are not included in this report. See the table below for participant attendance by training program and the number of evaluations that were received.

Table 19: Participant Attendance and Evaluation Data by YATI New Training Program

Training Program	Number of Adult Attendees	Number of Adult Evaluations
Creating Effective Health Education Campaigns with Youth	37	37
Inseparable Goals: Youth Development & Health Promotion	161	N/A
Total	198	37

The characteristics of participants who attended the adult training program, Creating Effective Health Education Campaigns with Youth (N=37) are as follows:

- Gender breakdown: Male (18.8%); Female (81.3%)
- Organizations participants are a part of: Public Health Program (61.1%); Recreation Program (5.6%); Other Community Program<sup>6</sup> (33.3%)
- Time involved in health-related activities in their community: On Average, participants have been involved for 55.1 months (+/- 69.43 months); just under five years. Minimum time (2 months), Maximum time (300 months).
- Age breakdown: Average age of adult participants was 35.8 years of age (+/- 9.48 years). Minimum age (22 years), Maximum age (64 years)

### ***Adult Knowledge***

A total of 36 adult pre and post knowledge surveys for the Creating Effective Health Education Campaigns with Youth training were completed. The pre and post surveys consisted of a series of approximately 12 quiz questions presented in many different formats: multiple-choice, matching, open-ended, fill-in-the blank, etc.. For example, participants were asked to choose which multiple choice response best answered *What are the key elements of effective health*

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<sup>6</sup> Community programs included: National Defence and Canadian Forces, Heart and Stroke Foundation, YMCA, etc...

*education messages* or fill in the blank for *Please list 3 Best Practices in Health Education for Youth*. These surveys were scored for correct responses at pre and post out of a total sum of 13. Each A summary of the pre/post analysis is presented in Table 20.

Table 20: Average Pre and Post Knowledge scores for Adult New Training

<b>Training</b>	<b>n</b>	<b>Pre Test Average Score</b>	<b>Post Test Average Score</b>	<b>Average Change in Score</b>	<b>t-value</b>	<b>p</b>
Adult Training	36	8.40	10.26	+ 1.86	-4.596	.000 ***

\*\*\* significant at <.001

Overall, adults who participated in the Creating Effective Health Education Campaigns with Youth gained a statistically significant amount of knowledge from pre to post training. On average, participants increased almost 2 points from pre to post. This finding is encouraging given that youth also had a significant increase in knowledge.

### ***Adult Self-Efficacy***

Adult self-efficacy was not measured pre and post as YATI adult training programs are focused on strategies to foster positive youth development and provide effective support to these youth initiatives.

### ***Participant Feedback***

Overall, 37 client satisfaction feedback surveys were received from participants who attended the Creating Effective Education Campaigns with Youth. On a 4-point likert scale, participants were asked to rate the degree to which they agreed or disagreed with statements relating to the training activities, training content, the facilitation and handbook distributed, as well as overall training program logistics: time, layout, networking, etc... The results below are a summary of participant feedback for this training program.

### ***Training Activities***

Participants were asked to rate how they felt about the activities. Specifically, participants rated the degree to which they agreed or disagreed that the activities were interesting, fun, useful, interactive, and relevant to the work they do. The table below summarizes participant feedback for each item; as well an overall summative score was created for participants' ratings of the activities during the training programs.

Table 21: Adult Feedback about Training New Activities

	<b>M (SD)</b>
Activities were interesting/creative	3.36 (0.51)
Activities were fun	3.31 (0.49)
Activities were useful in helping me understand the work I do	3.09 (0.33)
Activities allowed me to interact with others	3.00 (0.97)
Activities were relevant to the work I do in health promotion/advocacy	3.35 (0.48)
<b>Activities (overall)</b>	<b>3.23 (0.31)</b>

Note: Participant feedback was rated on a 4-point likert scale; 1 =strongly disagree, 4 = strongly agree

On average, participants rated the training activities positively; 3.23 out of 4. However, this rating was not as high as youth participants’ ratings of youth training activities. Participants’ rated the relevance of the activities highest (M=3.35) among all items in the scale. Interaction with others was rated the lowest (M = 3.00).

### *Training Content*

Participants were asked to rate how they felt about the information that was presented for each training program. Specifically, participants rated the degree to which they agreed or disagreed that the training covered the majority of information they want to know on the topic and whether the information was relevant and interesting. They also rated whether they learned new information they never knew before. The table below summarizes participant feedback for each item; as well an overall summative score was created for participants’ ratings of the information presented during the training programs.

Table 22: Adult Feedback about New Training Content

	<b>M (SD)</b>
Training covered the majority of information I wanted to know on this topic	3.00 (0.46)
Information presented was relevant to the work I do	3.30 (0.46)
I learned new information I never knew before	3.20 (0.64)
I found the content of the training interesting/fun	3.19 (0.46)
<b>Information Presented (overall)</b>	<b>3.17 (0.33)</b>

Note: Participant feedback was rated on a 4-point likert scale; 1 =strongly disagree, 4 = strongly agree

On average, participants also rated the information presented similar to that of training activities; 3.17 out of 4. Participants’ rating of whether the information presented was relevant to the work they do was the highest among all items; 3.30 out of 4. Participants’ ratings of whether the training covered the majority of information they wanted to know on the topic was rated lowest (M=3.00) among all activity items.

### *Facilitation*

Participants were asked to rate how they felt about the facilitator. Specifically, participants rated whether they agreed or disagreed that the facilitator was knowledgeable, helpful, a good listener, youth-friendly, and whether they created a comfortable environment for the youth. The table

below summarizes participant feedback for each item; as well an overall summative score was created for participants' ratings of the facilitator for all training programs.

Table 23: Adult Feedback about New Training Facilitation

	<b>M (SD)</b>
Facilitator was knowledgeable	3.60 (0.50)
Facilitator was helpful and answered my questions	3.49 (0.51)
Facilitator was a good listener	3.51 (0.51)
Facilitator was youth-friendly	3.62 (0.56)
Facilitator created a comfortable environment where I felt I could share my opinions openly with the group	3.57 (0.50)
<b>Facilitator (overall)</b>	<b>3.60 (0.38)</b>

Note: Participant feedback was rated on a 4-point likert scale; 1 =strongly disagree, 4 = strongly agree

Overall, participants on average rated the facilitators very well, 3.60 out of 4; A very similar rating to that of youth participants. Facilitators overall score was highest amongst all items in the client satisfaction feedback survey; similar to that of youth. Participants' strongly agreed that the facilitators were youth-friendly (M=3.62) and knowledgeable (M=3.60). All ratings for facilitator were consistently high and participants strongly agreed with all statements that pertained to the facilitators.

### *Handbook*

Participants were asked to rate how they felt about the handbook that was distributed during the training program. Specifically, participants rated whether they agreed or disagreed that the handbook and worksheets were easy to use, useful to follow along during the training, and whether they would keep the handbook after the training and refer to it in the future. The table below summarizes participant feedback for each item; as well an overall summative score was created for participants' ratings of the handbook distributed for all training programs.

Table 24: Adult Feedback about New Training Handbook

	<b>M (SD)</b>
The worksheets were easy to use	3.20 (0.41)
I found the handbook to be a useful guide to follow along during training	3.18 (0.47)
I will keep the handbook after today's training	3.38 (0.49)
I will refer to the handbook in the future	3.42 (0.52)
<b>Handbook (overall)</b>	<b>3.30 (0.39)</b>

Note: Participant feedback was rated on a 4-point likert scale; 1 =strongly disagree, 4 = strongly agree

Overall on average, adult participants rated the handbook positively; 3.30 out of 4. This rating was higher than how youth perceived the usefulness of the handbook distributed during training. Whether adult participants would refer to the handbook in the future was rated highest among all items listed (M=3.42). The worksheets and the handbook being a useful guide were rated lowest overall; 3.20 and 3.18 out of 4, respectively.

## Overall Training Feedback

Participants were also asked to rate how they felt about the items that related to how the training day went overall. Specifically, participants rated whether they agreed or disagreed that there was enough time to learn and discuss questions and network with others. As well, participants provided feedback about the layout and flow of the day, whether they were able to contribute during the training, and whether they would recommend the training to others. The table below summarizes participant feedback for each item; as well an overall summative score was created for participants' ratings of the overall training.

Table 25: Adult Feedback about the Overall New Training

	<b>M (SD)</b>
I felt there was enough time to learn everything outlined in the training agenda	2.50 (0.55)
There was enough time for discussion and questions	2.80 (0.46)
There was plenty of time to network with others at today's training	2.94 (0.52)
The layout at today's training flowed well	3.14 (0.48)
I felt I had the opportunity to contribute during today's training	3.38 (0.49)
I would recommend this training to others	3.42 (0.50)
<b>Training Logistics (overall)</b>	<b>3.04 (0.30)</b>

Note: Participant feedback was rated on a 4-point likert scale; 1 =strongly disagree, 4 = strongly agree

Compared to all other summative items measured on the client satisfaction survey (i.e., activities, information presented, facilitation, and handbook), the overall logistics of how the day went were rated the lowest overall; 3.04 out of 4. Time for learning, time for discussion, and time for networking were all rated the lowest among the items in the scale and thus influenced the overall mean (See Table above). Despite the less favourable feedback for time, adult participants still agreed that they would recommend the training to others (M=3.42).

Gender differences and whether length of time with YATI was an influential factor was not examined due to the small sample for adult participants in training programs.

### Adult Qualitative Comments

Adults were asked if they had any final comments on the client satisfaction survey. Some of the **main themes** that emerged from this question included the following: (*themes are presented in order of most popular to least popular*)

(29 comments were themed; 0 comments were not themed)

- How great the training was (24.1%)
  - (i.e., 'great work', 'thank you for the opportunity, it was great', 'very well done')
- The teaching style (20.7%)
  - (i.e., 'more practical applications/strategies, take away materials', 'more time spent on using examples of actual campaigns, 'loved the activities')
- How much they liked the facilitator (13.8%)
- Comments on topics or content in the training more specifically about engaging youth (13.8%)
- Comments about the length of training, duration, and wanting more time (4.9%)

## Conclusions

YATI's 2009-2010 training program was an overall success delivering a total of 62 trainings across Ontario; with a total of 36 youth, 12 adult, 6 of which were contracted out to the Medical Foundation, 3 *hey!* conferences, 5 special event training programs, and 6 pilot trainings to evaluate the new curricula and evaluation tools. In total, 681 youth and 400 adults attended these training programs and the majority of participants completed a client satisfaction evaluation survey; 571 youth and 179 adults.

This evaluation report summarized the results of the three components of this year's training program: YATI old training program results, *hey!* conference results, and YATI new training program results. A summary of the key findings for each evaluation component are presented below. As well, recommendations for future training and limitations of this report are also presented below.

