Evaluation of the programs and services of the Saskatchewan Prevention Institute:

Final report

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Executive summary

The evaluation addressed three broad areas: reach, effectiveness and progress toward expected outcomes. Findings in each of those areas are summarized below, as well as recommendations.

Reach

The Prevention Institute was very much built on key partnerships. By emphasizing partnerships, the Institute has developed a reputation for being receptive to partners' needs, for avoiding overlap, for developing relevant programs to fill gaps and accessible resources for a variety of audiences, and is perceived as a credible, reliable partner by various levels of government and other partner organizations.

The evaluation confirmed that awareness of the Institute is highest among direct service providers, and among academic researchers, as well as postsecondary health and social work education programs. The survey confirmed that the vast majority of users of programs and resources work in the healthcare sector, in health promotion, early child development, education, and social and human services, and not surprisingly, that most of them work with families, infants/young children, school age children, youth, preconception, prenatal and/or postnatal women, and men. The survey results also indicate why potential users are not currently using the Institute's programs and resources: they were not aware of the programs or resources, or the topic areas are not relevant to their needs.

Effectiveness

The Institute takes a broad approach to prevention—awareness, education, and support—and focuses on both professionals/service providers and the general public, which are key characteristics that distinguish it from other organizations. Due to its focus on research, information, and training, the Institute's programs and resources are perceived as a natural, even necessary, complement to the work of several of their stakeholders, specifically on the frontline (i.e., professionals and other service providers who incorporate many of the Institute's resources into their work and would not otherwise have the resources to do the research or develop the products).

The evaluation confirms that the Institute's programs and resources are appropriate because they are based on best practices and/or the latest evidence in the literature. There is a culture of innovation, of collaboration and seeking stakeholders' input at the Institute. There is a robust evaluation program, and staff have a willingness to learn and adapt.

Resources are also perceived as very timely. Annual reports for each of the Institute's programs indicate high levels of satisfaction among clients/users, and evaluation reports indicate that all the programs seem to have been useful in meeting users' needs. Survey results confirm the more general positive perception of appropriateness and timeliness.

- Based on the survey, specific resources are particularly useful, mostly in the area of child development, child safety and injury prevention, maternal mental health, and early childhood mental health, FASD prevention, and child traffic safety.

- Website statistics indicate that child development and safety resources were among the most used programs or resources, in addition to resources on sexual health, alcohol/FASD, and those related to pregnancy.

The evaluation also confirms that various modes of dissemination are appropriate and popular across the various targeted clienteles. Specifically, it confirms that the number of print resources has dramatically declined but their popularity remains quite high, as is the popularity of in-person events, in addition to the increasing popularity of virtual events and digital resources. In-person presentations, trainings, or workshops for the general public are also seen as particularly useful; as are DVDs/videos; followed by online presentations, trainings, or workshops for the general public; in-person round tables; and online discussion groups.

Finally, with regard to communications and promotion, there is a broad expectation that the Institute will increase its use of social media, and it should include more diversity in promotional material and resources.

Progress toward expected outcomes

Clearly, one of the Institute's strengths is developing partnerships and creating linkages in order to complement the work of other organizations. There was, however, some duplication and overlap mentioned in the following areas:

- Other agencies offer motivational interview training, but the demand is perceived as great in Saskatchewan.

- In terms of prenatal programs and resources, there is overlap between the Saskatchewan Prevention Institute and the Ontario-based Best Start programs. That said, they are often used in tandem.

- The Institute has a smartphone application guiding one through Saskatchewan-specific and evidence-based information about pregnancy, while Health Canada has a web brochure on pregnancy month by month.

- In the area of HIV awareness, opportunities like World Aids Day sometimes bring about overlap with community-based organizations' awareness campaigns. Several organizations working toward the same goal is not necessarily negative.

- Similarly, there is perceived duplication between the activities of SGI, of police services and the Institute with regard to traffic safety campaigns. SGI is the funder of the Institute's Child Traffic Safety Program, with the two working closely to minimize duplication. That said, raising awareness in this area requires a lot of sustained effort.

- Finally, there is a perception that there is a real risk of duplication between the research and the products of the Institute, of CanFASD, and the Saskatchewan FASD Network. The FASD Network is a support-based agency that supports individuals living with FASD and their families; hence the work of the two organizations is complementary. CanFASD is a national research network. The Institute relies on research results from

CanFASD for knowledge translation activities in the province which have consistency with national messaging.

Another strength of the Institute is effectively targeting programs and services by reaching out to stakeholders and identifying needs and gaps. The evaluation confirmed that the Institute has an excellent reputation for addressing gaps, on its own or with partners. That said, the evaluation also identified a desire for additional resources in a few areas, and a few areas where there is an emerging or pressing need that is not currently addressed.

- Gaps in programs or resources include: additional resources in the areas of trauma, mental health and addictions; prenatal education and parenting; pregnancy; HIV and pregnancy; genomics; and epigenetic testing.

- Needs that are not addressed—or not fully addressed—include: the co-occurrence of mental health issues and addictions in parents; the co-occurrence of developmental disabilities and complex mental health issues in children; the impact of food insecurity on families and children; cannabis, as well as other drugs in relation to alcohol in pregnancy; children and cannabis; tobacco use and second-hand smoke; as well as immunization status and vaccine hesitancy.

In terms of potential improvements to service delivery, the following were suggested:

- The Institute should continue to increase the number of resources available online on its website or via portable device applications, to extend geographic reach further, and while professionals and service providers find the Institute's website useful and refer members of the public to it, suggestions for improving the website to be more user-friendly were made.

- The Institute could conceivably increase partnerships, collaborations, and coordination with other organizations, and specifically, program leads could seek greater involvement of experts in certain areas.

- The conference is perceived as fostering very useful information exchange and networking, but key informants mentioned that the cost of attending can be a limitation. Hence, a way to subsidize travel for more participants or a way to further disseminate the information from the conference would be appreciated.

Finally, two types of unexpected impacts emerged from the evaluation. Firstly, the Institute has been very responsive to the priorities of the Government of Saskatchewan and this is seen as a "win-win." However, the Institute's reputation for being responsive and nimble has heightened expectations. It can be positive or negative. It may yield new funding to fill gaps or to develop programs or resources in new areas. However, it can lead to priorities that are not traditionally part of the Institute's mandate, and cause undue stretching of capacity and resources, in particular in times of fiscal austerity.

Secondly, the fact that the Institute is the lead on the national FASD Mentoring Project is viewed as an unexpected outcome for an organization with a provincial mandate, and is perceived as stemming from the Institute's reputation for quality programs and resources in this area.

Recommendations

1) Still perceived by some as Saskatoon and Regina focused, the Institute should continue to increase its reach geographically, especially in northern Saskatchewan. To that end, it should continue to emphasize partnerships, the use of technology, a physical presence when possible, the translation of resources - specifically in Indigenous languages -, as well as the "train the trainers" approach where appropriate.

2) This evaluation does not identify significant gaps or point to entirely new areas for the Institute, and confirms that the Institute should continue with its multi-pronged approach to identify needs and gaps. It does indicate that the Institute should consider filling gaps primarily by seeking new partners, thus continuing to minimize overlap and possibly also increasing the diversification of funding sources. However, the evaluation underscores the risk of going beyond the Institute's mandate, and of adding projects and project funding beyond the level that can reasonably be sustained by core resources. The recent decrease in core funding and staff has heightened the latter.

3) The Institute should put greater emphasis on outreach to and networking with non-users in the professionals and service provider category - especially since a significant proportion of the public is reached via that category. This could be accomplished specifically by increasing the Institute's presence at conferences and events where these potential users convene (e.g. in primary care, physicians' or nurses' conferences, as well as conferences for obstetricians, pediatricians, and social workers).

4) Another recommendation emerging from this evaluation is the intensification and diversification of the use of social media channels, and having strategies specific to the partner and professional clientele, versus the general public, to increase awareness and reach, including increasing traffic to the web site and existing web based resources. The Institute should consider dedicating resources specifically to this, both at a corporate communications level as well as within program areas.

1.0 Introduction

The Saskatchewan Prevention Institute (hereafter "the Prevention Institute" or "the Institute") engaged PRA to conduct an evaluation of its programs and services. The two primary goals of the evaluation were to 1) identify the impact of the Institute's programs and services across Saskatchewan, and 2) identify relevant needs in Saskatchewan that are not being met through the Prevention Institute's programs and services. The evaluation focussed on programs and services offered over the past five years (i.e., fiscal years 2013-14 to 2017-18).

2.0 Evaluation strategy

Specific evaluation questions were developed in order to address the dual goal of the evaluation. They were incorporated into the evaluation matrix (Appendix A), along with indicators and data sources. Data collection methods and sources are briefly described below.

2.1 Document and data review

The document and data review included the following elements:

- strategic planning;
- activity reports;
- terms of reference for advisory groups;
- literature reviews, need assessments, evidence summaries for specific programs/services;
- performance reporting at the program/service level; and
- evaluations of individual programs or services or client satisfaction surveys.

2.2 Key informant interviews

In total, 36 key informants received an invitation, were referred or invited to take part by another key informant, or volunteered through the survey of stakeholders. A total of 20 interviews were conducted with 30 individuals across the categories in the table below.

Table 1: Key informant interviews, outcome by group

Key informant categories	Number of invitations and referrals from other KIs	Number of interviews completed	Number of interviewees
Management and staff	*7	5	9
Funders and partners	14	6	11
Other stakeholders	5	4	5
Users of programs and resources	6	5	5
Non-users	**4	0	0
Total	**36**	**20**	**30**

Notes:*Management and staff did not receive a formal invitation; they were informed of upcoming interviews by the Executive Director.
**Four survey respondents who identified as non-users volunteered to be interviewed. One responded to the invitation, but eventually declined to participate because of time constraints. The other three never responded to efforts to follow up.

2.3 Survey

Initially, invitations were sent via email to 3,354 potential survey respondents (based on sample provided by the Institute). They were encouraged to share the link with other stakeholders. Hence, it is not possible to determine how many in total received the link, nor calculate a response rate, for lack of a denominator. Among those who were invited directly, 399 invitations were undeliverable or associated with email addresses that were no longer valid. Two email reminders were sent, and ultimately, 471 stakeholders completed the survey.

Table 2: Survey outcome

Outcome	n
Directly invited	3,354
Email invitation was undeliverable	399
Forwarded invitation	Unknown
Completed the survey	**471**

Note: Survey conducted between February 26 and March 22, 2019.

3.0 Findings

This section presents the main findings for each of the questions in the matrix, under the three main categories of reach, effectiveness, and progress toward expected outcomes.

3.1 Reach

Key findings in this section:

Partnerships

- The Institute has developed a reputation for being receptive to partners' needs, for avoiding overlap, and for developing relevant programs to fill gaps and accessible resources for a variety of audiences.
- It is perceived as a credible, reliable partner by various levels of government and other partner organizations.

Awareness

- The Institute has devoted resources to raising public awareness regarding prevention, and marketing of specific programs and resources, which has been beneficial.
- In many cases, the first points of contact for children and families (e.g., community services, public health, mental health, and addictions) would have a stronger understanding of the programs and resources of the Institute; the further removed from direct service provision, the lower the awareness.
- That said, awareness is high among academic researchers, and post-secondary health and social work education programs.