### YATI Old Training Program Results

Overall, the old YATI training program brought together 231 youth and 88 adults (70 to which attended old training curriculum) from across the province to learn about varying topics related to the work they do in health promotion and advocacy. The following is a summary of the key findings for this year's old training program:

#### *Knowledge Uptake*

For both youth and adult training programs, participants demonstrated a statistically significant increase in knowledge from pre to post training. On average, youth participants increased 5.6 points and adult participants increased 3.4 points from pre-score to post-score on their knowledge quiz. As a result of attending youth trainings, youth felt more knowledgeable about topics such as: chronic disease risk factors, current issues in tobacco control, message development and communication, and global tobacco issues. Whereas, adults who attended training felt more knowledge about message development and how to recruit hard to reach youth. Given that all participants significantly increased their knowledge, demonstrates that YATI trainings have proven the ability to facilitate learning and knowledge translation with both youth and adults.

#### *Overall Training Feedback*

##### **Youth**

Training feedback was obtained from 196 youth who attended old youth training programs. Overall, the youth training programs were evaluated very positively for all evaluative summative measures including: overall training logistics, curriculum delivery and content, and facilitation. The facilitators were rated the highest overall amongst all items evaluated, 4.57 out of 5. Participants strongly agreed that the facilitators were knowledgeable, helpful, good listeners, youth-friendly, and created a comfortable environment for sharing opinions. Training curricula that youth participated in was rated next highest overall, 4.34 out of 5 respectively. Youth felt the

curricula had clear learning objectives, met their learning expectations, and were relevant to the work they do in health promotion and advocacy. Amongst all items evaluated, the curriculum delivery received the lowest ratings by youth, 4.18 out of 5. Usefulness of the handouts and hands on activities were ranked lowest among the curriculum delivery summative measure. Despite being rated the lowest by adults, this result is still quite high overall when considering the rating scale from 1-5.

## **Adult**

Feedback from 39 adults was obtained for the two adult training programs, Message Development and Recruitment of Hard to Reach Youth. Compared with youth, adults rated the elements of the training program slightly lower for all summative measures including: overall training logistics, curriculum delivery and content, and facilitation. Similar to the youth results, the facilitators were rated the highest overall amongst all items evaluated, 3.41 out of 5. Curriculum delivery was rated second highest overall, 3.01 out of 5. The overall training program logistics were rated lowest, 2.70 out of 5. Participants did not give high ratings on the quality of the training, content in the training, training activities, and whether the training provided knowledge or actions that they could apply; items measured for the overall program logistics summative indicator.

## **Hey! Conference Results**

As a whole, the *hey!* conferences achieved its 5 main objectives of the conference: increase youth and adult knowledge, increase youth willingness to get involved, provide tools and resources to support youth and adults, and increase networking opportunities for youth and adults involved in health promotion and advocacy.

Overall, the *hey!* conferences brought together 364 youth and adult supports from three regions across Ontario to learn about how they can make an impact on the health of their community. Youth represented over two thirds of participants who attended the conferences. The following is a summary of the key findings by conference objective:

*Objective 1: To Increase youth participation knowledge about chronic disease prevention, health promotion, advocacy and influencing public policy*

*Objective 2: To increase adult participant knowledge about how to effectively work with youth to engage in initiatives that focus on health promotion, advocacy and influencing public policy.*

The majority of youth strongly agreed or agreed that they learned something new they never knew before as a result of attending the *hey!* conference. Youth participants who attended Advocacy for Health 101 session felt they learned the most with approximately 90% of participants strongly agreeing or agreeing they learned something new. Participants who attended the Improving the Health of Your Community session had the lowest rating of learning something new; 69.4% strongly agreed or agreed they learned something new they never knew before. Adult participants also felt they learned something new; 78.6% of adult participants strongly agreed or agreed they learned something new they never knew before as a result of attending the Creating Effective Health Education Campaigns with Youth .

*Objective 3: To increase youth participant willingness to become involved in health promotion/advocacy activities in their community*

While trends from pre to post conference were not statistically significant, youth motivation and readiness to get involved in health promotion and advocacy activities increased from the beginning to the end of the *hey!* conference. Despite the fact that adult motivation and readiness was not an intended objective to evaluate at the conference, this was still measured among this group to examine comparisons to youth. Interestingly, adults demonstrated the opposite trend to which they rated their motivation and readiness higher at the beginning of the conference and lower at the end of the conference (also statistically non-significant).

*Objective 4: To provide tools and resources to youth and adult supports for the purpose of implementing health promotion activities in their community*

In total, 220 Youth and 114 adults attended the *hey!* conference and workshops which provided them with numerous tools and resources to implement and put to action health promotion and advocacy campaigns. All participants as a result of attending also received access to all session materials online for future reference and use.

In the case of all three *hey!* conferences, host partner staff helped or conference participants contacted YATI to distribute additional resources and tools for adults participants to support the youth they worked with.

*Objective 5: Increase networking amongst youth and adult supports within regional areas*

The greater part of youth and adults strongly agreed or agreed they had the opportunity to network with others from their area at the *hey!* conference; 78.0% of youth and 78.7% of adults.

For a more detailed report summarizing the *hey!* conference background, objective, methodology, results, and recommendations for future delivery, see the Healthy Empowered Youth (*hey!*) Conference 2010 Project Report and Evaluation.

## **YATI New Training Program Results**

Overall, the new training program brought together 200 youth and 198 adults (37 of which attended new training programs) from across the province to learn about varying topics related to the work they do in health promotion and advocacy. The following is a summary of the key findings for this year's new training program:

### ***Knowledge Uptake***

For both youth and adult training programs, participants demonstrated a statistically significant increase in knowledge from pre to post training. On average, youth and adult participants increased approximately 2 points from pre-score to post-score on their knowledge quiz. As a result of attending youth trainings, youth felt more knowledgeable about topics such as: developing plans to address tobacco-free sports and recreation policies and campaigns, what are the various advocacy tactics and how do they can influence the health of a community, how to improve the health of a community by understanding how the determinants of health impact the lives of individuals and populations, what are the different levels of government and how do you

influence change at each level. Whereas, adults who attending training felt more knowledge about how to support and empower youth to create their own campaigns, develop effective peer-to-peer messaging and avoid the pitfalls of ineffective health promotion campaigns. Given that all participants significantly increased their knowledge, demonstrates that YATI trainings have proven the ability to facilitate learning and knowledge translation with both youth and adults.

### ***Self-Efficacy***

Overall, youth ratings of their self-efficacy significantly increased from pre to post training program. Overall, participants' ratings of their abilities to implement the actions as outlined in each training program increased on average 0.18 from before to after the training program. Thus as a result of attending training, youth felt confident in their ability to work as team, talk with stakeholders, research information, create and design health promotion campaigns for various topics (policy, advocacy, health promotion, targeting the tobacco industry), and many other activities. This result suggests that YATI trainings do give youth the confidence to put into action health promotion and advocacy activities in their communities.

### ***Overall Training Feedback***

#### **Youth**

Training feedback was obtained from 159 youth who attended youth training programs. Overall, the youth training programs were evaluated very positively for all evaluative summative measures including: training activities, training content, facilitation and handbook distributed, and overall training program logistics. The facilitators were rated the highest overall amongst all items evaluated, 3.67 out of 4. Participants strongly agreed that the facilitators were knowledgeable, helpful, good listeners, youth-friendly, and created a comfortable environment for sharing opinions. Training activities that youth participated in were rated next highest overall, 3.42 out of 4 respectively. Youth agreed that the training activities allowed them to interact with other youth, were useful, interesting and fun. Amongst all items evaluated, the handbook received the lowest ratings by youth, 3.15 out of 4. Reference to the handbook and keeping the handbook were rated lowest within this summative measure.

#### **Adult**

Feedback from 37 adults was also obtained for the one adult training, Creating Effective Health Education Campaigns with Youth. Compared with youth, adults rated the elements of the training program slightly lower for all summative measures including: training activities, training content, facilitation and handbook distributed, and overall training program logistics. The facilitators were rated the highest overall amongst all items evaluated, 3.60 out of 4; this is similar to that of youth. The handbook that was distributed during training was rated second highest overall, 3.30 out of 4. Overall, adults agreed that they would refer to the handbook in the future and keep it; slightly different than that of youth's perceptions of the handbook. The overall training program logistics were rated lowest, 3.04 out of 4. Time for learning, time for discussion, and time for networking were rated lowest among all items in this scale.

## Recommendations

Overall, positive feedback from both youth and adult participants were received for all YATI training program delivery: old training curricula, *hey!* conferences, and new training curricula. Based on the results of the youth and adult training programs for the 2009-2010 training year, the following recommendations are suggested to further enhance YATI's services in terms of the training and learning opportunities they provide for youth and adults:

### *Youth Training Programs*

- Given the success of the old and new youth training programs at increasing knowledge and skill development (for new trainings), it is recommended to continue to run similar youth training programs for the next training season. Whether youth liked the training was not influenced by how long they had been involved in health promotion and advocacy. Thus, YATI training programs seem to be well tailored to meet the needs of all levels of youth working in health promotion and advocacy.
- As a new component to the YATI curricula, the *hey!* conferences successfully increased knowledge, willingness to get involved, networking, and provided tools and resources. YATI should explore the *hey!* conference model as a regular part of their programming.
- Continue to build upon existing partnerships with public health units and respective staff, and other youth-serving organizations and groups to facilitate future opportunities for youth engagement in health promotion and advocacy.
- Facilitators were well liked and rated very strongly by youth for both new and old YATI training curricula. Continuation of youth-friendly facilitators that are content-experts is suggested for future training. This really seemed to resonate with youth!
- In the new youth trainings, the youth handbook distributed during training was not as well-received by youth as was expected. Future consideration for working with a group of youth peers to make changes and improve the youth-friendliness of the handbook is recommended. This may increase the possibility for youth to refer and want to keep the resource for future.
- Among all training logistic items rated by youth for the new training curricula, time for learning was rated the lowest overall. Of note, many of the qualitative comments by youth with respect to time all mentioned the need to decrease the amount of time for training and increase time for discussion. Thus, YATI should consider allowing more time for questions and discussion.

### *Adult Training Programs*

- For the new adult training programs, adult participants rated the facilitator for Creating Effective Health Education Campaigns with Youth training very positively overall. Continuation of youth-friendly facilitators and that are content-experts is suggested for future training in order to resonate with adult audiences.
- Overall, the adult handbooks were rated much higher when compared with youth rating of their handbook, continue to provide adults with resources such as handbooks in future delivery of training programs. Adults are more likely to refer to tools and resources more often in the future than youth and therefore would be beneficial overall.

- Time for learning was a definite concern addressed by adults who attended Creating Effective Health Education Campaigns with youth training program. Many of the qualitative comments offered by adults mentioned wanting more time for examples, the training felt rushed, day went too quickly, and more time to further explore topics was warranted. Consider increasing the amount of time for content delivery in future training.
- Since the Creating Effective Health Education Campaigns with Youth session had varying feedback by conference location in terms of participants ratings of the quality of facilitators and the overall session, YATI should ensure that the content and facilitator of this kind of session is in line with each groups' needs.
- Given the feedback from adults who attended the *hey!* conferences regarding the need for innovative ways to share information from youth trainings with adults, YATI will need to consider to look at ways to ensure that adult supports are aware of what youth participants learn so that they are better equipped to support them when they go back to their communities. Videos of the workshops being made available online may be a good way to respond to this need.

## Limitations

Despite the notable findings within this evaluation report, a number of limitations must be acknowledged.

- First, often many questions were often left empty or partially unanswered on the client satisfaction survey. This fluctuation in responses is common when considering the intended audience and is not likely to have repercussions in terms of the validity of the data. Youth are known to often comment that they do not enjoy filling out or completing evaluation forms.
- Second, data were obtained through self-reports and are therefore subject to non-sampling error such as misreport, misunderstanding of the question, and a variety of other factors.
- The new adult training results are based on one training program and a relatively small sample size; therefore results must be interpreted with caution.
- Finally, data were obtained through self-reports and are therefore subject to non-sampling error such as misreport, misunderstanding of the question, and a variety of other factors. Despite these limitations, this summative evaluation report offers insight into the quality, usefulness, delivery, and facilitation of YATI's training programs.

In conclusion, this summary report supports YATI's ability to deliver quality training, content curricula, knowledge and skills, to both youth and adults working in health promotion and advocacy across Ontario.

## **Appendix A**

YATI Old Youth Evaluation Tools (pre/post knowledge and client satisfaction for just those trainings run in April and May 2009)

# Youth Advocacy Training Institute (YATI)

## < Creative Ways to Advocate (Youth)>

### Pre/Post Survey –Answer Key

This survey will help us understand how effective the training module was in helping your learning experience. By completing this survey, you give consent to YATI to use your answers in the evaluation of their programs and include the results in a summative report. This survey is anonymous and in will in no way be associated with you. Further, participation is voluntary and you can choose to stop participating at anytime.

### Section A: Creative Advocacy

1. *Using the words below, please fill in the blanks, for the three (3) benefits of using creative ways to advocate.*

There are many benefits to using creative advocacy. Everyone can participate in creative advocacy because it appeals to all people despite everyone having different perspectives, experiences and backgrounds. No shared ideology, social or ethnic history is required.

The second benefit of using creative advocacy is the potential to cut across barriers. Such barriers include political, racial, professional, and classed based identity.

The third benefit of using creative advocacy is that it creates a pathway for understanding cooperation.

barriers	<b>everyone</b>	<b>ethnic</b>	participate	<b>cooperation</b>
experience	<b>social</b>	economical	perspective	<b>racial</b>

Scoring: /5

2. *Please circle the correct answer that outlines the main steps for using creative advocacy as a way to create change in people's health.*
  - a. Idea, activities, venue, response, alternative ways of thinking
  - b. Purpose statement, major leisure contexts, activities, critical thoughts**
  - c. Participation, activities, reactions, reflections
  - d. Reflection, reaction, purpose, activities

Scoring: /1

### Section B: Different Elements of Creative Advocacy

3. *Please check the four (4) main elements of Creative Advocacy.*
  - 1) Drive
  - 2) A clear purpose**
  - 3) A statement
  - 4) Funding

- 5) **Open Mind**
- 6) Research
- 7) **Enthusiasm**
- 8) **Passion**

Scoring: /4

### Section C: Forms of Creative Advocacy

4. Please list three (3) different forms of creative advocacy, as well as one (1) example for each.

- ✓ Sports (ie: baseball, soccer, games)
- ✓ Visual arts (ie: murals, drawing, painting)
- ✓ Music (ie: songs, performing art)
- ✓ Narratives and Story Telling (ie: writing, poetry, creative writing)

Scoring: /6

5. Please circle the correct response based upon the following statements.

- Creative advocacy always requires a lot of funding True / **False**
- Creative advocacy can be defined as a person, or a small group of people may have the potential to start a chain of events leading to social change **True** / False
- Creative advocacy always has to have a call to action (i.e. not just getting the audience thinking about an issue) True / **False**
- The context of creative advocacy should be used to draw possible members of the audience and then be used as an invitation for them to explore, analyze and formulate their own conclusions. **True** / False

Scoring: /4

Total Score: /20

**On behalf of YATI, we would like to thank you for participating in this survey.**



campaigns is that health promotion campaigns educate about health at a community level and advocacy campaigns educate about health at a provincial/national level.

- b) One example of a health promotion campaign is to denormalize the tobacco industry (i.e. make the tobacco industry seem illegitimate by educating youth about their manipulative marketing practices). **True**      False
- c) One example of an advocacy campaign is to encourage cessation among the young adult population.      True      **False**
- d) Both health promotion and advocacy messages should target youth.      True      **False**

**Scoring: /4**

4. Please circle the correct response based upon the following statements

*\*HP stands for Health Promotion and A stands for Advocacy*

<b>HP</b>	A	Focuses on individual behavior
HP	<b>A</b>	Changes the environment through policy change
HP	<b>A</b>	Focuses on social accountability
<b>HP</b>	A	Use a variety of types of health communication approaches. Focus is not only on news media
<b>HP</b>	A	Inform/persuades the person with the problem
HP	<b>A</b>	The message is tailored to the specific media and the specific audience.
<b>HP</b>	A	There is a call to action and it is reasonably easy for people to engage in.

**Scoring: /7**

**Total Score:    /20**

**On behalf of YATI, we would like to thank you for participating in this survey.**

**Youth Advocacy Training Institute (YATI)**  
**< Cultural Context of Tobacco and the Industry (Youth)>**  
**Pre/Post Survey -- Answer Key**

This survey will help us understand how effective the training module was in helping your learning experience. By completing this survey, you give consent to YATI to use your answers in the evaluation of their programs and include the results in a summative report. This survey is anonymous and in will in no way be associated with you. Further, participation is voluntary and you can choose to stop participating at anytime.

**Section A: Working Definitions – Culture**

o Please fill in the blanks, using the words below:

*Culture is defined as ” ...a system of shared beliefs, values, customs, behaviours, and artifacts that the members of society use to cope with their world and with one another, and that are transmitted from generation to generation through learning.” (University of Manitoba, Anthropology Dept)*

*Cultural context refers to the acknowledgement of the values, beliefs, and customs of a given population when considering how to reach, influence or support that population.*

<i>system</i>	<i>learning</i>	<i>population</i>	<i>observations</i>	<i>Individual(s)</i>
<i>artifacts</i>	<i>world</i>	<i>group</i>	<i>customs</i>	

**Scoring: /4**

o Please link the term to its appropriate definition.

Term	Definition
a. Beliefs	a. <Customs> _____ refer to practices, traditions, and actions that are expected to be performed by all members of a culture (i.e.: it is customary for someone of ‘our’ culture to brush his or her teeth in the morning)
b. Values	b. <Behaviours> _____ refer to individual actions, which incorporate cultural beliefs, values, and personality (i.e.: an individual may choose to brush his/her teeth only in the morning).
c. Behaviours	c. <Values>_____ refer to what we determine is good or bad based on what our culture has taught us to believe
d. Customs	d. <Beliefs>_____ refer to ideas and concepts that people accept as true because that is what they have been taught. (i.e.: ‘we’ refer to the colour of this paper as ‘white’ and accept that to be true. However in some cultures that live in the arctic, there exists many terms for what we believe is ‘white’).

**Scoring: /4**

## SECTION B: Cultural Sensitivity

- *What two (2) dimensions define cultural sensitivity?*
  - **Surface structure**
  - **Deep structure**

**Scoring: /4**

- Sacred tobacco is not inhaled **True / False**
  
- In the Zulu culture, tobacco is traditionally associated with
  - a) **Fertility**
  - b) Offering to the ancestors
  - c) Recreation
  - d) Cleansing ceremonies
  
- Kretek is made with a blend of tobacco and\_\_\_\_\_.
  - a) Nutmeg
  - b) **Cloves**
  - c) Tea leaves
  - d) Basil leaves
  
- According to Hart's Ladder of Inference, tokenism refers to when people have been given an authentic voice and has a lot of decision making power. **True / False**

**Score: /4**

## SECTION C: Tobacco Companies and Advertising

- *Tobacco companies use the aspects of deep structure to target culture. (Please circle all that apply)*
  - a) **Religion**
  - b) **Family values**
  - c) Culture of consumerism
  - d) Beliefs of what is fashionable
  - e) **History of oppression**

**Scoring: /3**

- Tobacco companies use culture intentionally to sell their products **True / False**

**Scoring: /1**

**Score: /20**

**On behalf of YATI, we would like to thank you for participating in this survey**

**Youth Advocacy Training Institute (YATI)**  
**< Other Chronic Disease Risk Factors (Youth)>**  
**Pre/Post Survey –Answer Key**

This survey will help us understand how effective the training module was in helping your learning experience. By completing this survey, you give consent to YATI to use your answers in the evaluation of their programs and include the results in a summative report. This survey is anonymous and in will in no way be associated with you. Further, participation is voluntary and you can choose to stop participating at anytime.

**Section A: Definition**

6. *Please fill in the blanks, using the words below, in order to define Chronic Disease*

- A chronic disease is an *illness* that lasts a long period of time. Chronic means long-lasting and recurring. Disease means an impairment of health or a condition of *abnormal* functioning. (Public Health Agency of Canada, 2008)
- Some chronic diseases, such as type II diabetes, previously seen exclusively in older *adults*, are now also occurring in children and young adults. (Albright, 2008)
- Nutrition, *physical* activity and maintenance of appropriate body weight can prevent between 30 to 40% of all cases of cancer (Coleman, 2001).
- Researchers suggest that 90% of type 2 diabetes and 80% of coronary *heart* disease could be avoided by maintaining a *healthy* weight, exercising regularly, maintaining a balanced nutrition, avoiding *smoking* and drinking moderately (Ontario’s HEAL Strategy, 2006).