Users and potential users

- The Institute's activities appear to have registered participants from a variety of locations and sectors, with heavy representation from government and other organizations in Regina and Saskatoon.
- The vast majority of users of programs and resources work in the healthcare sector, in health promotion, early child development, education, and social and human services.
- Potential users are not currently using the Institute's programs and resources because they were not aware of the programs or resources, or the topic areas are not relevant to their needs.

3.1.1 Partnerships

Documents and interviews confirm that the Prevention Institute was very much built on key partnerships. In fact, the Institute's first partners remain the core funders of its activities today, and several participate in priority setting via its Board of Directors or various committees. The Government of Saskatchewan has been a partner since 1980; so has the Kinsmen Telemiracle Foundation, while SaskAbilities has been a partner since 1984. It is worth noting that the Saskatchewan Association for Community Living was also a key partner for over 20 years (1980 to 2001).

The Institute's broader areas of focus and programming, such as in the areas of child traffic safety and FASD prevention, appear to have naturally evolved with the partnerships that it has established over time. Formal partnerships include:

- The Public Health Agency of Canada's Nobody's Perfect Parenting Program has been coordinated through the Institute since 1989, with funds provided by the Ministry of Social Services since 1996 (Saskatchewan Prevention Institute, 2018n).
- CAPC has been funded by the Public Health Agency of Canada since 1993 (Saskatchewan Prevention Institute, 2014a).
- The Child Injury Prevention Program has been funded by the Acquired Brain Injury Partnership Program since 1997. Funding is currently provided to the Child Injury Prevention Program in three-year funding agreements (Saskatchewan Prevention Institute, 2014b).
- The FASD Prevention Program (including YAP) has been funded by the Ministry of Health, Community Care Branch since 1997, and the Saskatchewan Liquor and Gaming Authority has also been a funding partner since 2000 (Saskatchewan Prevention Institute, 2016b).
- Since 2009, funding from SGI has supported one full-time position focussed on child passenger safety (Saskatchewan Prevention Institute, 2017a).
- Sexual and Reproductive Health programming has been funded by the Ministry of Health since 2010 (Saskatchewan Prevention Institute, 2016d).
- The Saskatchewan HIV Collaborative has benefitted from funding from the Ministry of Health's Population Health Branch for the Program Coordinator position since 2011 (Saskatchewan Prevention Institute, 2017a).
- The position of Provincial Tobacco Reduction Coordinator was funded by the Saskatchewan Ministry of Health from 2010-11 to 2015-16 (Saskatchewan Prevention Institute, 2016c).
- The Canadian FASD Mentoring Project has been funded via a three-year, $1.1 million grant from the Public Health Agency of Canada since 2017 (Saskatchewan Prevention Institute, 2018h).

Among partners and funders who were interviewed, there is a sense that by emphasizing partnerships, the Institute has developed a reputation for being receptive to partners' needs, for avoiding overlap, and for developing relevant programs to fill gaps and accessible resources for a variety of audiences; and is perceived as a credible, reliable partner by various levels of

government and other partner organizations.

3.1.2 Awareness of the Institute

General awareness of the Institute

Key informants agree that the Institute has devoted resources to raising public awareness regarding prevention, and marketing of specific programs and resources, which has been beneficial—from its awareness campaigns geared to the general public, to its biennial conference geared to professionals and other stakeholders. In many cases, the first points of contact for children and families (e.g., community services, public health, mental health, and addictions services) would have a stronger understanding of the programs and resources of the Institute; the further removed from direct service provision the lower the awareness (as interaction tends to be with partner organizations). Still, some indicated that the Institute is not sufficiently present at various events for some of the targeted professionals, even in primary care (e.g., physicians' or nurses' conferences), and should be present at conferences for obstetricians, pediatricians, and social workers as well.

Nonetheless, based on interviews, awareness of the Institute and its work is high among some professional users, among academic researchers, and post-secondary health and social work education programs, and the Institute enjoys an excellent reputation with a variety of stakeholders. However, awareness of the Institute's programs and resources varies across provincial government branches. In some instances, branches of government are not aware of the Institute, rather, they are only aware of a single program. One key informant estimated that the Prevention Institute is likely reaching only 30% of targeted professionals and sectors. No one else quantified the reach of the Institute.

Hard to reach populations

According to key informants, generally, the more rural or remote communities, and specifically Indigenous communities, are less aware of the Institute and less likely to be using programs and resources. In some instances, they are only aware of a single program or resource, or not aware it is provided by the Institute since it is delivered or disseminated via another organization. More specifically, it is possible that small organizations in some of the smaller communities, certain tribal councils, and some of the Indigenous communities under federal jurisdiction are not as aware of or connected to the Institute's programs and resources as others are.

Interviewees confirmed that the most difficult populations to reach are children, youth, young adults, and adults who are not already accessing healthcare, who have substance abuse issues or other lifestyle risk factors, or homelessness issues. They are the hardest to reach in general, for any type of health education or community service agency. Overcoming this challenge often requires the combined efforts of several agencies working with these groups to help disseminate information in the most effective and appropriate manner. Interviewees suggested that in order to reach more youth, it may be necessary to find better ways to reach high school teachers and counsellors who are frequently the ones having prevention conversations with youth (e.g., about substance abuse). Interviewees also underscored another population that is extremely difficult to reach: women living in trauma, during pregnancy and at the preconception stage.

Information and promotion efforts

Several of the Institute's programs circulate information or produce regular mail outs (electronic or hard copy). The survey results provide a glimpse of awareness based on information and resources received. Among the user category, 15% reported not receiving any of the resources listed in Table 3 or did not know if they did, but 72% reported receiving invitations to webinars, presentations, or training sessions/workshops, 59% received resources such as brochures, pamphlets, or fact sheets, and 36% reported receiving e-newsletters. Not surprisingly, 72% of non-users reported not receiving any of the resources or did not know if they did, while 14% reported receiving invitations to webinars, presentations, or training sessions/workshops, and 14% received e-newsletters, while 5% received resources such as brochures, pamphlets, or fact sheets, and 5% reported receiving other resources from the Institute.

Table 3: Resources received from the Prevention Institute or its programs
Q1. Do you or your organization receive any of the following from the Prevention Institute or its programs?

	Users		Non-user	
	Number of responses	(%)	Number of responses	(%)
Invitations to webinars, presentations, or training sessions (online or in-person), workshops	309	72%	6	14%
Resources such as brochures, pamphlets, or fact sheets	252	59%	2	5%
E-newsletter	153	36%	6	14%
Staff support, encouragement, training	9	2%	-	-
Calendar, events info, marketing info	5	1%	-	-
Google chat group, community of practice	2	0%	-	-
None of these	35	8%	13	30%
Other[1]	5	1%	2	5%
Do not know	32	7%	18	42%
Total	428	100%	43	100%

Note: Respondents could provide more than one answer; totals may sum to more than 100%.

[1] Several of the survey questions such as this one included response option categories as well as an open-ended "other, please specify" option. During the analysis and coding phase, the content of those "other" responses was coded either to existing categories on the survey, or new categories were created where appropriate, in order to minimize what is left under "other" in any given survey question.

Online reach

A significant portion of the Institute's resources are online—from webinars to downloadable resources, and how frequently these are accessed and by whom can serve as an indicator of the online reach of the organization. Table 6 presents a breakdown of all of the Institute's website sessions during the 2017-18 fiscal year, by province and territory of the user (the individual who initiated the session). Unsurprisingly, about three-quarters (74%) of the Institute's website sessions were initiated by users located in Saskatchewan. It is also worth mentioning that 7% of the sessions originated from users in Québec, 7% from Alberta, and 6% from Ontario. Table 7 indicates the top ten cities from which users accessed the Institute's website. Saskatoon (27%), Regina (19%), and Prince Albert (7%) are the top three. More detail is provided in Section 3.2.1 regarding modes of dissemination.

Table 4: **Website sessions per province and territory (2017-18)**

	(n)	(%)
Saskatchewan	20,289	74%
Québec	1,953	7%
Alberta	1,903	7%
Ontario	1,769	6%
British Columbia	684	2%
Manitoba	443	2%
Nova Scotia	138	1%
New Brunswick	95	0.3%
Newfoundland and Labrador	83	0.3%
Prince Edward Island	38	0.1%
Yukon	24	0.1%
Northwest Territories	23	0.1%
Nunavut	18	0.1%
Other	1	-
Total	27,461	100%

Note: Percentage column may not sum to 100% due to rounding.
Source: (Saskatchewan Prevention Institute, n.d.-j)

Table 5: **Website sessions in Saskatchewan (2017-18)**

	(n=20,289)	(%)
Saskatoon	7,337	27%
Regina	5,311	19%
Prince Albert	1,912	7%
Melfort	949	3%
North Battleford	656	2%
Moose Jaw	656	2%
Yorkton	516	2%
Warman	215	1%
La Ronge	235	1%
Meadow Lake	234	1%

Source: (Saskatchewan Prevention Institute, n.d.-j)

Prevention Matters conference

One of the flagship activities of the Institute is the biennial Prevention Matters conference. According to interviews, the conference contributes to an increasing awareness of the Institute's programs and resources. While the general public is also welcome to attend, it focuses on healthcare professionals and other direct service providers. Participant survey results for the 2017 conference indicated five main categories of participants and, not surprisingly, service providers account for 52%. While participation fluctuated from 350 in 2013, to 300 in 2015, and 316 in 2017 (Saskatchewan Prevention Institute, 2013, 2015c, 2017), the conference remains popular among professionals and service providers.

Table 6: **Occupation of the participants to the 2017 Prevention Matters Conference**

	(%)
Worked as direct service provider (n=127)	52%
Worked in a First Nation Organization (n=69)	28%
Worked for CAPC (n=35)	14%
Worked in a health-related field (n=32)	13%
Students (n=4)	2%
Total	100%

Note: Participants could provide more than one answer; totals may sum to more than 100%.
Source: (Saskatchewan Prevention Institute, 2017e)

Most popular topics

Among those who *accessed* programs or resources, the following topic areas were the most frequently mentioned (Table 7): FASD prevention (45%), child traffic safety (e.g., car seats, bicycle safety, bike rodeo) (43%), child safety and injury prevention (including poison control) (40%), early childhood mental health (40%), child development (e.g., brain development, attachment, trauma), (39%), maternal mental health (38%), healthy parenting, including fathering (38%), and maternal, perinatal, and infant health (i.e., health of pregnant women and infants) (35%).

When asked to identify which ones they *used* the most, a similar pattern emerged, with the addition of the Nobody's Perfect Parenting Program as one of the most frequently mentioned topic areas (23%). See Table 8.

Table 7: Topic areas for which resources have been used (n=471)
Q2. Among the Prevention Institute's topic areas listed below, which areas have you or your organization accessed programs or resources from?

	Number of responses	(%)
None of the below	19	4%
FASD prevention	211	45%
Child traffic safety (e.g. car seats, bicycle safety, bike rodeo)	204	43%
Child safety and injury prevention, incl. poison control	188	40%
Early childhood mental health	187	40%
Child development (e.g., brain development, attachment, trauma)	182	39%
Healthy parenting, including fathering	178	38%
Maternal, perinatal, and infant health (i.e., health of pregnant women and infants)	165	35%
Sexual and reproductive health, Sexually Transmitted Infections (STI), including the "game" (STI Adventures)	129	27%
Nobody's Perfect Parenting Program	124	26%
Domestic violence awareness and prevention	124	26%
HIV and pregnancy	109	23%
Maternal and early childhood oral health	106	23%
Tobacco use prevention	91	19%
YAP program (i.e., alcohol and substance use among adolescents)	85	18%
CAPC	60	13%
Youth-led Community Health Grants Program, community grants	41	9%
Motivational interviewing (training)	9	2%
Other	9	2%
Do not know	23	5%
Prefer not to answer	1	<1%
Total	471	100%

Note: Respondents could provide more than one answer; totals may sum to more than 100%.