Chronic	functioning	health	youth	adults	physical	Illness
<b>abnormal</b>	<b>healthy</b>	<b>smoking</b>	disease	body	weight	<b>heart</b>

**Scoring: /7**

2. *What are the three most prevalent chronic diseases in Canada? (Please choose one answer)*

- 1) Chicken Pox, Measles & Tuberculosis
- 2) Type 1 Diabetes, Cardiovascular Disease & Arthritis
- 3) Type 2 Diabetes, Cardiovascular Disease & Cancer**
- 4) Type 2 Diabetes, Influenza & Arthritis

**Scoring: /1**

3. *Please list two (2) modifiable Chronic Disease Risk Factors?*

- ✓ Poor nutrition
- ✓ Tobacco use
- ✓ Lack of or minimum physical activities
- ✓ Stress and Mental Health issues

**Scoring: /2**

**Section B: Best Practices in Health Promotion Strategies to address chronic disease risk factors**

4. Health promotion strategies address how to bring about behavioural change in *target* groups, directly or indirectly, through promoting healthy choices or making healthy choices easier. Please *link the Term to its appropriate definition*.

Strategies	Definition
a. Environmental support	a. <Awareness raising> - Provide information to increase knowledge and perhaps interest in improving a particular lifestyle behaviour.
b. Advocacy/policy development	b. <Education and skills building> Helps to build knowledge and confidence that a positive lifestyle change can be made and sustained.
c. Education and skills building	c. <Environmental support>- Create supportive physical and social environments that encourage and support healthy lifestyles.
d. Awareness raising	d. <Advocacy/policy development>- Ensure that governmental decisions, practices, and social and physical environments support healthy lifestyles.
(Ontario Health Promotion Resource System, 2008)	

**Scoring: /4**

5. Which of the four (4) health promotion strategies is the most difficult yet most important to engage in: \_\_\_\_\_ <Environmental Support> \_\_\_\_\_

**Scoring : /1**

### Section C: Advocating for Change

6. Please circle three (3) appropriate guidelines for a Health Communication campaign

- 1) Making it assertive and edgy
- 2) **The issue you are addressing needs to be clear**
- 3) Bright colours should be used
- 4) **When developing your message, think of the intention of your message**
- 5) **Attractive, interesting, entertaining, stimulating**
- 6) It must target individual behaviour

**Scoring: /3**

Please circle the correct response based upon the following statements.

7. Genetics are a non-modifiable risk factor **True** / False
8. The comprehensive approach to Chronic Disease prevention is directly affected by personal health practices and the psychosocial and physical environment, which can either directly or indirectly influence health behaviours and outcomes. **True** / False

**Scoring : /2**

**Total Score: /20**

# Youth Advocacy Training Institute (YATI)

## < Influencing Public Policy (Youth)>

### Pre/Post Survey –Answer Key

This survey will help us understand how effective the training module was in helping your learning experience. By completing this survey, you give consent to YATI to use your answers in the evaluation of their programs and include the results in a summative report. This survey is anonymous and in will in no way be associated with you. Further, participation is voluntary and you can choose to stop participating at anytime.

### Section A: Definition

7. Please fill in the blanks, using the words below, in order to define Public Policy

“Public policies are aimed at the whole population or at specific, targeted groups, and can be created by all levels of government as well as by institutions such as school boards, hospitals, workplaces or community organizations. Public policies are made through a process involving citizens, government officials and elected officials who, ideally, work together to set an agenda for the common good. Policies shape our daily lives by regulating such things as where and when citizens may use pesticides on their lawns, which medications and treatments a provincial drug plan will cover, or whether an employer has an obligation to hire women and visible minorities” (Dodd & Boyd, 2000).

**government**  
**targeted groups**  
**provincial**

good  
government  
**Citizens**

Federal  
ideally  
community

regulating  
**process**  
minorities

Scoring: /5

### Section B: Three different levels of Government

8. Please link the Term to its appropriate definition

Strategies	Definition
a. Municipal	a. The <Federal> - government has the power to make laws for the "peace, order and good government" of Canada.
b. Federal	b. The <Provincial> government has power over issues that are local or private in nature. Is responsible for things such as social security, health, education, employment, economic development, natural resources, child welfare and protection, environment, and prisons.
c. Provincial	c. The <Municipal> government has power over local infrastructure like roads, sewers, bridges and water treatment. Has power over local health and social services like childcare, land use planning, transit, and police and fire protection.

Scoring: /3

9. Which Level of Government can do the following as it relates to Tobacco Control policy examples?

Can ban tobacco advertising and sponsorship	<b>Federal</b>	Provincial	Municipal
Can create a <i>by-law</i> banning smoking on patios	Federal	Provincial	<b>Municipal</b>
Can make all public places smoke-free	Federal	<b>Provincial</b>	Municipal

Scoring: /3

### Section C: Influencing Public Policy

10. Please circle the most correct response based upon the following statements.

“The government best deals with alliances, coalitions and associations, these groups can serve as an intermediary for obtaining the perspective of many others with similar interests, and can offer a broader perspective than dealing with just one organization” (YMCA, 2003)

- Members of Provincial Legislations
- Ministers
- Political Staff (working with the Minister)
- Public Servants
- Deputy Minister
- The Media
- Other Stakeholders**

We are members of the legislature elected by constituents from a specific geographic area

- Members of Provincial Legislations
- Ministers**
- Political Staff (working with the Minister)
- Public Servants
- Deputy Minister
- The Media
- Other Stakeholders

We can obtain information from the bureaucracy, reconsideration of an issue, or reversal of a decision.

- Members of Provincial Legislations
- Ministers
- Political Staff (working with the Minister)**
- Public Servants
- Deputy Minister
- The Media
- Other Stakeholders

Scoring: /3

11. Name three (3) different strategies/tactics that youth can use to influence public policy.

- ✓ Building Relationships and Partnerships

- ✓ Communication strategy
- ✓ Face-to-face contact

**Scoring: /3**

12. Name two (2) groups/ organizations or people in your community that can support you in influencing public policy.

- ✓ Media
- ✓ Citizens
- ✓ Volunteers or Non Profit Organizations
- ✓ Business and Industry
- ✓ Academia
- ✓ Government

**Scoring: /2**

**.5 point is acceptable for specific examples**

13. Please circle the correct response based upon the following statements.

Public Policy is an agreement among political parties to provide specific services to the public.

True / **False**

**Scoring: /1**

**Total Score: /20**

**On behalf of YATI, we would like to thank you for participating in this survey.**

# Youth Advocacy Training Institute (YATI)

## < Global Tobacco (Youth)>

### Pre/Post Survey – Answer Key

This survey will help us understand how effective the training module was in helping your learning experience. By completing this survey, you give consent to YATI to use your answers in the evaluation of their programs and include the results in a summative report. This survey is anonymous and in will in no way be associated with you. Further, participation is voluntary and you can choose to stop participating at anytime.

### Section A: Definition

- Please fill in the blanks, using the words below, in order to define the United Nations?

The United Nations comprises of 192 Countries and agree to accept the obligations of the UN Charter, an international treaty that sets out basic principles of international relations: They are as follows: To maintain international peace and security, to develop friendly relations among nations, to cooperate in solving international problems and in promoting respect for human rights, and to be a center for harmonizing the actions of nations. The UN does not make laws.

**agree**  
**security**  
actions

**laws**  
cooperate  
idea

friendly  
international  
**Side**

**Charter**  
**rights**  
operate

principles  
peace  
**revising**

Scoring: /5

### Section B: Framework Convention on Tobacco Control (FCTC)

- Please list four (4) Tobacco Control issues/ concerns addressed by FCTC:
  - ✓ the dangers of second-hand smoke
  - ✓ publicly disclosing tobacco products' ingredients
  - ✓ tobacco product packaging and labeling
  - ✓ tobacco product advertising, sponsorship and promotion
  - ✓ concerns about education, training and public awareness(quitlines/ cessation programs)
  - ✓ concerns on contraband tobacco (illicit trade in tobacco)
  - ✓ taxation
  - ✓ Sale to minors
  - ✓ concern support for alternative activities (tobacco farmers)
  - ✓ concerns about protecting the environment
  - ✓ concerns about liability

Scoring: /4

3. Please List two (2) Canadian Initiatives in implementing new Jurisdictions for protecting Canadians:
  - ✓ displays in retails,
  - ✓ protect children from second hand smoking,

- ✓ prohibiting sales of tobacco in specified locations (restaurants, bars, universities, recreational and health facilities),
- ✓ extensive research

Scoring: /4

5. Regarding the Tobacco Industry advertising laws, where does Canada fall in the ranks of the 168 Countries who signed the FCTC? *Please circle the correct answer.*
- a) 2<sup>nd</sup>
  - b) 10<sup>th</sup>
  - c) 57<sup>th</sup>
  - d) 78<sup>th</sup>
  - e) **84<sup>th</sup>**

Scoring: /1

### Section C: International Grants for Tobacco Control

6. On Tuesday, August 15, 2006, Michael R. Bloomberg, mayor of New York City announced his commitment to donate \$125US million towards ending global tobacco epidemic for at least 15 countries around the world. What do you think the grant programs will give priority to?
- a. Tax measures, including anti-smuggling measures
  - b. Establishment of smoke-free workplace and public places
  - c. Direct and indirect advertising bans
  - d. Other evidence-based regulatory/legislative initiatives
  - e. Effective, long term mass media campaigns and programs
  - f. a and d
  - g. **All of the above**

Scoring: /2

6. *Please link the Country to its appropriate fact.*

Country	Facts
a. Brazil	a. <China> is the World's largest producer and consumer of tobacco.
b. China	b. In <India>, cigarettes and other traditional forms of tobacco products such as bidis, gutka and chewing tobacco are consumed.
c. India	c. In <Thailand>, it has been characterized that smoking is a popular and accepted habit among men (48.5% of all males are smokers).
d. Thailand	d. <Brazil> is recognized as having among the strongest and most compelling tobacco product labeling standards in the world.

Scoring: /4

Total Score: /20

**On behalf of YATI, we would like to thank you for participating in this survey.**

**Youth Advocacy Training Institute (YATI)**  
**< Emerging Issues in Tobacco Control (Youth)>**  
Pre/Post Survey -- Answer Key

**Section A: Marketing and Packaging**

This survey will help us understand how effective the training module was in helping your learning experience. By completing this survey, you give consent to YATI to use your answers in the evaluation of their programs and include the results in a summative report. This survey is anonymous and in will in no way be associated with you. Further, participation is voluntary and you can choose to stop participating at anytime.

1. *Marketing executives often refer to the Marketing Mix or the 4 Ps of marketing i.e. the 4 key elements that they must consider in developing an effective plan to market their product (all of which begin with the letter 'P'). What are the 4Ps of marketing?*
  - 1) Price
  - 2) Promotion
  - 3) Place
  - 4) Product

**Scoring: /4**

2. *In countries such as Canada where most forms of promotion have been severely restricted or banned, which of the following is the most important promotional vehicle for tobacco companies?*
  - 1) the Internet
  - 2) movies
  - 3) advertising
  - 4) sponsorship
  - 5) **the package**
  - 6) point-of-sale displays and promotion?

**Scoring: /2**

3. **Name 3 promotional features/elements of a cigarette package.**
  - Size
  - Shape
  - Brand Name
  - Colours
  - Style of Opening
  - Font, Logo
  - Graphic
  - Descriptive Phrase(s)
  - Packaging Material
  - Liner Material, Liner Colour

Scoring: /3 (Score 1 point for each correct answer)

**4. Please circle the correct answer for the statements below:**

*In Canada, which of the following element(s) accounts for the primary differences between cigarette brands?*

- (a) type of tobacco leaf
- (b) method of curing the tobacco leaf
- (c) additives
- (d) flavouring
- (e) brand image**
- (f) all of the above

Scoring: /1

## Section B: Smoking in Movies – Proposed Solutions

**5. Name the four proposed solutions to reducing exposure to smoking in movies directed at children?**

- a) Rate new smoking movies “R” (18A – Canada)
- b) Certify no payoffs.
- c) Require strong anti-smoking ads
- d) Stop identifying tobacco brands.

Scoring: /4

**6. Please fill in the blank:**

The Smoke Free Movies campaign has proposed four measures to make sure that the U.S. film industry is not acting as a marketing arm of the tobacco industry. None involves censorship. All have been endorsed by the World Health Organization, the American Medical Association, the American Heart Association, and the U.S. Public Interest Research Group.

Tobacco Industry	Two	<b>World Health Organization</b>	Eight
National Institute for Health & Research (NIH)	<b>Four</b>	Health Canada	Twelve

Scoring: /2

## Section C: The Right to Smoke and Multi-Unit Dwelling

**7. Please circle the correct answer for the statements below:**

*Exposure to second-hand smoke in multi-unit dwellings is:*

- a) Only dangerous for babies, senior citizens and people with chronic health conditions
- b) **A problem for anyone – short-term exposure can cause nausea, headaches and shortness of breath, and SHS can cause heart disease and cancer in the long run**
- c) More an issue of comfort and personal preference than health, because the SHS is filtered as it passes through walls, ventilation systems, etc.
- d) Exaggerated by health groups as a way to control personal choice and reduce smoking rates

*The “right to smoke”:*

- a) Is included in the Canadian Charter of Rights and Freedoms making it illegal for landlords to prohibit smoking in their apartments
- b) Is included in the Ontario Human Rights Code making it discriminatory for landlords to prohibit smoking in their apartments
- c) Is absolute and overrides other rights, even if SHS makes other people sick
- d) **Is not absolute and needs to be balanced with the rights of other people in the multi-unit dwelling**

*A no-smoking policy for a multi-unit dwelling:*

- a) **Requires tenants who smoke to step outside for a cigarette**
- b) Prevents smokers from renting accommodation
- c) Forces tenants who smoke to quit smoking
- d) Requires that all current tenants who smoke be evicted

*The recommended policy option to increase the supply of smoke-free multi-unit dwellings in Ontario would be to:*

- a) Advocate for a law that would force all landlords to make all or some of their apartments smoke-free
- b) Advocate for a law that would make it easier for landlords to evict tenants who don't follow the rules
- c) **Encourage landlords to voluntarily adopt no-smoking rules for their apartments**
- d) None of the above
- e) All of the above

**Scoring: /4**

# Youth Advocacy Training Institute

## << Youth Module Trainings 2008-2009 Evaluation >>

### A. Background Information

TCAN: \_\_\_\_\_ (e.g. Southwestern Ontario,  
Northeastern Ontario, etc.)

Gender: F / M

Health Unit: \_\_\_\_\_

Date of Birth: Month \_\_\_\_\_ Day \_\_\_\_\_ 19 \_\_\_\_\_

#### 1. What best describes you?

<input type="checkbox"/> Youth Advisor	<input type="checkbox"/> Peer Leader	<input type="checkbox"/> Youth Volunteer	<input type="checkbox"/> High School Grant Youth	<input type="checkbox"/> Youth Participant
<input type="checkbox"/> Tobacco Control Manager	<input type="checkbox"/> Youth Development Specialist	<input type="checkbox"/> Public Health Staff	<input type="checkbox"/> Community Youth Worker	<input type="checkbox"/> Health Professional
<input type="checkbox"/> Other (please be specific) _____				

#### 2. How long have you been involved in this type of work?

<input type="checkbox"/> 0 to 6 months	<input type="checkbox"/> 13 to 18 months	<input type="checkbox"/> Longer: Please specify the # Months/Years: _____
<input type="checkbox"/> 7 to 12 months	<input type="checkbox"/> 19 to 24 months	

### B. Training Evaluation

	Thank you for participating in the training. In order for YATI to make improvements to tailor the training to your needs, it would be appreciated if you could fill in the questions below. Please circle the number below <b>(1 is for not effective and 5 is for effective).</b>	Not effective	Somewhat effective	A little effective	Effective	Very Effective
<b>3</b>	<b>Overall</b>					
3.1	Quality of the training	1	2	3	4	5
3.2	Content in the training	1	2	3	4	5
3.3	Training activities enhanced your learning	1	2	3	4	5
3.4	Training provided you with knowledge or actions that you can apply	1	2	3	4	5
<b>4</b>	<b>Curriculum Delivery</b>					
4.1	Usefulness of the information presented by the training facilitator(s)	1	2	3	4	5
4.2	Usefulness of the hands on activities	1	2	3	4	5
4.3	Usefulness of the handouts or tools	1	2	3	4	5
4.4	Training flowed well	1	2	3	4	5
<b>5</b>	<b>Curriculum Content</b>					
5.1	Learning objectives were clear	1	2	3	4	5
5.2	Objectives met my learning expectations	1	2	3	4	5
5.3	The objectives of the training were effective:					
5.4	To list 3 benefits of using creative ways to advocate	1	2	3	4	5
5.5	To list the 4 main elements of creative advocacy	1	2	3	4	5
5.6	To identify at least 5 forms of creative advocacy:	1	2	3	4	5

5.7	To engage in creative advocacy	1	2	3	4	5
5.8	Relevance to work in health promotion/advocacy	1	2	3	4	5
5.9	Content applies to my personal life	1	2	3	4	5
5.10	Quality of the Pre-test and Post survey	1	2	3	4	5
<b>6</b>	<b>Facilitator</b>					
6.1	Was well prepared	1	2	3	4	5
6.2	Was knowledgeable	1	2	3	4	5
6.3	Was responsive/helpful	1	2	3	4	5
6.4	Was a good Listener	1	2	3	4	5
6.5	Was youth-friendly	1	2	3	4	5
6.6	Style worked well (delivery methods, flexibility)	1	2	3	4	5

**7. Which aspects of the training do you believe need to be improved (Check all that applies)**

<input type="checkbox"/> Online Registration <input type="checkbox"/> Food and/or accommodation (if applicable) <input type="checkbox"/> Handouts or participant guide/handbook <input type="checkbox"/> Content of training <input type="checkbox"/> Instructional method/curriculum delivery <input type="checkbox"/> The organization of the training <input type="checkbox"/> Visual aids (power point, flipchart, role play etc.)	<input type="checkbox"/> Use of interactive and engaging activities/exercises <input type="checkbox"/> Time for learning <input type="checkbox"/> The pace of the workshop <input type="checkbox"/> Facilitator's style and energy <input type="checkbox"/> Facilitator's response to learning needs <input type="checkbox"/> Pre and post surveys <input type="checkbox"/> None
----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

**8. Please explain how the above areas could be improved:**

**9. If there was one thing that you will share with others about what you learned in this training, what would it be and why?**

**10. How will the training help you in doing health promotion and advocacy activities?**

**11. If you were to come to another training, what would it be?**

**12. Please let us know what type of training would be beneficial to you to help you in your work and as an individual with respect to Health Promotion and Advocacy?**

**13. Other comments?**

On Behalf of the YATI team, we would like to thank you for your cooperation!

## **Appendix B**

YATI Old Adult Evaluation Tools (pre/post knowledge and client satisfaction)

# Youth Advocacy Training Institute (YATI)

## < Message Development (Adult)>

### Pre/Post Survey – Answer Key

This survey will help us understand how effective the training module was in helping your learning experience. By completing this survey, you give consent to YATI to use your answers in the evaluation of their programs and include the results in a summative report. This survey is anonymous and in will in no way be associated with you. Further, participation is voluntary and you can choose to stop participating at anytime.

### Section A: Definition

5. *Please fill in the blanks in order to define STOP and DARE -- two Best Practices for improving your writing skills.*

The STOP and DARE strategies are usually used for planning, revising, and editing text.

STOP stands for: Suspend judgment, Take a side, Organize ideas, and Plan as you write.

DARE stands for: Developing a topic sentence, Add supporting ideas, Reject an argument for the other side, and End with a conclusion.

knowledge  
opinion  
main argument

plan  
**conclusion**  
idea

information  
false information  
**side**

**judgment**  
**topic sentence**  
operate

writing  
quote  
**revising**

Scoring: /5

### Section B: Writing Development

6. *Other than STOP and DARE, please list four (4) of the eleven (11) best practice instructional methods for improving youth's writing skills.*

- ✓ Writing Strategy Instruction
- ✓ Summarization
- ✓ Peer Assistance/Collaborative Writing
- ✓ Setting Product Goals
- ✓ Word Processing
- ✓ Sentence Combining
- ✓ Pre-Writing
- ✓ Inquiry Activities
- ✓ Process Writing Approach
- ✓ Study of Models
- ✓ Writing for Content area learning

Scoring: /4

### Section C: Health Promotion and Media Advocacy Campaign

7. Please check all planning tools for creating effective message development

- Engaging Language
- Communication objectives**
- Audience**
- Venue
- Channels/vehicles**
- Economic climate
- Key messages**

**Scoring: /4**

4. Please circle the correct response based upon the following statement.

*One of the main differences between health promotion and media advocacy campaigns is that health promotion campaigns educate about health at a community level and media advocacy campaigns educate about health at a provincial or national level.*

**True / False**

*One example of a health promotion campaign is to denormalizes the tobacco industry (i.e. make the tobacco industry seem illegitimate by educating youth about their manipulative marketing practices).*

**True / False**

**Scoring: /2**

5. Please circle the correct response based upon the following statements

\*HP stands for Health Promotion and MA stands for Media Advocacy

<b>HP</b>	<b>MA</b>	Focuses on individual behavior
<b>HP</b>	<b>MA</b>	Changes the environment, through policy change
<b>HP</b>	<b>MA</b>	Focuses on social accountability
<b>HP</b>	<b>MA</b>	Use a variety of types of health communication approaches. Focus is not only on news media
<b>HP</b>	<b>MA</b>	Inform/persuades the person with the problem

**Scoring: /5**

**Score: /20**

**On behalf of YATI, we would like to thank you for participating in this survey**

**Youth Advocacy Training Institute (YATI)**  
**<Engagement of Hard to Reach Youth (Adult)>**  
**Pre/Post Survey -- Answer Key**

This survey will help us understand how effective the training module was in helping your learning experience. By completing this survey, you give consent to YATI to use your answers in the evaluation of their programs and include the results in a summative report. This survey is anonymous and in will in no way be associated with you. Further, participation is voluntary and you can choose to stop participating at anytime.