Table 8: Topic areas for which resources were the most used since 2013-14
Q3. Among the topic areas that you have indicated previously, which are the three areas that you have accessed programs or resources from the most since 2013-14?

	Number of responses	(%)
FASD prevention	70	30%
Child traffic safety (e.g., car seats, bicycle safety, bike rodeo)	48	21%
Child safety and injury prevention, incl. poison control)	41	18%
Early childhood mental health	61	26%
Child development (e.g., brain development, attachment, trauma)	56	24%
Healthy parenting, including fathering	59	25%
Maternal, perinatal, and infant health (i.e., health of pregnant women and infants)	66	28%
Sexual and reproductive health, Sexually Transmitted Infections (STI), including the "game" (STI Adventures)	30	13%
Nobody's Perfect Parenting Program	53	23%
Domestic violence awareness and prevention	24	10%
HIV and pregnancy	14	6%
Maternal and early childhood oral health	7	3%
Tobacco use prevention	9	4%
YAP program (i.e., alcohol and substance use among adolescents)	16	7%
CAPC	22	9%
Youth-led Community Health Grants Program/community grants	10	4%
Maternal mental health	69	30%
Other	5	2%
Do not know	12	5%
Prefer not to answer	1	<1%
Total	233	100%

Note: Respondents could provide more than one answer; totals may sum to more than 100%.

3.1.3 Users of the programs and resources

Based on documentation, the Prevention Institute's program activities appear to have participation from numerous cities and communities across Saskatchewan and, not surprisingly, in many cases there is heavy representation from Regina and Saskatoon (which account for approximately 45% of the population on Saskatchewan). While participants belong to a variety of sectors, they hail mostly from the following: health service providers and health authorities; early learning sector; schools, high schools, and universities; children/youth-focussed organizations; governments; tribal councils and Indigenous organizations; and various community service organizations.

Of the 471 stakeholders who completed the survey, 428 were users and 43 were not users of programs and resources. Results show that non-users do not differ from users in any meaningful way in terms of their distribution by sector, profession/role, location, or principal work area. Where they do differ somewhat is in the populations they serve.

The vast majority of respondents associated with the following sectors: healthcare (40%), education (35%), health promotion (34%), early child development (32%), and social and human services (30%). Other sectors are identified in Table 9. As for profession or role, 19% identified as program administrator or coordinator (program manager/director/supervisor), 10% as educator, 8% as nurse/public health nurse, 7% as family support worker, 6% as health educator, another 6% as social worker, and 5% as police officer. Other professions or roles are indicated in Table 10.

Table 9: Respondents' sector of operation (n=471)
Q13. Among the following sectors, which ones best describe your organization?

	Number of responses	(%)
Healthcare	186	40%
Education	164	35%
Health promotion	159	34%
Early child development	149	32%
Social and human services	141	30%
Government, policy	56	12%
Justice or corrections	35	7%
Non-profit/NGO	7	2%
Business	5	1%
Law enforcement/police	4	1%
Evaluation, consulting, research	4	1%
Emergency services	2	<1%
Safety/injury protection	2	<1%
Advocacy	2	<1%
Cross-sectoral	2	<1%
Other	23	5%
Prefer not to answer	9	2%
Total	471	100%

Note: Respondents could provide more than one answer; totals may sum to more than 100%.

Table 10: Respondents' professions or roles (n=471)
Q14. Among the following professions or roles, which one best describes you?

	(n)	(%)
Program administrator or coordinator (program manager/director/supervisor)	87	19%
Educator	45	10%
Nurse/public health nurse	38	8%
Family support worker	31	7%
Health educator	30	6%
Social worker	28	6%
Police officer	24	5%
Counsellor	19	4%
Maternal and child health worker	16	3%
Community support worker (FASD, student support worker)	15	3%
Researcher or academic	12	3%
Other healthcare (health administration)	11	2%
Outreach worker (settlement worker)	9	2%
Policy-maker	9	2%
First responder (firefighter, paramedic)	9	2%
Executive Director	8	2%
Consultant, analyst	7	2%
None—volunteer, parent	6	1%
Physician	6	1%
Nurse practitioner	5	1%
Insurance related (adjustor, car seat technician)	5	1%
Addictions worker	4	1%
Case manager	4	1%
Dietician/nutritionist	4	1%
Early childhood interventionist	4	1%
Home visitor	4	1%
Librarian	3	1%
Psychologist	3	1%
Other social service	1	<1%
Other	8	2%
Prefer not to answer	16	3%
Total	471	100%

Note: Percentage totals may not sum to 100% due to rounding.

As indicated in Table 11, a vast majority of the user category indicated that they work with the following populations: families (71%), infants/young children (58%), school age children (53%), youth (52%), postnatal women (51%), prenatal women (50%), men (39%), and preconception women (31%). Other populations are identified in Table 11. When compared to users, results are similar for non-users, although proportions are slightly different, including a greater proportion under "other" and "prefer not to answer." A smaller proportion of non-users report focusing on the following populations: families (49%), infants/young children (44%), school age children (42%), postnatal women (30%), prenatal women (28%), men (28%), and preconception women (26%). Also, 5% reported focusing on seniors, compared to 1% among the user category.

Table 11: Respondents' client populations
Q15. What population(s) do you work with?

	Users (n=428)		Non-users (n=43)	
	Number of responses	(%)	Number of responses	(%)
Families	304	71%	21	49%
Infants/young children	249	58%	19	44%
School age children	228	53%	18	42%
Youth	221	52%	21	49%
Postnatal women	218	51%	13	30%
Prenatal women	215	50%	12	28%
Men	167	39%	12	28%
Preconception women	134	31%	11	26%
Prefer not to answer	13	3%	4	9%
Service providers	11	3%	1	2%
Other	10	2%	3	7%
Adults/general public	7	2%	-	-
Seniors/elders/geriatrics	6	1%	2	5%
Everyone/all ages	6	1%	-	-
FASD related	3	1%	-	-
Newcomers	2	1%	-	-
People with disabilities	2	1%	-	-
Aboriginal/Indigenous people	2	1%	-	-
None	1	<1%	2	5%
Total	428	100%	43	100%

Note: Respondents could provide more than one answer; totals may sum to more than 100%.

Almost half (46%) of respondents work primarily in an urban area (10,000 population or more), while 31% work in a rural area (less than 10,000 population). Twelve percent work primarily at a First Nations community or on reserve, and 5% work on a "province-wide" basis (Table 15). More detail on province, territory or parts within Saskatchewan is provided in Table 13.

Table 12: Respondents' location of work
Q16. In what part of Saskatchewan do you work?

	(n)	(%)
Central Saskatchewan (East Central)	174	37%
Southern Saskatchewan (South East)	143	30%
Northern Saskatchewan (North East, North Central)	92	20%
All Saskatchewan	19	4%
Lloydminster	3	1%
Saskatoon	2	<1%
North Battleford, Battlefords	2	<1%
Alberta	5	1%
British Columbia	2	<1%
Manitoba	2	<1%
Ontario	2	<1%
Yukon, NWT	3	1%
Other province	5	1%
Other	4	1%
Don't know	1	<1%
Prefer not to answer	12	3%
Total	471	100%

Notes: Percentage totals may not sum to 100% due to rounding.
Regions (e.g., "Central Saskatchewan") were not defined on the questionnaire.
Although the question focussed on parts of Saskatchewan, respondents also indicated other provinces and territories.

Table 13: Respondents' principal work area
Q17. Which best describes your principal work area?

	(n)	(%)
Urban (10,000 or more)	218	46%
Rural (less than 10,000)	147	31%
First Nations community, on reserve	57	12%
Province-wide/all of the above	24	5%
Other	9	2%
Prefer not to answer	16	3%
Total	471	100%

Note: Percentage totals may not sum to 100% due to rounding.

Finally, survey respondents who indicated they were not users of the Institute's programs or resources were asked about the main reasons for this. The reasons cited most frequently were that they were not aware of the programs or resources (42%), and that the topic areas are not relevant to their needs (12%). Insights are limited, since 35% (15 out of 43) indicated they did not know why or did not answer the question.

Table 14: Main reasons why organizations do not use the Prevention Institute's programs or resources (n=43)
Q4a. What are the main reasons why you or your organization have not used any of the Prevention Institute's programs or resources within the topic areas listed previously?

	Number of responses	(%)
Not aware of them	18	42%
Topic areas are not relevant to my/our needs	5	12%
Not a frontline provider	2	5%
Not easily accessible	2	5%
The way in which information is provided does not meet my/our needs	1	2%
Not timely	1	2%
Do not know	13	30%
No answer	2	5%
Total	43	100%

Note: Respondents could provide more than one answer; totals may sum to more than 100%.

3.2 Effectiveness

Key findings in this section:

Usefulness of programs and resources

- The Institute's programs and resources are considered appropriate and timely because they are based on thorough research (i.e., based on best practices, and/or the latest evidence in the literature).
- Annual reports indicate high levels of satisfaction among users.
- Based on the survey, specific resources are particularly useful, mostly in the area of child development, child safety and injury prevention, maternal mental health, and early childhood mental health, FASD prevention, and child traffic safety.
- Website statistics indicate that child development and safety resources were among the most used programs or resources, in addition to resources on sexual health, alcohol/FASD, and those related to pregnancy.
- Various modes of dissemination are popular. The number of print resources has dramatically declined over the past four years, but the popularity of print resources is still quite high, as is the popularity of in-person presentations, trainings, or workshops for professionals and service providers; in addition to electronic resources for download; and online presentations, trainings, or workshops for professionals and service providers.
- In-person presentations, trainings, or workshops for the general public are also seen as particularly useful; as are DVDs/videos; followed by online presentations, trainings, or workshops for the general public; in-person round tables; and online discussion groups.
- Some naturally expect the Institute to make greater use of social media in the future.

Distinguishing characteristics

- The organization takes a broad approach to prevention—awareness, education, and support—and focuses on both professionals/service providers and the general public.
- The Institute's programming and resources are based on ongoing assessments of needs; there is a culture of innovation, of collaboration and seeking stakeholders' input; they have a robust evaluation program; staff have a willingness to learn and adapt; they have developed an excellent reputation for evidence-based programs, in addition to a focus on knowledge transfer.

Strengths

- The majority of participants believe the Institute's programs and resources are unique from activities carried out by other organizations, that the staff create linkages with other organizations, and that programs and resources are complementing activities carried out by others.
- There is some perceived duplication or overlap:
    - in motivational interview training;
    - with prenatal programs and resources, with the Ontario-based Best Start programs;
    - HIV awareness, with community-based organizations;
    - between the activities of SGI, police services, and the Institute with regard to traffic safety campaigns; and
    - between the work of the Institute, the Canada Fetal Alcohol Spectrum Disorder Research Network (CanFASD), and the Saskatchewan FASD Network.

Weaknesses

- Although the Institute has made a conscious effort to connect to media outlets and more recently to use social media platforms, it needs a communication or a marketing specialist.
- The Institute should include more diversity in promotional material and resources.