**Section A: Working Definitions – Hard to Reach Youth**

1. Please fill in the blanks, using the words below:

The term ‘hard to reach’ is ambiguous at best. It is employed *inconsistently*. Sometimes it is used to refer to minority groups, defined by ethnicity, sexual orientation, or poverty. It can also be used to refer to ‘*hidden* populations’, which include groups of people who do not wish to be found or contacted, such as illegal drug users or gang members; while at other times it may refer to broader segments of the population, such as old or young people or people with disabilities. In the service context, ‘hard to reach’ often refers to the ‘underserved’, namely *minority groups*, those slipping through the cracks, and the service resistant. The problem with using the term ‘hard to reach’ is that implies a *homogeneity* within distinct groups, which does not necessarily exist. Thereby, it defines the problem as one within the group itself, not within the approach taken to encourage participation. (Brackhertz 2007)

<b>minority groups</b>	<i>Socio-economic status</i>	<i>groups</i>	<b>inconsistently</b>	<i>poverty</i>	<i>resistant</i>	<i>Illegal</i>
<b>hidden</b>	<i>underserved</i>	<i>Distinct</i>	ambiguous	<b>homogeneity</b>	<i>hard to reach</i>	participation

**Scoring: /4**

2. What kind of criteria would you have to help you identify Hard to Reach Youth? Please choose the correct answer bellow.
- a) Research and statistics on socio-economic income and specific social groups.
  - b) **Demographics (population characteristics), cultural/social, attitude and organizational structures.**
  - c) Research and statistics on smoking rate, pregnancy rate, alcohol prevalent in certain groups.
  - d) Groups that are characterized as people with disabilities, marginalized population, newcomers/Immigrants.
  - e) All of the above
  - f) None of the above

**Scoring: /2**

**Section B: Systemic and Individual Barriers**

3. Please circle the correct answer below for defining systemic and individual barriers.

Individual Barriers:

- a) Obstacles that people face that pertain to their own characteristics whether personal or situation specific.
- b) Obstacles that exist out of structural procedures and policies, societal norms and beliefs, or values and behaviours of groups, organizations and institutions.
- c) Can be known or unknown to each individual and apparent or unapparent to others.
- d) a and c**
- e) None of the above.

Systemic Barriers are:

- a) Exist as a result of collective creation or unintended evolution.
- b) Obstacles that exist out of structural procedures and policies, societal norms and beliefs, or values and behaviours of groups, organizations and institutions.
- c) Obstacles that people face that pertain to their own characteristics whether personal or situation specific.
- d) a and b.**
- e) None of the above.

**Scoring: /4**

4. Please read the statement below and circle the correct answer

Your father smokes and does not want you involved in any ‘tobacco-bashing’ groups because he doesn’t want you ‘in his ear’ about quitting.	<i>Systemic</i>	<i>Personal</i>
You are a 15-year old girl who works part-time at a local restaurant. You work most weekends and the majority of your earnings go help support your family.	<i>Systemic</i>	<i>Personal</i>
You don’t trust adults because all they have ever done is hurt you.	<i>Systemic</i>	<i>Personal</i>
You are someone who smokes tobacco and have tried smoking marijuana a couple of times. Others at school call you a “pot head” or a “stoner” so you tend not to get involved in any organized activities.	<i>Systemic</i>	<i>Personal</i>
You cannot afford public transit and you live in the east end.	<i>Systemic</i>	<i>Personal</i>

**Scoring: /5**

### **Section C: Strategies to Engage Hard to Reach Youth**

5. Please list four (4) of the ten (10) proposed strategies to Engage Hard To Reach Youth and to sustain youth participation.

- ✓ Help youth understand the value of participation
- ✓ Show families the opportunities associated with participation
- ✓ Reach out directly to youth and their families in their homes and communities
- ✓ Work directly with youth and with the community in order to recruit hard-to-reach-youth
- ✓ Form partnerships and work with other organizations
- ✓ Match the program's attendance goals to participant needs
- ✓ Consider at risk youth in recruitment efforts
- ✓ Develop programs that engage and removes barriers
- ✓ Recruit friends to join together
- ✓ Hire program staff who develop real connections with participants
- ✓ Hook youth with both fun and relaxing time

**Scoring: /4**

**.5 points are allowed for partial answers.**

6. Please circle the correct answer below:

This training is based on the theoretical concept of social inclusion, which calls for valuing of diversity, not just the recognition of differences **True / False**

**Scoring: /1**

**Total Scoring: /20**

**On behalf of YATI, we would like to thank you for participating in this survey.**

## Youth Advocacy Training Institute

<< Adult Module Training Evaluation >>

### C. Background Information

TCAN: \_\_\_\_\_ (e.g. Southwestern Ontario,  
Northeastern Ontario, etc.)

Gender: F / M

Health Unit: \_\_\_\_\_

Date of Birth: Month \_\_\_\_\_ Day \_\_\_\_\_ 19 \_\_\_\_\_

**1. What best describes you?**

<input type="checkbox"/> Youth Advisor	<input type="checkbox"/> Peer Leader	<input type="checkbox"/> Youth Volunteer	<input type="checkbox"/> High School Grant Youth	<input type="checkbox"/> Youth Participant
<input type="checkbox"/> Tobacco Control Manager	<input type="checkbox"/> Youth Development Specialist	<input type="checkbox"/> Public Health Staff	<input type="checkbox"/> Community Youth Worker	<input type="checkbox"/> Health Professional
<input type="checkbox"/> Other (please be specific) _____				

**2. How long have you been involved in this type of work?**

<input type="checkbox"/> 0 to 6 months	<input type="checkbox"/> 13 to 18 months	<input type="checkbox"/> Longer: Please specify the # Months/Years: _____
<input type="checkbox"/> 7 to 12 months	<input type="checkbox"/> 19 to 24 months	

### D. Training Evaluation

	Not effective	Somewhat effective	A little effective	Effective	Very Effective
Thank you for participating in the training. In order for YATI to make improvements to tailor the training to your needs, it would be appreciated if you could fill in the questions below. Please circle the number below <b>(1 is for not effective and 5 is for effective).</b>					
<b>3 Overall</b>					
3.1 Quality of the training	1	2	3	4	5
3.2 Content in the training	1	2	3	4	5
3.3 Training activities enhanced your learning	1	2	3	4	5
3.4 Training provided you with knowledge or actions that you can apply	1	2	3	4	5
<b>4 Curriculum Delivery</b>					
4.1 Usefulness of the information presented by the training facilitator(s)	1	2	3	4	5
4.2 Usefulness of the hands on activities	1	2	3	4	5
4.3 Usefulness of the handouts or tools	1	2	3	4	5
4.5 Training flowed well	1	2	3	4	5
<b>5 Curriculum Content</b>					
5.1 Learning objectives were clear	1	2	3	4	5
5.2 Objectives met my learning expectations	1	2	3	4	5
5.3 The objectives of the training were effective:					
5.4 To be able to identify and describe 11 best-practice instructional methods for improving youths' writing skills.	1	2	3	4	5
5.5 To apply best-practice writing instructional methods to YAA program elements and different writing skill levels.	1	2	3	4	5

5.6	To be able to describe how writing can be used as a learning tool within the YAA program.	1	2	3	4	5
5.7	To be able to describe how feedback can be used to develop writing skills and identify areas of the program where feedback can be implemented.	1	2	3	4	5
5.8	Relevance to work in health promotion/advocacy	1	2	3	4	5
5.9	Content applies to my personal life	1	2	3	4	5
5.10	Quality of the Pre-test and Post survey	1	2	3	4	5
<b>6</b>	<b>Facilitator</b>					
6.1	Was well prepared	1	2	3	4	5
6.2	Was knowledgeable	1	2	3	4	5
6.3	Was responsive/helpful	1	2	3	4	5
6.4	Was a good Listener	1	2	3	4	5
6.5	Was youth-friendly	1	2	3	4	5
6.7	Style worked well (delivery methods, flexibility)	1	2	3	4	5

**7. Which aspects of the training do you believe need to be improved (Check all that applies)**

<input type="checkbox"/> Online Registration <input type="checkbox"/> Food and/or accommodation (if applicable) <input type="checkbox"/> Handouts or participant guide/handbook <input type="checkbox"/> Content of training <input type="checkbox"/> Instructional method/curriculum delivery <input type="checkbox"/> The organization of the training <input type="checkbox"/> Visual aids (power point, flipchart, role play etc.)	<input type="checkbox"/> Use of interactive and engaging activities/exercises <input type="checkbox"/> Time for learning <input type="checkbox"/> The pace of the workshop <input type="checkbox"/> Facilitator's style and energy <input type="checkbox"/> Facilitator's response to learning needs <input type="checkbox"/> Pre and post Surveys <input type="checkbox"/> None
----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

**8. Please explain how the above areas could be improved:**

**9. If there was one thing that you will share with others about what you learned in this training, what would it be and why?**

**10. How will the training help you in doing health promotion and advocacy activities?**

**11. If you were to come to another training, what would it be?**

**12. Please let us know what type of training would be beneficial to you to help you in your work and as an individual with respect to Health Promotion and Advocacy?**

**13. Other comments?**

***On Behalf of the YATI team, we would like to thank you for your cooperation!***

## **Appendix C**

### Hey! Conference Evaluation Tools

## OPENING PLENARY

*Asked of everyone in the room*

**I am a:**

- 1) Youth Participant
- 2) Adult Participant

	Strongly Agree	Agree	Disagree	Strongly Disagree
I feel <b>motivated</b> about getting involved in health promotion and advocacy activities in my community	1	2	3	4
I feel <b>ready</b> to put into action health promotion and advocacy activities in my community	1	2	3	4

<b>TOBACCO FREE SPORTS</b> <i>Ask only those who attended this session. Questions to appear at the end of the facilitation.</i>	Strongly Agree	Agree	Disagree	Strongly Disagree
I learned new information that I never knew about tobacco free sports and recreation	1	2	3	4
The information presented was useful in helping me understand how to develop tobacco free sports and recreation campaigns and activities in my community	1	2	3	4
	Very Good	Good	Poor	Very Poor
Overall, I would rate the quality of the <i>facilitator</i> as:	1	2	3	4
Overall, I would rate the quality of this <i>session</i> as:	1	2	3	4

<b>IMPROVING THE HEALTH OF YOUR COMMUNITY</b> <i>Ask only those who attended this session. Questions to appear at the end of the facilitation.</i>	Strongly Agree	Agree	Disagree	Strongly Disagree

I learned new information that I never knew about health promotion	1	2	3	4
The information presented was useful in helping me understand my own health and the health of my community	1	2	3	4
	Very Good	Good	Poor	Very Poor
Overall, I would rate the quality of the <i>facilitator</i> as:	1	2	3	4
Overall, I would rate the quality of this <i>session</i> as:	1	2	3	4

<b>ADVOCACY FOR HEALTH 101</b> <i>Ask only those who attended this session. Questions to appear at the end of the facilitation.</i>	Strongly Agree	Agree	Disagree	Strongly Disagree
I learned new information that I never knew about advocacy	1	2	3	4
The information presented was useful in helping me understand how to develop advocacy campaigns and activities in my community	1	2	3	4
	Very Good	Good	Poor	Very Poor
Overall, I would rate the quality of the <i>facilitator</i> as:	1	2	3	4
Overall, I would rate the quality of this <i>session</i> as:	1	2	3	4

<b>INFLUENCING PUBLIC POLICY</b> <i>Ask only those who attended this session. Questions to appear at the end of the facilitation.</i>	Strongly Agree	Agree	Disagree	Strongly Disagree
I learned new information that I never knew about public policy	1	2	3	4
The information presented was useful in helping me understand how to develop public policy campaigns and activities in my community	1	2	3	4

	Very Good	Good	Poor	Very Poor
Overall, I would rate the quality of the <i>facilitator</i> as:	1	2	3	4
Overall, I would rate the quality of this <i>session</i> as:	1	2	3	4

<b>CREATING EFFECTIVE HEALTH EDUCATION CAMPAIGNS WITH YOUTH</b> <i>Ask only those who attended this session. Questions to appear at the end of the facilitation.</i>	Strongly Agree	Agree	Disagree	Strongly Disagree
I learned new information that I never knew about creating effective health promotion campaigns	1	2	3	4
The information presented was useful in helping me understand how to support youth in developing health promotion campaigns and activities in their community	1	2	3	4
	Very Good	Good	Poor	Very Poor
Overall, I would rate the quality of the <i>facilitator</i> as:	1	2	3	4
Overall, I would rate the quality of this <i>session</i> as:	1	2	3	4

## Closing Plenary

*Asked of everyone in the room*

**I am a:**

- 1) Youth Participant
- 2) Adult Participant

**Which organization are you apart of:**

- 1) Public Health
- 2) School Group or Program
- 3) Community Group or Program (e.g., Youth Council)

**I have been involved in health promotion & advocacy activities in my community for:** \_\_\_\_\_ months

	Strongly Agree	Agree	Disagree	Strongly Disagree

I feel <b>motivated</b> about getting involved in health promotion and advocacy activities in my community	1	2	3	4
I feel <b>ready</b> to put into action health promotion and advocacy activities in my community	1	2	3	4
I found the information and activities at today's conference interesting and fun	1	2	3	4
The format of today's conference flowed well	1	2	3	4
I was able to network with others from my area at today's conference	1	2	3	4
I would recommend attending this conference to others	1	2	3	4

### HEAD, HEART, AND FEET ACTIVITY

573 King Street East  
Toronto, ON M5A 4L3  
1-877-TLA-YATI Hotline  
416-922-9430 Fax  
[www.yationlung.ca](http://www.yationlung.ca)

#### OBJECTIVES

- To reflect on the events of the conference
- To articulate what participants learned and felt during the works
- To identify what your next steps will be

#### WHAT YOU NEED:

Flipchart, 3 colors of markers (one each for head, heart and feet), a designated person to report back to the larger group

Step 1: On a flip chart, draw a picture of a person. Be sure to exaggerate the head, chest and feet. Draw a heart on the chest.

- Step 2:
- On the head of the person participants write what they learned during the workshops
  - On the heart of the person participants write how they feel about the conference and what they learned
  - On the feet of the person participants write what they will do with the information they've learned and next steps they'll take following the conference

- Step 3: Discuss your group's picture
- What themes emerged from this exercise?
  - What insights did you gain?
  - How can you apply what you've learned?

If time permits, be prepared to share a summary of the exercise with the larger group. Please leave your flipchart and any notes from the exercise on the table at the end of the session.

## **Appendix D**

### YATI New Youth Evaluation Tools

# ADVOCACY FOR HEALTH 101

PRE/POST SURVEY answer key – 1 point per answer Total /14

Gender: \_\_\_\_\_

Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_  
day month year

## Section A: Multiple Choice

1. The purpose of advocacy is to:
  - a. Convince people to take your side of an argument
  - b. **Create change**
  - c. Know everything about an issue
  - d. All of the above
  
2. When writing an advocacy letter to an elected official:
  - a. **Personally written letters carry the most weight**
  - b. Sending a letter that has been mass produced ensures consistency in your message
  - c. Sometimes write as a fictional person, especially if it is a really controversial issue
  - d. Cover as many topics as you can as this will probably be your only chance
  
3. When you are creating an argument, the acronym K.I.S.S. stands for:
  - a. **Keep it Short & Simple**
  - b. Keep it Short & Sweet
  - c. Keep it Smart & Simple
  - d. Keep it Sharp & Strong
  
4. There are 8 steps to follow when trying to influence public policy. Which of the following is *not* one of those steps.
  - a. Develop a Plan
  - b. Win Public Support
  - c. Evaluate the Plan
  - d. **Raise Funds**

## Section B: Definitions

There are six (6) main tactics associated with successfully advocacy. Please match up the term with its definition.

Strategies	Definition
e. Making a Telephone Call	_C_ Good way to introduce yourself, get to know the people who are elected to represent you and share your opinions or views.
f. Writing a Letter to an	

Elected Official	<b>_F_</b> Useful tool for summarizing your key arguments in a way that attracts the media's attention
g. Visiting an Elected Official	<b>_A_</b> Efficient tool for informing individuals or groups about your concerns and ideas, as well as for gathering information
h. Creating and Circulating a Petition	<b>_D_</b> Demonstration of group support around an issue and can be a powerful tool for gaining attention for a problem or project
i. Writing a Letter-to-the-Editor	<b>_B_</b> Primary tool in keeping elected officials and other decision makers informed of their constituents' views.
j. Writing a Media Advisory	<b>_E_</b> Provides an opportunity to comment on articles appearing in local newspapers, as well as on current issues

### Section C: True or False

Please circle the correct responses based upon the following statements:

1. Creative Advocacy always requires a lot of funding. True / **False**
  
2. Education alone is not enough to create change **True** / False
  
3. Becoming aware of community resources is not a fundamental part of advocacy. True / **False**

Community organizations can sometimes be both an ally and an opponent. **True** / False



k. Environmental support	e. _____ <b>D</b> _____ provides information to increase knowledge and perhaps interest in improving a particular lifestyle behaviour.
l. Advocacy/policy development	f. _____ <b>C</b> _____ helps to build knowledge and confidence that a positive lifestyle change can be made and sustained.
m. Education and skills building	g. _____ <b>A</b> _____ Create supportive physical and social environments that encourage and support healthy lifestyles.
n. Awareness raising	h. _____ <b>B</b> _____ ensures that governmental decisions, practices, and social and physical environments support healthy lifestyles.



## Section B: Definitions

Please match up the term with its definition.

Strategies	Definition
<p>o. Stereotype</p> <p>p. Tobacco Industry Denormalization</p> <p>q. Social Denormalization</p>	<p><b>_B_</b> a process that reverses the normalization efforts of the tobacco industry and shifts the focus, blame and responsibility back onto the industry as the source of all tobacco-related illness.</p> <p><b>_A_</b> commonly held notion or image of a person or group, based on an oversimplification of some observed or imagined trait or behavior or appearance.</p> <p><b>_C_</b> strategy used to change the broad social norms that identify tobacco use as desirable or acceptable.</p>

## Section C: True or False

Please circle the correct responses based upon the following statements:

- |                                                                         |                     |
|-------------------------------------------------------------------------|---------------------|
| 8. Advertising and marketing and not essential for the tobacco industry | True / <b>False</b> |
| 9. It is important to always use positive messages when                 | <b>True</b> / False |
| 10. The character 'Joe Camel' is a marketing tool directed at youth     | <b>True</b> / False |

**CREATING EFFECTIVE HEALTH EDUCATION CAMPAIGNS  
PRE/POST SURVEY answer key**

Gender: \_\_\_\_\_

Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_  
day month year

**Section A: Multiple Choice**

2. Which of the following factors influence health behaviours
  - a. Intellect
  - b. Media**
  - c. Gender
  - d. Genetics
  
3. Which one of the following is *not* one of the key elements to effective health education messages
  - a. The what?
  - b. So what?
  - c. Now what?
  - d. Then what?**
  
4. Which of the following is *not* an important step in creating effective health education campaigns
  - a. Create a budget**
  - b. Identify the issue
  - c. Define the audience
  - d. Develop the message
  
5. When creating a health education message, you should always avoid:
  - a. Individualizing the message
  - b. Using fear appeals**
  - c. Promoting monetary benefits
  - d. Using a celebrity to promote your message
  
6. Health Education should;
  - a. involve simply bringing in an expert
  - b. involve just giving the facts
  - c. be needs based**
  - d. be intended to alarm people

**Section B: Definitions**

Please match up the term with its definition.

Term	Definition
------	------------

r. Social Marketing	<p><b>_B_</b> is all programs and actions taken to reinforce the fact that a certain type of behaviour is not (and should not be) a mainstream or “normal” activity in our society.</p> <p><b>_E_</b> seeks to improve or protect health through behavioural, biological, socio-economic, and environmental changes.</p> <p><b>_C_</b> is a set of associations linked to a name, mark, or symbol associated with a product or service.</p> <p><b>_A_</b> is the application of marketing technologies developed in the commercial sector to the solution of social problems where the bottom line is behaviour change.</p> <p><b>_D_</b> focuses on changing behavioural risk factors through raising public awareness.</p>
s. Denormalization	
t. Branding	
u. Health Education	
e. Health Promotion	

### Section C: True or False

Please circle the correct responses based upon the following statements:

- 11.** Health education is different from health promotion **True / False**
- 12.** Smarter youth choose healthier behaviours **True / False**
- 13.** Health Education is important because it focuses on prevention **True / False**
- 14.** Good health messages will not harm or be offensive to people who see it **True / False**



## Section B: Definitions

There are eight (8) key public policy concepts. Please match up the term with its definition.