3.2.1 Usefulness of programs and resources

Appropriateness, timeliness, and usefulness

Interviews confirm that the Institute's programs and resources are appropriate because they are based on thorough research (i.e., based on best practices, and/or the latest evidence in the literature). For similar reasons, the Prevention Matters conference is perceived as very useful (i.e., because speakers typically provide information based on best practices and the latest literature, and are often very forward thinking).

Resources are also perceived as very timely by key informants. One recent example, although outside of the review period, is the content related to cannabis consumption that was incorporated into programs and resources shortly following legalization, which was precisely when professionals and service providers were looking for more information and guidance. Key informants also indicated that the Institute provides timely access to resources. The website provides quick and easy access to resources for professionals and service providers, whether they need to order or download them, and the turnaround time is short from order to delivery. They also mentioned timely access to staff for further information, with calls returned practically immediately in some cases, and other times within 24 hours.

Survey results confirm the more general positive perception of appropriateness and timeliness expressed in interviews. More specifically, survey results indicate that programs and resources are considered appropriate to a moderate or great extent across all topic areas (87% to 97%), with the exception of tobacco use prevention, where a little over half [2](58%) of the 12 respondents indicated they are appropriate to a moderate or great extent (Table 15).

Table 15: Users' perceived appropriateness of programs and resources
Q5_1. Relative to your or your organization's needs, to what extent is … appropriate?

	Great extent		Moderate extent		Some extent		Not at all		Don't know		N/A		Total	
	n	%	n	%	n	%	n	%	n	%	n	%	n	%
Child traffic safety (e.g., car seats, bicycle safety)	105	83	16	13	3	2	-	-	3	2	-	-	127	100
FASD prevention	81	75	22	20	4	4	-	-	1	1	-	-	108	100
Maternal mental health	66	80	11	13	2	2	-	-	3	4	1	1	83	100
Child safety and injury prevention	64	80	12	15	3	4	-	-	1	1	-	-	80	10
Early childhood mental health	49	63	19	24	6	8	-	-	4	5	-	-	78	100
Maternal, perinatal, and infant health (i.e., health of pregnant women and infants)	57	73	19	24	2	3	-	-	-	-	-	-	78	100
Child development (e.g., brain development, attachment, trauma)	54	69	16	21	6	8	-	-	1	1	1	1	78	100
Healthy parenting, including fathering	47	69	14	21	7	10	-	-	-	-	-	-	68	100
Nobody's Perfect Parenting Program	46	75	11	18	-	-	-	-	3	5	1	2	61	100
Sexual and reproductive health	34	67	10	20	4	8	1	2	2	4	-	-	51	100
Domestic violence awareness and prevention	20	57	11	31	-	-	-	-	3	9	1	3	35	100

[2] Survey respondents were prompted to select the top three topic areas where they have used programs and resources are the most (see Table 9) prior to rating their appropriateness, usefulness, and timeliness. Hence, the number of respondents that provided ratings vary for each topic area. Tables in this section were sorted according to the total n column.

Table 15: Users' perceived appropriateness of programs and resources
Q5_1. Relative to your or your organization's needs, to what extent is … appropriate?

	Great extent		Moderate extent		Some extent		Not at all		Don't know		N/A		Total	
	n	%	n	%	n	%	n	%	n	%	n	%	n	%
YAP program (i.e., alcohol and substance use among adolescents)	22	67	8	24	1	3	-	-	1	3	1	3	33	100
HIV and pregnancy	22	76	4	14	3	10	-	-	-	-	-	-	29	100
CAPC	20	71	7	25	-	-	-	-	1	4	-	-	28	100
Youth-led Community Health Grants Program	14	78	2	11	1	6	-	-	-	-	1	6	18	100
Other	12	86	2	14	-	-	-	-	-	-	-	-	14	100
Tobacco use prevention	6	50	1	8	4	33	-	-	1	8	-	-	12	100
Maternal and early childhood oral health	8	73	2	18	-	-	-	-	1	9	-	-	11	100
Notes: Percentage totals may not sum to 100% due to rounding.														

Programs and resources are considered timely to a moderate or great extent across most topic areas (81% to 91%), with the exception of three (italicized in Table 16):

- Early childhood mental health, where 79% indicated to a moderate or great extent (total n=78);
- Domestic violence awareness and prevention, where 77% indicated to a moderate or great extent (total n=35); and
- Tobacco use prevention, where 59% indicated they are timely to a moderate or great extent, and 25% to some extent (total n=12).

Table 16: Users' perceived timeliness of programs and resources
Q5_3. Relative to your or your organization's needs, to what extent is … timely?

	Great extent		Moderate extent		Some extent		Not at all		Don't know		N/A		Total	
	n	%	n	%	n	%	n	%	n	%	n	%	n	%
Child traffic safety (e.g., car seats, bicycle safety)	91	72	24	19	6	5	-	-	5	4	1	1	127	100
FASD prevention	74	69	17	16	10	9	-	-	3	3	4	4	108	100
Maternal mental health	59	71	16	19	2	2	-	-	4	5	2	2	83	100
Child safety and injury prevention	50	63	20	25	5	6	-	-	4	5	1	1	80	100
Early childhood mental health	*43*	*55*	*19*	*24*	*10*	*13*	-	-	*4*	*5*	*2*	*3*	*78*	*100*
Maternal, perinatal, and infant health (i.e., health of pregnant women and infants)	49	63	20	26	4	5	-	-	5	6	-	-	78	100
Child development (e.g., brain development, attachment, trauma)	46	59	16	21	9	12	-	-	5	6	2	3	78	100
Healthy parenting, including fathering	34	50	21	31	9	13	-	-	-	-	-	-	68	100
Nobody's Perfect Parenting Program	42	69	11	18	2	3	-	-	5	8	1	2	61	100
Sexual and reproductive health	33	65	11	22	3	6	-	-	4	8	-	-	51	100
Domestic violence awareness and prevention	*15*	*43*	*12*	*34*	*2*	*6*	-	-	*4*	*11*	*2*	*6*	*35*	*100*
YAP program (i.e., alcohol and substance use among adolescents)	21	64	8	24	1	3	-	-	2	6	1	3	33	100
HIV and pregnancy	19	66	7	24	2	7	-	-	1	3	-	-	29	100
CAPC	19	68	7	25	1	4	-	-	1	4	-	-	28	100
Youth-led Community Health Grants Program	13	72	3	17	-	-	1	6	-	-	1	6	18	100
Tobacco use prevention	*5*	*42*	*2*	*17*	*3*	*25*	-	-	*1*	*8*	*1*	*8*	*12*	*100*
Maternal and early childhood oral health	9	82	1	9	-	-	-	-	1	9	-	-	11	100
Other	11	79	1	7	2	14	-	-	-	-	-	-	14	100
Notes: Percentage totals may not sum to 100% due to rounding.														

Most useful programs or resources

As for what users have found most useful in meeting their needs, annual reports for each of the Institute's programs indicate high levels of satisfaction, including for the biennial conference. Based on evaluation reports, all the programs seem to have been useful in meeting users' needs.

As indicated in Table 17, more than three-quarters (78%) of survey respondents who have used the Institute's programs and resources indicated that there are specific resources that they have found particularly useful. In line with the topic areas where greater awareness and reach were noted (discussed in Section 3.1), users most frequently mentioned resources in the following areas as particularly useful in the last five years: child traffic safety (e.g., car seats, bicycle safety) (36%), FASD prevention (27%), child development (25%), child safety and injury prevention (23%), maternal mental health (20%), and early childhood mental health (20%) (Table 18).

Indeed, a few of the key informants who use programs and resources in the area of FASD underscored the fact that the motivational interviewing training and the FASD prevention information and supports are very useful in their own work or more broadly for their agency. The maternal mental health guide is also perceived as very useful, as are the sexual health development tools (e.g., for teens, regarding early pregnancy). The latter was also mentioned by survey respondents (16%) as a particularly useful topic area. Other specific resources that were mentioned by key informants include the postpartum depression review and resources on gestational weight gain.

Table 17: Extent to which users found programs or resources particularly useful (n=428)
Q6A. Are there specific Prevention Institute programs or resources that you or your organization have found particularly useful over the last five years?

	(n)	(%)
No	14	3%
Yes	332	78%
Do not know	82	19%
Total	428	100%

Notes: Percentage totals may not sum to 100% due to rounding.

Table 18: Topic areas that users found particularly useful over the last five years (n=332)
Q6B. In which topic areas?

	Number of responses	(%)
Child traffic safety (e.g., car seats, bicycle safety)	120	36%
Fetal Alcohol Spectrum Disorder (FASD) prevention	91	27%
Child development (e.g., brain development, attachment, trauma)	83	25%
Child safety and injury prevention	75	23%
Maternal mental health	67	20%
Early childhood mental health	65	20%
Healthy parenting, including fathering	63	19%
Maternal, perinatal, and infant health (i.e., health of pregnant women and infants)	61	18%
Nobody's Perfect Parenting Program	61	18%
Sexual and reproductive health	54	16%
HIV and pregnancy	41	12%
Domestic violence awareness and prevention	34	10%
Community Action Program for Children (CAPC)	31	9%
Youth Action for Prevention (YAP) program (i.e., alcohol and substance use among adolescents)	30	9%
Maternal and early childhood oral health	29	9%
Tobacco use prevention	26	8%
Youth-led Community Health Grants Program	17	5%
Motivational interviewing	5	2%
Addictions/substance abuse	1	<1%
Other	5	2%
None of the below	3	1%
Prefer not to answer	1	<1%
Total	332	100%

Note: Respondents could provide more than one answer; totals may sum to more than 100%.

In terms of rating the usefulness of programs and resources that they used the most (Table 19), between 86% and 97% of survey respondents indicated that resources were useful to a moderate or great extent across all topic areas. The exception was tobacco use prevention, where 59% indicated that they are useful to a moderate or great extent, and 25% to some extent (total n=12).

Table 19: Users' perceived usefulness of programs and resources
Q5_2. Relative to your or your organization's needs, to what extent is … useful?

	Great extent		Moderate extent		Some extent		Not at all		Don't know		N/A		Total	
	n	%	n	%	n	%	n	%	n	%	n	%	n	%
Child traffic safety (e.g., car seats, bicycle safety)	100	79	21	17	4	3	-	-	2	2	-	-	127	100
Fetal Alcohol Spectrum Disorder (FASD) prevention	83	77	19	18	6	6	-	-	-	-	-	-	108	100
Maternal mental health	61	74	16	19	2	2	-	-	3	4	1	1	83	100
Child safety and injury prevention	62	78	14	18	3	4	-	-	1	1	-	-	80	100
Early childhood mental health	47	60	21	27	7	9	-	-	3	4	-	-	78	100
Maternal, perinatal, and infant health (i.e., health of pregnant women and infants)	55	71	18	23	5	6	-	-	-	-	-	-	78	100
Child development (e.g., brain development, attachment, trauma)	51	65	16	21	9	12	-	-	1	1	1	1	78	100
Healthy parenting, including fathering	39	57	21	31	8	12	-	-	-	-	-	-	68	100
Nobody's Perfect Parenting Program	46	75	12	20	-	-	-	-	2	3	1	2	61	100
Sexual and reproductive health	34	67	10	20	5	10	-	-	2	4	-	-	51	100
Domestic violence awareness and prevention	19	54	12	34	-	-	-	-	3	9	1	3	35	100
Youth Action for Prevention (YAP) program (i.e., alcohol and substance use among adolescents)	22	67	8	24	1	3	-	-	1	3	1	3	33	100
HIV and pregnancy	20	69	7	24	2	7	-	-	-	-	-	-	29	100
Community Action Program for Children (CAPC)	22	79	5	18	-	-	-	-	1	4	-	-	28	100
Youth-led Community Health Grants Program	14	78	2	11	1	6	-	-	-	-	1	6	18	100
Tobacco use prevention	5	42	2	17	3	25	1	8	1	8	-	-	12	100
Maternal and early childhood oral health	9	82	1	9	-	-	-	-	1	9	-	-	11	100
Other	11	79	3	21	-	-	-	-	-	-	-	-	14	100

Notes: Percentage totals may not sum to 100% due to rounding.