Strategies	Definition
v. Tobacco Industry	<b>_B_</b> Laws or decisions which are made by government.
w. Public Policy	<b>_H_</b> When economic resources are distributed unequally.
x. Social Change	<b>_E_</b> A fair and just society where everyone is treated equally.
y. Healthy Communities	<b>_C_</b> Any event or action that affects a group of individuals who has shared values or characteristics.
z. Social Justice	<b>_A_</b> Corporations, think tanks and affiliate smoker's rights groups which promote tobacco use.
aa. Lobbying & Advocacy	<b>_F_</b> Involves putting pressure on governments to create and push decisions that your group supports
bb. Discrimination	<b>_G_</b> When certain groups are treated different because of their income, colour of skin, gender, their sexual orientation, etc.
cc. Income Inequality	<b>_D_</b> A way of looking at health that goes beyond looking at the physical health of the individual; it looks at the 'big picture'.

**Scoring: /8**

## Section C: True or False

Please circle the correct responses based upon the following statements:

15. When negotiating in policymaking, power is key **True / False**
16. Public Policy is whatever governments choose to do or not to do **True / False**
17. Health Policy is cut and dry – it's pretty straight forward **True / False**
18. A 'spin doctor' is slang for a policy lobbyist **True / False**

**Scoring: /4**

# Tobacco-Free Sports and Recreation

Pre/Post Survey Answer Key

---

## Section A: Multiple Choice

17. What is Tobacco Industry Denormalization (TID)?
- Shows that the tobacco industry is a legitimate business
  - Educates people about the dangers of cigarettes
  - Shows that smokers are not normal
  - Shows the public why the tobacco industry is not normal**
18. What is an organizational policy?
- Policy which applies only to the people within the organization**
  - Policy which applies to everyone living in the same area
  - Law created by government
  - All of the above

## Section B: Fill-in the Blanks

1. Please list any four (4) determinants of health

- 1) \_\_\_\_\_ 2) \_\_\_\_\_  
3) \_\_\_\_\_ 4) \_\_\_\_\_

Answers could include any of the following: income & social status, social support networks, education, working conditions, social environments, physical environments, personal health practices, healthy child development, genetics, health services, gender, and culture.

2. Please list any two (2) ways that the tobacco industry targets youth

- 1) \_\_\_\_\_ 2) \_\_\_\_\_

Answers could include: sponsorship, promotions, magazines, smoking in movies

## Section C: Definitions

There are eight (8) steps in the process of influencing public policy. Please list the steps in order from 1 to 8.

- |                                                                 |                                                        |
|-----------------------------------------------------------------|--------------------------------------------------------|
| _7_ Take-it to the decision makers                              | _2_ Gather the facts                                   |
| _4_ Develop a plan                                              | _1_ Define the issue or problem                        |
| _8_ Evaluate and adjust your plan                               | _6_ Win public support through public education        |
| _3_ Define your goal and key areas of policy change/development | _5_ Build community partnerships and get participation |

## Section D: True or False

Please circle the correct responses based upon the following statements:

**19.** Tobacco-free means just not smoking cigarettes

True / **False**

Tobacco-free sports and recreation helps smokers quit

**True** / False

Policies and laws help change social norms

**True** / False

**Youth Training  
2009/2010  
Self-Efficacy Survey**

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Please circle the number that best describes you!

<b>I feel confident in my ability to:</b>	Strongly Disagree	Disagree	Agree	Strongly Agree
Develop advocacy messages	1	2	3	4
Create and design advocacy campaigns	1	2	3	4
Communicate advocacy issues to others	1	2	3	4
Talk to decision-makers about advocacy issues	1	2	3	4
Be a team player	1	2	3	4
Work well with stakeholders in my community	1	2	3	4
Research information on advocacy issues	1	2	3	4
Successfully using communication channels to get my message out there	1	2	3	4
Debate on a topic with others	1	2	3	4
Change peoples' opinions in my community	1	2	3	4
Contribute positively in my community	1	2	3	4

# Youth Training Client Satisfaction Survey 2009/2010

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**A little bit about you!**

1) Your Date of Birth: Month \_\_\_\_\_ Day \_\_\_ 19 \_\_\_\_\_ 2) Gender: F / M

3) Which organization are you apart of?

- Public Health
- Recreation program (e.g., YMCA)
- Other Community programs (e.g., Youth Council)

4) How long have you been involved in health-related activities in your community?  
\_\_\_\_\_ months (e.g., 12 months = 1 year)

---

**Thank you for participating in YATI training. Your feedback is extremely important to us. Please tell us how you feel about the following statements.**

Please **circle** your response below.

5) Please rate how you felt about <b>the activities</b> you participated in:	Strongly Disagree	Disagree	Agree	Strongly Agree
The activities were interesting/creative	1	2	3	4
The activities were fun	1	2	3	4
The activities were useful in helping me understand the work I do	1	2	3	4
The activities allowed me to interact with other youth	1	2	3	4
The activities were relevant to the work I do in health promotion and advocacy	1	2	3	4

6) Please rate how you felt about <b>the information</b> that was presented:	Strongly Disagree	Disagree	Agree	Strongly Agree
The training covered the majority of information I wanted to know on this topic	1	2	3	4
The information presented in today's	1	2	3	4

training was relevant to the work I do				
I learned new information that I never knew before	1	2	3	4
I found the content of the training interesting and fun	1	2	3	4

7) Please rate how you felt about <b>the facilitator</b> in today's training:	Strongly Disagree	Disagree	Agree	Strongly Agree
The facilitator was knowledgeable about this topic	1	2	3	4
The facilitator was helpful and answered my questions	1	2	3	4
The facilitator was a good listener	1	2	3	4
The facilitator was youth-friendly	1	2	3	4
The facilitator created a comfortable environment where I felt I could share my opinions openly with the group	1	2	3	4

8) Please rate how you felt about <b>the handbook</b> you were given in today's training:	Strongly Disagree	Disagree	Agree	Strongly Agree
The worksheets were useful and easy to use	1	2	3	4
I found the handbook to be a useful guide to follow along during today's training	1	2	3	4
I will keep the handbook after today's training	1	2	3	4
I will refer to the handbook in the future for upcoming activities I plan for in my community	1	2	3	4

9) Please rate how you felt <b>overall</b> about today's training:	Strongly Disagree	Disagree	Agree	Strongly Agree
I felt there was enough time to learn everything outlined in the training agenda	1	2	3	4

There was plenty of time for discussion and questions	1	2	3	4
There was plenty of time to network with others at today's training	1	2	3	4
The layout of today's training flowed well	1	2	3	4
I felt I had the opportunity to contribute during today's training	1	2	3	4
I would recommend this training to others	1	2	3	4

10) Overall, I would rate this training as:	Very poor	Poor	Good	Very good
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Do you have any final comments for us?
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## **Appendix E**

YATI New Adult Evaluation Tools

(Please Note: The Inseparable Goals Training does not include a pre and post survey, but does include a client satisfaction survey at the end of the second day of training.)

# Creating Effective Health Education Campaigns with Youth

Answer Key – 1 point per answer

/12

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## Section A: Multiple Choice

7. Which one of the following is *not* one of the key elements to effective health education messages
  - a. The what?
  - b. So what?
  - c. Now what?
  - d. Then what?**
8. Which one of the following is *not* one of the important steps in creating effective health education campaigns.
  - a. Create a budget**
  - b. Identify the issue
  - c. Define the audience
  - d. Develop the message

## Section B: Fill-in the Blanks

1. List 2 ways in which you can foster youth participation in Creating Effective Health Education Campaigns:

**Possible answers include: Choosing, Decision Making, Planning, Assessing, Communicating**

2. List 3 Best Practices in Health Education for Youth:

Possible answers include:

- 1. Make sense to the youth population and addresses their needs**
- 2. Are based on research and theory**
- 3. Focus on specific behavioural outcomes**
- 4. Provide functional health knowledge that is basic, accurate, and directly contributes to health promoting decisions and behaviours.**
- 5. Use methodologies that are participative; information should be presented interactively (at least in part) and capitalizes on youths knowledge of technology and social media. Health information is personalized and engages youth in creative expression, sharing of personal thoughts and feelings, and critical thinking to name a few.**
- 6. Use as many components and outlets as possible so as to address all aspects of youth lives with consistent health education messaging.**

7. Take a denormalization approach. Showcasing in the campaign that the majority of people do not engage in negative health behaviours and corrects misperceptions of peer and social norms.
8. Address individual values and group norms that support health enhancing behaviours.
9. Are tailored for specific audience age, risk, strengths, and protective factors that are most important.
10. Focus on the present/short-term; youth are not interested in long-term consequences.
11. Address social pressures and influences (media, advertising, peer influences).
12. Provide opportunities to make connections to influential others (celebrities, role models, brand ambassadors).
13. Build personal and social competencies. Teaches such skills as; problem-solving, goal-setting, stress management, communication skills, decision making skills, and assertiveness.
14. Are long-term and involve follow up. NO ONE OFFS; one-time interventions have little chance of success.
15. Are sensitive to culture, ethnicity, and gender as needs and motivations are affected by this. Modify information and gear it towards what normative behaviour the audience needs to learn and the environment and culture they are learning in.
16. Includes evaluation
17. Designed by youth; for youth.

### Section C: Definitions

Please match up the term with its definition.

Term	Definition
dd. Social Marketing	<p><b>_B_</b> is all programs and actions taken to reinforce the fact that a certain type of behaviour is not (and should not be) a mainstream or “normal” activity in our society.</p> <p><b>_E_</b> seeks to improve or protect health through behavioural, biological, socio-economic, and environmental changes.</p> <p><b>_C_</b> is a set of associations linked to a name, mark, or symbol associated with a product or service.</p> <p><b>_A_</b> is the application of marketing technologies developed in the commercial sector to the solution of social problems where the bottom line is behaviour change.</p> <p><b>_D_</b> focuses on changing behavioural risk factors through raising public awareness.</p>
ee. Denormalization	
ff. Branding	
gg. Health Education	
e. Health Promotion	

### Section D: True or False

Please circle the correct responses based upon the following statements:

20. Health education is different from health promotion **True / False**
21. Health Education is important because it focuses on prevention **True / False**
22. Good health messages will not harm or be offensive to people who see it **True / False**

**Adult Training  
2009/2010  
Self-Efficacy Survey**

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Please circle the number that best describes you!

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**Adult Training  
2009/2010  
Client Satisfaction Survey**

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Do you have any final comments for us?
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