Barriers and challenges

Some of the populations that are harder to reach and are thus less likely to be aware of the Institute's resources were discussed previously (Section 3.1.2). Based on documents and interviews, there are also barriers or factors that limit the ability of target populations to access programs or resources. One of those barriers is the limited ability to reach the target audience due to limited resources, for example, in situations where the number of staff is not sufficient to meet the demand for a given type of service or training (e.g., the number of available Children's Restraint Technicians, or the number of Nobody's Perfect Program trained facilitators), or staff cannot travel to all of the communities that could benefit from a given program, especially the more remote communities. In addition, while the Institute may need to recover some of the costs associated with developing programs or distributing resources, the cost associated with some of the resources was mentioned as a potential barrier for some of the smaller organizations and communities.

Key informants also indicated that Internet access in some parts of the province is poor, which compounds the issue of remoteness, and constitutes a barrier to access for frontline workers and members of the public. They also indicated that, although the Institute has made strides, language and culture are still barriers for access to programs and resources, specifically for Indigenous communities in the northern part of Saskatchewan.

Preferences regarding modes of dissemination

The Prevention Institute uses a variety of modes of disseminations across its programs and services. Based on survey results, various modes are popular. The popularity of print resources is still quite high (hard-copy print resources; 59%), as is the popularity of in-person presentations, trainings, or workshops for professionals and service providers (61%), in addition to electronic resources for download (e.g., fact sheets, reports, manuals, guides; 52%) and online presentations, trainings, or workshops for professionals and service providers (45%). Also seen as particularly useful are partnerships and collaborations (mentioned by 26% of respondents); in-person presentations, trainings, or workshops for the general public (26%); and DVDs/videos (20%); followed by online presentations, trainings, or workshops for the general public (16%); in-person round tables (15%); and online discussion groups (5%).

Table 20: Programs or resource delivery modes that users found particularly useful over the last five years (n=428)
Q7. Which program or resource delivery mode(s) have you or your organization found useful over the last five years?

	Number of responses	(%)
In-person presentations, trainings, or workshops for professionals and service providers	259	61%
Hard copy print resources (e.g., information cards, brochures, posters, and booklets)	254	59%
Electronic resources for download (e.g., fact sheets, reports, manuals, guides)	224	52%
Online presentations, trainings, or workshops for professionals and service providers	192	45%
Partnerships and collaborations	110	26%
In-person presentations, trainings, or workshops for the general public	109	26%
DVDs, videos	87	20%
Online presentations, trainings, or workshops for the general public	67	16%
In-person round tables	63	15%
Online discussion groups	23	5%
Grants	3	1%
Conference related	2	1%
Other	6	1%
Do not know	10	2%
Prefer not to answer	3	1%
Total	428	100%

Note: Respondents could provide more than one answer; totals may sum to more than 100%.

According to documents from the Institute, the number of distributed print resources has dramatically declined over the past four years. While 126,626 copies had been distributed in 2013-14, only 73,371 were distributed in 2016-17. This represents a decrease of about 42%. It is not clear whether this is related to a lack of interest for print resources—which is somewhat contrary to what was expressed on the survey and in interviews—or whether the Institute intentionally distributed fewer copies.

Table 21: Print resource distribution for all programs (2013-17)

	2013-14	2014-15	2015-16	2016-17
Aboriginal parenting	442	244	230	76
Attachment	62	26	50	2
CAPC	0	0	0	0
Corporate	0	68	90	311
Child Injury	28,811	16,177	15,308	11,846
Early Childhood Mental Health	18,507	21,301	13,113	6,146
Environmental Tobacco Smoke	2,845	1,317	631	1,577
FASD	29,372	16,749	21,259	18,623
Parenting	6,367	3,772	3,883	3,587
PIH	28,621	32,582	39,712	10,330
Sexual and Reproductive Health	11,235	13,945	24,573	20,873
Total	**126,262**	**106,184**	**118,849**	**73,371**

Sources: (Saskatchewan Prevention Institute, n.d.-a, n.d.-b, n.d.-c, n.d.-d)

Website statistics give an additional indication regarding what users have been using and/or distributing the most. Table 24 presents the number of resources that users have requested from the Institute. During fiscal year 2017-18, the following topics ranked highest: sexual health, alcohol and FASD, pregnancy, child development, and safety. These topics are related to several programs, namely the SRH Program, the FASD Prevention Program, the YAP Program, the PIH Program, the Child Injury Prevention Program, and the Child Traffic Safety Program.

Table 22: Number of resources accessed by program users (2017-18)

Topic	Quantity requested*
Sexual health	31,456
Alcohol, FASD	28,670
Pregnancy	25,109
Child development	15,632
Safety	10,446
Mental health	8,637
Infants	4,874
Oral health	3,792
Parenting	2,534
Domestic violence	1,864
Tobacco	976

*Most resources provide information on more than one topic. Some resources are counted more than once.
Source: (Saskatchewan Prevention Institute, n.d.-e)

Table 25 presents the 15 most visited pages of the website in 2017-18, and thus, by extension, the most popular. Online resources on the 2017 Prevention Matters Conference, safety, parenting, sexual health, and pregnancy have been of particular interest to website users. While the Prevention Matters Conference is a standalone event, other resources are related to several programs, namely the Child Injury Prevention Program, the Child Traffic Safety Program, the Nobody's Perfect Program, and the Healthy Parenting Home Study.

Table 23: The 15 most visited pages (2017-18)

Topic	Page title	Views
Prevention Matters Conference	Prevention Matters Conferences 2017	4,015
Safety	Booster Seats	3,396
Parenting	Sacred Children Facilitator's Guide	1,541
Sexual Health	STIs	1,037
Pregnancy	Your Pregnancy Month by Month	1,032
Parenting	Nobody's Perfect Parenting Program	901
Training & Professional Development	Trainings	831
Sexual Health	Sexual Health	802
Training & Professional Development	Professional Development	668
Alcohol, FASD	YAP	642
Safety	Bike and Wheel Safety	637
Pregnancy	Pregnancy	520
Safety	Passenger and Vehicle Safety	514
Conferences	Conferences	486
Alcohol/FASD	FASD	468

Source: (Saskatchewan Prevention Institute, n.d.-k)

In interviews, there was consensus that an effective strategic communication strategy should include a variety of means of dissemination and be adapted based on the characteristics of the audience for a program or resource. This may include raising public awareness through news items (i.e., via news channels and social media, direct communication to service providers or stakeholders through email). It could also include other forms of targeted dissemination to specific groups, such as direct service providers via their employers or professional associations (newsletters, workshops, conferences, etc.); to the public via direct service providers or community organizations (brochures, posters, information sessions, etc.); and directed promotion to segments of the public via social media and smartphone applications.

Interviews also provided insights specifically with regard to the usefulness of various modes of dissemination for professionals and service providers:

- **Webinars and online resource libraries are useful for many professionals**. Training webinars are useful for busy professionals, on some topics, and their usefulness depends on the speaker's expertise. Webinar archiving is also perceived as useful for busy professionals. In-person training workshops have the added benefit of fostering connections and expanding networks. They are not mutually exclusive. For very involved training, such as the motivational interviewing (MI) train-the-trainer program, a combination of in-person initial training with either in-person follow ups and/or an online community is optimal.
- **Email "blasts" are useful to disseminate brief news items**, updates on resources, or to announce events to a broader range of stakeholders who are for the most part already users of the Institute's programs and resources. According to a few users, documents such as syntheses and literature reviews are considered useful. Hyperlinks can be included in email blasts and other communication.

- **Access to both print and electronic information is important**. Government representatives and other users of the Institute's programs and resources underscored the importance of having access to both print and electronic information and resources for their own use, for further dissemination, and especially for direct service providers and community organizations they work with, who in turn share those resources within their organizations and with the public (and in some cases do not have the resources to print resources for distribution).

While multipronged strategies are underscored by key informants, interviews and documents indicate that various multimedia campaigns have taken place with varying levels of success. For example, the FASD Prevention Program launched the "This is Why" media campaign in 2017. It was essentially a large poster and web-based campaign. Men, who were the target population, were surveyed to gauge the visibility and impact of the campaign. Evaluation results suggest that most men had not seen the campaign (Saskatchewan Prevention Institute, 2018k).

While the Institute's website features more than 400 resources (Saskatchewan Prevention Institute, n.d.-g) for free or at a low cost (Saskatchewan Prevention Institute, 2018n), the data indicates that most website users did not stay long online (Table 25). Indeed, 64% of website sessions lasted between 0 and 10 seconds.

Table 24: Devices used per session (2017-18)

Type of device	(n)	(%)
Desktop computer	17,343	63%
Smartphone	8,976	33%
Tablet	1,142	4%
Total	27,461	100%

Source: (Saskatchewan Prevention Institute, n.d.-i)

Table 25: Website session duration (2017-18)

	0-10 seconds	11-30 seconds	31-60 seconds	61-180 seconds	181-600 seconds	601-1800 seconds	1801+ seconds	Total
(n)	17,498	1,497	1,454	2,604	2,540	1,517	351	27,461
(%)	64%	5%	5%	9%	9%	6%	1%	100%

Note: Percentage totals may not sum to 100% due to rounding.
Sources: (Saskatchewan Prevention Institute, n.d.-l)

Table 26: Videos watched (2017-18)

	(n)	(%)	Number of times
Videos played	75	100%	1,911
Videos watched at 50%	68	91%	541
Videos watched until the end	52	69%	208

Source: (Saskatchewan Prevention Institute, n.d.-m)

As indicated above, while two-thirds (67%) of users accessed the website via a laptop computer or a tablet, a third did so via smartphone (Table 24). Some key informants indicated that some of the online resources focused on younger segments of the public should be adapted for mobile devices or be paired with a smartphone application for both greater reach and ease of use. That said, they cautioned that Internet access can vary in more remote communities, hence the importance of print resources.

Not surprisingly, the Institute is increasingly using applications for smartphones and other mobile devices to reach youth and young adults. For example, the Keep It Safe Saskatchewan (KIS-SK) phone application lists 287 locations from across the province that offer STI testing and/or free contraceptives. The SRH Program annual report indicated that the majority of the people who had rated the app found it to be helpful or very helpful (Saskatchewan Prevention Institute, 2018l). The PIH Program is currently developing My Saskatchewan Pregnancy, a Saskatchewan prenatal software application aimed at high-risk mothers, providing Saskatchewan-specific and evidence-based information about pregnancy (Saskatchewan Prevention Institute, 2018f). Before developing this application, the Institute conducted a Round Table in 2016, and asked healthcare and support providers and researchers for their feedback. When asked about the electronic tools that would be used by clients, most service providers suggested a software application. Notably, the participants believed that the app should be free, feature a GPS function that would allow the user to view local events and resources, feature videos and pictures, and be ad-free (Saskatchewan Prevention Institute, 2016a).

3.2.2 Distinguishing characteristics

According to the survey results presented in Table 27[3], a majority of respondents indicated that, to a moderate or great extent, the Institute's programs and resources are unique from activities carried out by other organizations (67%), create linkages with activities carried out by other organizations (63%), and are complementing activities carried out by other organizations (69%). On the other hand, some respondents indicated that, to a moderate or great extent, programs and resources overlap with activities carried out by other organizations (36%), and that they duplicate activities carried out by other organizations (20%), while 26% indicated overlap to some extent, and 19% indicated no duplication at all.

Table 27: Perception on the distinguishing characteristics of the Prevention Institute's programs and resources (n=453)
Q8. To what extent are programs and resources delivered by the Prevention Institute…

	Percentage of respondents						
	Great extent	Moderate extent	Some extent	Not at all	Don't know	N/A	Total
… unique from activities carried out by other organizations, including government agencies?	34%	33%	12%	2%	17%	1%	100%
… creating linkages with activities carried out by other organizations, including government agencies?	33%	30%	14%	1%	21%	1%	100%
… complementing activities carried out by other organizations, including government agencies?	39%	30%	11%	1%	19%	1%	100%
… overlapping with activities carried out by other organizations, including government agencies?	10%	26%	26%	11%	27%	1%	100%
… duplicating activities carried out by other organizations, including government agencies?	4%	16%	31%	19%	29%	1%	100%

Notes: Percentage totals may not sum to 100% due to rounding.

[3] The results presented in this table include users and non-users of programs and resources; however, the number of non-users that responded to this five-part question is small (n=25) and between 17 and 19 of the 25 did not know or could not answer each of the parts.

Similarly, interviews indicated that the fact that the Institute is focused on: primary prevention of disabilities in children, Saskatchewan, and the needs in the province, and is a long established, non-profit organization—as opposed to a government or a health authority—is part of what makes it unique, makes it a trusted source of information, and a highly regarded partner.

Key informants added that few provinces address child health from a primary prevention lens, and that, in most cases, primary prevention is one of the responsibilities of a provincial or territorial government or a health authority, whereas a non-profit organization can be more nimble in addressing needs and gaps, and can be perceived as less biased than the former. They also added that other government and non-profit organizations focus on various aspects within child health, development, or safety, but the broader focus on the prevention of disabilities in children (i.e., incorporating some health, development, and safety aspects) is unique to the Institute and clearly calls for the collaboration and partnership approach that the organization has taken. Because the approach of the Institute is to work with funders to identify priorities, as well as stakeholders and communities to identify needs and gaps, the perception is that, consequently, all of its programs and resources are unique, and where they are not entirely unique, they include an explicit link to other existing resources on a related topic.

Survey results echo the same themes. In terms of what distinguishes the Institute's programs and resources from other organizations, the characteristics that were most frequently mentioned by respondents are the fact that they trust the research behind the material (18%); the products are unique and of high quality (18%); the training and materials are provided in a variety of formats (12%); and the Institute's staff include experts on a broad range of prevention topics, and they focus on partnerships (i.e., not all expertise is in-house; 12%). Interestingly, respondents also indicated that the Institute's programs and resources are distinguished by their accessibility and greater availability than those of other organizations (11% of respondents). Finally, 28% indicated that they did not know of distinguishing characteristics or had nothing for comparison.

Table 28: Main characteristics that distinguish the Prevention Institute's programs and resources from other organizations (n=358)
Q9. What are the main characteristics of the Prevention Institute's programs and resources that distinguish them from other organizations?

	Number of responses	(%)
Trusted research material	66	18%
Unique, quality products	66	18%
Training and materials provided in variety of formats	42	12%
Experts on a broad range of prevention topics, focus on prevention partnerships	41	12%
Accessibility, availability	38	11%
Staff—knowledgeable, helpful, provide support	28	8%
Focus—child safety training	19	5%
Free of charge, affordable	16	5%
Focus—maternal, child health	15	4%
Quick, efficient responses	12	3%
Focus—parenting, family focus	11	3%
Focus—children and youth	9	3%
Culturally responsive material	8	2%
Other	12	3%
Do not know, no one to compare to	100	28%
Prefer not to answer	68	19%
Total	358	100%

Note: Respondents could provide more than one answer; totals may sum to more than 100%.

Key informants estimated that anywhere from 75% to 95% of the Institute's resources are unique in the province, and indicated that some are unique in the country. Examples of unique programs or resources include:

- the relatively new prenatal software application, which is creating links within the community so that people can access services;
- the Nobody's Perfect training, which is unique in the province (a national program offered in Saskatchewan via the Institute);
- the motivational interviewing train-the-trainer program, which is also unique in Saskatchewan;
- the YAP project; the Institute works with youth to address issues that impact their health, including upstream factors related to alcohol consumption and sexual activity, such as hyper-masculinity and alcohol consumption, and includes a dedicated Northern Coordinator (the addition of this position occurred after the time period of the evaluation); and
- the integration of trauma-informed practice into several programs and resources.

Other strengths of the Institute that were underscored by several key informants are the excellent ability to create linkages; the thorough understanding of the various stakeholders in the province, and their respective roles and areas of specializations; and the staff's extensive networks that enable them to effectively connect in order to fulfill their mandate.

Complementarity, duplication, or overlap

Due to its focus on research, information, and training, the Institute's programs and resources are perceived as a natural, even necessary, complement to the work of several of their stakeholders, specifically on the frontline (i.e., professionals and other service providers who incorporate many of the Institute's resources into their work and would not otherwise have the resources to do the research or develop the products). The advisory committees are perceived as essential to help the Institute identify needs and gaps while continuing to ensure complementarity with other organizations, minimize overlap, and avoid duplication.

Like survey respondents, many key informants indicated that the Institute's programs and resources complement those provided by other organizations. In fact, they had difficulty distinguishing between complementarity and overlap, as they perceived some overlap as necessary if only to ensure complementarity. For example, although there are programs and resources developed by the Public Health Agency of Canada around FASD prevention, there has been a need for resources to be adapted and additional resources developed for Saskatchewan specifically, and the Institute has been addressing that.

Other examples of complementarity include:

- car seat safety resources, which have filled a void left by the federal government in this area and complement the work of SGI (the Institute distributes resources developed by SGI);
- prenatal resources, which are highly complementary to Health Canada's resources, and can be used in tandem;
- webinars and resources on cognitive disabilities and on child mental health, which are useful complements to other training for professionals who work in these areas because of the fact that they are short, easily accessible, and based on extensive research;
- resources on the prevention of disabilities, which are highly complementary to the work of SaskAbilities; and finally
- maternal mental health, sexual health and HIV, and child development resources, which have all been included as tools or as references in other organizations' programs.

While many key informants could not think of any areas of duplication or overlap, some examples were provided:

- Other agencies offer motivational interview training, but the demand is perceived as great in Saskatchewan, and the Institute and other agencies together can provide more opportunities for training.
- In terms of prenatal programs and resources, there is overlap between the Saskatchewan Prevention Institute and the Ontario-based Best Start programs. While the former offers resources adapted to the provincial context, the latter has greater capacity and an excellent reputation for high-quality resources. They are often used in tandem.
- The Institute has a smartphone application guiding one through Saskatchewan-specific and evidence-based information about pregnancy, while Health Canada has a web brochure on pregnancy month by month. The former is perceived as more comprehensive than the latter.
- In the area of HIV awareness, opportunities like World Aids Day sometimes bring about overlap with community-based organizations' awareness campaigns. For example, there can be different poster campaigns going on at the same time. While this is clearly duplication, a lot more effort is required to raise awareness of HIV for the foreseeable future, hence several organizations working toward the same goal is not necessarily negative.
- Although as previously mentioned there is complementarity, there is some duplication between the activities of SGI, police services, and the Institute with regard to traffic safety campaigns. SGI is the funder of the Institute's Child Traffic Safety Program, with SGI and the Institute working closely to minimize duplication. Raising awareness in this area also requires a lot of sustained effort.

Finally, there is a perception that there is a real risk of duplication between the research and the products of the Institute, CanFASD, and the Saskatchewan FASD Network. However, the Institute conducted an environmental scan to identify services in both rural and urban areas of the province (Saskatchewan Prevention Institute, 2018i), and also conducted another scan of available FASD primary prevention resources in Saskatchewan, Canada, and the United States (Saskatchewan Prevention Institute, 2015a). The conclusion was that most resources were offered through two organizations: the Saskatchewan Prevention Institute and the FASD Network. The FASD Network is a support-based agency that supports individuals

living with FASD and their families; hence the work of the two organizations is complementary. CanFASD is a national research network. The Institute relies on research results from CanFASD for knowledge translation activities in the province which have consistency with national messaging.

3.2.3 Strengths and weaknesses

Key informants underscored the following strengths, which are closely related to some of the distinguishing characteristics described previously (Section 3.2.2). They also described a few weaker aspects, where the Institute could improve, and limitations. Specific areas for improvement are discussed in Section 3.3.1.

Broad approach

When asked about key strengths, key informants underscored the fact that the organization takes a broad approach to prevention—awareness, education, and support—as opposed to a narrow focus. Another strength given was that the Institute focuses on both professionals/service providers and the general public. Furthermore, one of the Institute's core values is knowledge transfer, and it is evident in all of its activities.

Evidence-based programs

Key informants also underscored that timely programming and resources are based on ongoing assessments of needs (more on this in Section 3.3.2). There is a culture of innovation, collaboration, and seeking stakeholders' input. The robust evaluation program is part of their strengths. Staff have a willingness to learn and adapt, and the Institute has developed an excellent reputation based on thoroughly researched evidence-based programs that have been proven to be effective. Furthermore, their reputation makes them an ideal partner.

More effective communication and promotion

According to key informants, the Institute depends somewhat on word of mouth, although it has made a conscious effort to connect to media outlets—newspapers, radio stations—and, more recently, to use social media platforms, but there is still a lot to learn in using the latter more effectively. Some indicate that the Institute needs a communication or a marketing specialist, to plan communications, to customize key messages, media releases, etc., in order to promote programs and resources more effectively, and to improve the Institute's ability to raise awareness regarding the prevention of child disabling conditions among the general public.

Increase diversity in resources produced

Key informants were divided on this, but some indicated that the Institute should include more diversity in promotional material and resources, from images to languages (e.g., Indigenous languages). Others indicated that this was already incorporated in some of the materials and commended the Institute for culturally appropriate materials and diversity.

Other limitations

Other limitations were mentioned, but were not categorized as weaknesses. Many key informants reported the decrease in provincial government funding in certain program areas in the last two to three years as a limitation. They indicated that there are limits to the Institute's capacity to assess and address needs due to organizational capacity, limited number of staff, staff turnover, and limited funds. Some indicated that this might play a role in the limited ability of the Institute to respond to new issues or evolving issues.

Finally, as far as management and staff are concerned, a key strength of the Institute is the positive and collaborative work environment, while a key issue is the relatively low salaries that the Institute can offer based on its sources of funding. The latter can cause turnover, and over the longer term, it can impact quality.

3.3 Progress toward expected outcomes

Key findings in this section:

Potential improvements

- Almost all funders, partners, and users who were interviewed rated the extent to which the Institute meets their needs as a four or a five on the five-point scale.
- The following improvements were suggested:
  - Continue to increase the number of resources available online on the Institute's website or via portable device applications, to extend geographic reach further.
  - The website could be more user-friendly.
  - Program leads could seek greater involvement of experts in a given field when developing new material, new resources, or when conducting environmental scans.
  - Since the cost of attending the conference can be a limitation, participants suggested more subsidized travel or a way to further disseminate the information from the conference.

Perceived gaps

- Gaps in programs or resources include: additional resources in the areas of trauma, mental health and addictions; prenatal education and parenting; pregnancy; HIV and pregnancy; genomics; and epigenetic testing.
- Needs that are not addressed—or not fully addressed—include: the co-occurrence of mental health issues and addictions in parents; the co-occurrence of developmental disabilities and complex mental health issues in children; the impact of food insecurity on families and children; cannabis, as well as other drugs in relation to alcohol in pregnancy; children and cannabis; tobacco use and second-hand smoke; as well as immunization status and vaccine hesitancy.

Unexpected impacts

- The Institute has been very responsive to the priorities of the Government of Saskatchewan and this is seen as a "win-win." However, the Institute's reputation for being responsive and nimble has heightened expectations. It can be positive or negative. It may yield new funding to fill gaps or to develop programs or resources in new areas. However, it can lead to priorities that are not traditionally part of the Institute's mandate, and cause undue stretching of capacity and resources.
- The fact that the Institute is the lead on the national FASD Mentoring Project is viewed as an unexpected outcome for an organization with a provincial mandate, and is perceived as stemming from the Institute's reputation for quality programs and resources in this area.

3.3.1 Potential improvements

Meeting the needs of funders, partners, users, and non-users

Funders and partners were evenly split between four and five on the scale (i.e., to a great or a very great extent) when asked to rate the extent to which the Institute meets the needs of its funders. Furthermore, funders indicated that the Institute's staff are responsive and a pleasure to work with. The organization fills a gap for funders, in terms of knowledge development and translation, connection to service providers and the public, and raising awareness and educating. Funders, partners, and users were also asked to rate the extent to which the Institute meets the needs of its partners. They all rated this is as a four on a scale of one through five (to a great extent), with the exception of one who rated it as five (to a very great extent). Key informants indicated that the Institute has developed and maintained strong relationships with partners and that they are responsive to partners' needs. One caveat was mentioned regarding the change in executive director and the potential need for additional efforts to maintain partnerships and develop new ones.

All funders, partners, and users who were interviewed rated the extent to which the Institute meets the needs of professional users as a four or a five on the scale (i.e., either to a great or very great extent). They underscored the fact that programs, resources, and the conference specifically meet the needs of professional users, and healthcare professionals in particular were frequently mentioned. As for meeting the needs of the public, most key informants indicated a rating of four on the scale (i.e., to some extent), while a few indicated a three (i.e., to a moderate extent), or could not provide a rating. Funders, partners, and users who participated in interviews suspect that the Institute is meeting the needs of the public because of the high quality of its resources and because they see some of the resources in clinics, schools, etc., but for the most part they are not privy to information on their reach or use. As for potential users, few key informants were able to comment. They believe that there is relatively good awareness regarding the programs and resources of the Prevention Institute among potential users in the professional realm, but not as much among the members of the public. They added that, among professionals and service providers, potential users may not, in some cases, see a fit in terms of the specific areas that are addressed, yet choose to remain informed about the Institute's activities. As for members of the public, key informants indicated that the main barrier is awareness; the Institute is not likely to be their main source of information, and they are more likely to be referred to its resources by a professional or service provider. Those who were able to rate the extent to which the Institute meets the needs of potential users indicated three and four on the scale, varying from a moderate to a great extent.

Potential improvements to delivery model

The Institute increasingly uses webinars to extend geographic reach. More webinars should be archived, to extend reach (beyond attendees) and for future reference. It was suggested that the Institute should continue to increase the number of resources available on its website or via portable device applications to extend geographic reach further. Professionals and service providers find the Institute's website useful and refer members of the public to it.

One of the Institute's strengths is effectively targeting programs and services by reaching out to stakeholders and identifying needs and gaps. Staff are also very good at engaging stakeholders when developing new programs or resources, using them as a vehicle for delivery,

and supporting them once a new program is deployed or a new resource is released. For example, between 2014 and 2015, the SPI conducted a maternal and infant environmental needs assessment to identify needs among healthcare and support providers who interact with people contemplating pregnancy, those expecting, or parents of infants (Bayly, Gibson, Sangster, Williamson, & Saskatchewan Prevention Institute, 2016; Gibson & Saskatchewan Prevention Institute, 2016). A need for increased resources, both for service providers and patients themselves, emerged clearly, and healthcare professionals supported the development of a standardized and up-to-date resource (Gibson & Saskatchewan Prevention Institute, 2016). The Institute then proceeded to explore ways to integrate these findings into their activities (Saskatchewan Prevention Institute, 2018e). While some key informants mentioned such a culture of collaboration and of seeking input as a strength (Section 3.2.3), it was also suggested that program leads could seek greater involvement of experts in a given field when developing new material, new resources, or when conducting environmental scans. This was mentioned in relation to two broad areas: maternal and child health, and sexual health and HIV.

The conference is perceived as fostering very useful information exchange and networking, but key informants mentioned that the cost of attending can be a limitation. Regular communication via email with stakeholder groups, healthcare professionals, and other service providers is also considered helpful to maintain awareness. Key informants also commented on training programs, commending the small group sizes and the expertise and skills of the trainers. Train-the-trainer programs are also a great method to extend training within the limited resources that are available.

Potential improvements to programs and resources

Based on feedback from key informants regarding potential improvement to specific programs or resources, the Institute should ensure that all material and training is adapted to its audience and avoid academic language, while retaining the information that is based on research and academic sources. As indicated in relation to areas of weakness of the Institute (section 3.2.3), the Institute should continue to improve resources to ensure that they are client-friendly, and should translate more resources into Indigenous languages. The resources—specifically those available on the website—do not sufficiently reflect the diversity within the population of Saskatchewan.

Among survey respondents, 14 did not report particularly useful topic areas. On the positive side, two found all of them useful, hence the reason that they did not report any as particularly useful. Five of them, or 35%, did not know or preferred not to answer. The remainder indicated that they were not familiar enough with the programs or resources to comment, they were uncomfortable with the messages conveyed in some of the programs or resources, or the way that information is provided does not meet their needs (Table 29).

Table 30 describes the suggestions from respondents[4] regarding ways in which the Prevention Institute's programs and resources could be revised to better meet needs. More than three-quarters (76%) indicated there is no need to revise programs and resources or they did not know (did not have a suggestion). Suggestions for revisions include: increased partnerships/collaborations/coordination, more in-person training/presentations/workshops,

[4] The results presented in this table include users and non-users of programs and resources, however, of the 43 non-users that responded to this question, 33 did not know or preferred not to answer.

continuing to provide new and updated resources, and improvements to website (easier to use/more downloadable resources).

Table 29: Reasons why users did not find topic areas particularly useful (n=14)
Q6c. Why not?

	Number of responses	(%)
Not familiar enough to comment	3	21%
Uncomfortable with messages	2	14%
Way info provided does not meet needs	2	14%
All have been useful	2	14%
Do not know	2	14%
Prefer not to answer	3	21%
Total	14	100%

Note: Respondents could provide more than one answer; totals may sum to more than 100%.

Table 30: Ways in which the Prevention Institute's programs and resources could be revised to better meet needs (n=471)
Q10. Are there ways in which the Prevention Institute's programs and resources could be revised to better meet you or your organization's needs?

	Number of responses	(%)
No	177	38%
Increased partnerships/collaborations/coordination	16	3%
More in-person—training/presentations/workshops	12	3%
Continue providing new and updated resources	11	2%
Improvements to website—easier to use/more downloadable resources	8	2%
Publicize/market Institute programs and resources	6	1%
Improvements to printed material—access, etc.	6	1%
Increased Aboriginal/Indigenous content	6	1%
More easy to read resources	5	1%
Resources—focussed/substantially researched	5	1%
More contact with North, rural	5	1%
More online—training	4	1%
Improvements to child safety/car seat programs	4	1%
Advocacy/support for programs	4	1%
Cost related—fewer fees, cheaper, fiscally responsible choices	3	1%
Improvements to webinars	2	<1%
Other	15	3%
Do not know	180	38%
Prefer not to answer	22	5%
Total	471	100%

Note: Respondents could provide more than one answer; totals may sum to more than 100%.

3.3.2 Perceived gaps

Management, staff, and Board and committee members indicated that the Institute uses a variety of processes to identify needs and gaps in programs and resources, and that these are largely efficient. They had few suggestions for improvement.

Specifically, to monitor ongoing issues and identify emerging issues, the Institute relies on statistical trends for various indicators of child and family health, and statistics on disabling conditions. The main sources are the Canadian and Saskatchewan governments. The long timeline for publication of official statistics can be problematic when monitoring issues that are emerging or evolving.

Other sources of information into emerging issues, developments in a given field, or gaps in programming include the literature; the knowledge and networks of the members of the Medical Advisory Committee; and the interaction between staff and stakeholders at various conferences, staff professional development activities, and through each of the program coordinators' work (e.g., when providing information sessions or training) and networks (e.g., their interactions with frontline service providers); as well as the evaluation surveys that are collected following most program activities. Some coordinators also organize regular meetings with stakeholders during which they also seek feedback on needs and gaps.

Roughly half of the key informants indicated that they could not think of gaps in the Prevention Institute's programs or resources, nor identify additional programs, resources, or priority areas. The additional programs, resources, or areas of focus that were identified by the remainder are summarized below.

Additional programs or resources

During interviews, a formal, comprehensive program for the parenting and early childhood development components (i.e., Nobody's Perfect, CAPC) was suggested, as was working with justice and social services stakeholders toward the expansion of the parenting programming to better address prevention of abuse, neglect, and family violence. Additional resources for families regarding trauma, mental health, and addictions were also suggested, as were resources toward the prevention of youth involvement in gangs.

The prenatal education programming, and specifically the smartphone application, could be expanded to include additional information on alcohol consumption, on cannabis consumption, and on immunization of infants. The geographic expansion of the prenatal education programming was also suggested, as it is perceived as not focussing on the entire province, and specifically not the northern part. More generally, more research could be conducted on the effects of cannabis consumption on children and youth, and existing programs and resources could be revised to include the latest evidence in this regard. An example of action already taken to fill a gap regarding the impact of cannabis use on fertility and pregnancy is the collaboration between the SRH Program, the PIH Program, and the FASD Prevention Program to develop a resource for health professionals and health educators focused on the impacts of cannabis use on sexual and reproductive health (Saskatchewan Prevention Institute, 2018e, 2018d).

Another suggestion involves continuing the work of the HIV Collaborative, which is perceived to be largely ending after the three years of funding, because there is a need for monitoring the issue of HIV, specifically HIV and pregnancy, and for ongoing programming in this area since Saskatchewan continues to face a high rate of infection with HIV.

As for new programming, genomics and epigenetic testing were suggested as new areas.

Among survey respondents, very few provided suggestions for additional programs or resources. In fact, 48% indicated that they did not know, 29% indicated that they did not have any suggestions, and 6% preferred not to answer, for a total of 83% who did not provide suggestions. Among the few who provided suggestions, the areas were similar to those mentioned by key informants: addictions (3%), parenting (2%), pregnancy (2%), and mental health (2%). Somewhat related to mode of delivery (Section 3.2.1), they also suggested that more resources should be available online, in video or DVD format, or in webinar format (2%). Other

suggestions provided by 1% or less of respondents are also listed in Table 31 below.

Table 31: Suggestions for additional programs or resources (n=471)
Q11. Would you recommend any additional programs or resources?

	Number of responses	(%)
No	136	29%
Addictions	15	3%
Parenting, discipline	10	2%
Pregnancy	10	2%
Mental health programs	8	2%
More online, video, DVD, webinar	7	2%
Child safety: concussions, bicycle, injury prevention	6	1%
FASD	5	1%
Trauma, PTSD	5	1%
STI, HIV, birth control	5	1%
Cultural awareness/appropriate	5	1%
Brain development—autism	5	1%
Car seat technician	3	1%
Effect of new technology	4	1%
Motivational interviewing	4	1%
Baby programs	2	<1%
Other	12	3%
Do not know	225	48%
Prefer not to answer	26	6%
Total	471	100%

Note: Respondents could provide more than one answer; totals may sum to more than 100%.

Additional areas and pressing issues not currently addressed

Key informants perceive that, while parent (specifically maternal) and child mental health are currently being addressed by the Institute's programs and resources, the co-occurrence of mental health issues and addictions in parents, as well as the co-occurrence of developmental disabilities and complex mental health issues in children, are not being addressed—or at least not as fully as they could be. The effects of postpartum depression and anxiety on families was also mentioned by a key informant as another pressing issue related to mental health. The feedback obtained from Prevention Matters conference participants in 2017 included similar and overlapping areas: the prevention of child abuse, and the connection between nutrition and mental health (Saskatchewan Prevention Institute, 2017e).

The relationship between poverty and food insecurity, and the impact of food insecurity on families and children, were also reported as issues that the Institute could address, although there was an acknowledgement that they might not fall clearly within the organization's mandate. Newborn hearing screening and follow-up was also mentioned as an issue that has already been brought to the Institute's attention, but it was unclear how pressing it is and whether there are already plans to focus on this area.

Related to a suggestion for additional resources described above, cannabis, as well as other drugs in relation to alcohol and pregnancy, and children and cannabis were also identified as pressing issues and perceived as natural extensions of substance use issues that are being addressed by current programs and resources. Key informants also mentioned that tobacco use and second-hand smoke are still pressing issues, especially among Indigenous communities, and should remain a priority for the Institute.

Finally, immunization status and vaccine hesitancy were mentioned as areas that the Institute has recently begun to address, and where much work remains to be done, for example, in educating the general public, and providing resources to healthcare providers.

3.3.3 Unexpected impacts of the Institute

The Institute's close relationship with its main funder, the Government of Saskatchewan (through various departments), is perceived as positive for the Institute. The fact that the Institute has been very responsive to the priorities set by the government over the years is seen as a "win-win." However, the Institute's reputation for being very responsive and nimble, as well as for developing and delivering quality programs and resources, has only heightened expectations, and that can, at times, lead to requests from the government to prioritize areas that are at the edge of, or not traditionally part of, the Institute's mandate. This can negatively impact the work of the organization if it leads to a move away from other priority areas or undue stretching of existing capacity and resources, in particular in times of fiscal austerity. On the other hand, it can be positive when it provides new funding to develop programs or resources in new areas where there is a clear need or additional funding to fill gaps.

Key informants also underscored the fact that the Saskatchewan Prevention Institute, an organization with a provincial mandate, is the lead on the national FASD Mentoring Project and the recipient of federal government funding in order to fulfill that role. The Institute competed to obtain this funding; however, key informants perceive this as an unexpected outcome for an organization with a provincial mandate, stemming from the Institute's reputation for developing and delivering quality programs and resources in this area. They believe that it can make a significant contribution on a national scale.

Interviewees also reported that some of the Institute's staff have been invited to national fora on various subjects or invited to collaborate on national projects, and that a staff member was accepted for a fellowship in the United States. These collaborations and experiences are considered unexpected outcomes linked to the reputation of the Institute or specific programs, which in turn benefit staff and the Institute, bringing new knowledge and expanding networks.

4.0 Conclusions

Reach

The Prevention Institute was very much built on key partnerships. By emphasizing partnerships, the Institute has developed a reputation for being receptive to partners' needs, for avoiding overlap, for developing relevant programs to fill gaps and accessible resources for a variety of audiences, and is perceived as a credible, reliable partner by various levels of government and other partner organizations.

The Institute has devoted resources to raising public awareness regarding prevention, and marketing of specific programs and resources, which has been beneficial. In many cases, the first points of contact for children and families (e.g., community services, public health, mental health, and addictions) would have a stronger understanding of the programs and resources of the Institute, and the further away from direct service provision, the awareness declines. That said, awareness of the Institute is high among academic researchers, and post-secondary health and social work education programs.

The Prevention Institute's program activities appear to have registered participants from a variety of cities, towns, and sectors, with heavy representation from government and other organizations in Regina and Saskatoon (which account for approximately 45% of the population on Saskatchewan). The survey confirmed that the vast majority of users of programs and resources work in the healthcare sector, in health promotion, early child development, education, and social and human services, and not surprisingly, that most of them work with families; infants/young children; school age children; youth; preconception, prenatal, and/or postnatal women; and men. The survey results also indicate why potential users are not currently using the Institute's programs and resources: they were not aware of the programs or resources, or the topic areas are not relevant to their needs.

Effectiveness

Interviews confirm that the Institute's programs and resources are appropriate because they are based on thorough research (i.e., based on best practices, and/or the latest evidence in the literature). Resources are also perceived as very timely. In fact, annual reports for each of the Institute's programs indicate high levels of satisfaction, and evaluation reports indicate that all of the programs seem to have been useful in meeting users' needs. Survey results confirm the more general positive perception of appropriateness and timeliness expressed in interviews. In addition, the vast majority of survey respondents indicated that there are specific resources that they have found particularly useful, mostly in the area of child development, child safety and injury prevention, maternal mental health, and early childhood mental health, FASD prevention, and child traffic safety. As for the most used programs or resources, website statistics provide an indication as to which generate the most interest based on the highest number of resources accessed online or sold. Not surprisingly, child development and safety were among the most used, in addition to resources in sexual health, alcohol and FASD, and those related to pregnancy.

Various modes of dissemination are popular. According to documents from the Institute, the number of print resources has dramatically declined over the past four years, but based on survey results, the popularity of print resources is still quite high, as is the popularity of in-person

presentations, trainings, or workshops for professionals and service providers; in addition to electronic resources for download; and online presentations, trainings, or workshops for professionals and service providers. Also seen as particularly useful are partnerships and collaborations; in-person presentations, trainings, or workshops for the general public; and DVDs/videos; followed by online presentations, trainings, or workshops for the general public; in-person round tables; and online discussion groups.

Webinar archiving is also perceived as useful for busy professionals. In-person training workshops have the added benefit of fostering connections and expanding networks. Finally, email "blasts" are useful to disseminate brief news items, updates on resources, or to announce events to a broader range of stakeholders who are, for the most part, already users of the Institute's programs and resources. Some expect the Institute to make greater use of social media in the future than it has to date.

Progress toward expected outcomes

When asked about key strengths, key informants underscored the fact that the organization takes a broad approach to prevention—awareness, education and support—as opposed to a narrow focus. Also, that the Institute focuses on both professionals and service providers, and the general public.

Key informants also underscored that timely programming and resources are based on ongoing assessments of needs; that there is a culture of innovation, collaboration, and seeking stakeholders' input; they have a robust evaluation program and that staff have a willingness to learn and adapt; and that the Institute has developed an excellent reputation based on thoroughly researched evidence-based programs that have been proven to be effective. Furthermore, one of the Institute's core values is knowledge transfer, and it is evident in all its activities.

The majority of participants in this evaluation (key informants and survey respondents) believe that the Institute's program and resources are unique from activities carried out by other organizations, that the staff create linkages with activities carried out by other organizations, and that programs and resources are, for the most part, complementing activities carried out by other organizations.

One of the Institute's strengths is effectively targeting programs and services by reaching out to stakeholders and identifying needs and gaps. There was, however, some duplication and overlap mentioned in the following areas:

- Other agencies offer motivational interview training, but the demand is perceived as great in Saskatchewan.
- In terms of prenatal programs and resources, there is overlap between the Saskatchewan Prevention Institute and the Ontario-based Best Start programs. They are often used in tandem.
- The Institute has a smartphone application guiding one through pregnancy month by month, while Health Canada has a web brochure on pregnancy month by month.
- In the area of HIV awareness, opportunities like World Aids Day sometimes bring about overlap with community-based organizations' awareness campaigns. Several

organizations working toward the same goal is not necessarily negative.

- Similarly, there is some duplication between the activities of SGI, police services, and the Institute with regard to traffic safety campaigns (i.e. the Institute distributes resources developed by SGI). SGI is the funder of the Institute's Child Traffic Safety Program, with the two working closely to minimize duplication. Raising awareness in this area requires a lot of sustained effort.

- Finally, there is a perception that there is a real risk of duplication between the research and the products of the Institute, CanFASD, and the Saskatchewan FASD Network.

As for areas where the Institute is relatively weaker, two in particular were noted:

- Although the Institute has made a conscious effort to connect to media outlets and, more recently, to use social media platforms, the Institute needs a communication or a marketing specialist.

- The Institute should include more diversity in promotional material and resources.

Almost all funders, partners, and users who were interviewed rated the extent to which the Institute meets the needs of funders, partners, users and non-users as a four or a five on the five-point scale. A few abstained from rating in a category or another, citing lack of familiarity. In terms of potential improvements, the following were suggested:

- The Institute should continue to increase the number of resources available online on its website or via portable device applications, to extend geographic reach further, and while professionals and service providers find the Institute's website useful and refer members of the public to it, suggestions for improving the website to be more user-friendly were made.

- The Institute could conceivably increase partnerships, collaborations, and coordination with other organizations, and, specifically, program leads could seek greater involvement of experts in a given field when developing new material, new resources, or when conducting environmental scans.

- The conference is perceived as fostering very useful information exchange and networking, but key informants mentioned that the cost of attending can be a limitation. Hence, a way to subsidize travel for more participants or a way to further disseminate the information from the conference would be appreciated.

Among the few key informants and survey respondents that identified any gaps in programs or resources, some indicated a need for additional resources in the areas of trauma, mental health and addictions, prenatal education and parenting, pregnancy, HIV and pregnancy, genomics, and epigenetic testing.

Finally, pressing needs that are not addressed—or not fully addressed—were identified with regard to the co-occurrence of mental health issues and addictions in parents, as well as the co-occurrence of developmental disabilities and complex mental health issues in children; the impact of food insecurity on families and children; cannabis, as well as other drugs in relation to

alcohol in pregnancy, and children and cannabis; tobacco use and second-hand smoke; as well as immunization status and vaccine hesitancy.

5.0 Recommendations

Still perceived by some as Saskatoon and Regina focused, the Institute should continue to increase its reach geographically, especially in northern Saskatchewan. To that end, it should continue to emphasize partnerships, the use of technology, a physical presence when possible, the translation of resources, specifically in Indigenous languages, as well as the "train the trainers" approach where appropriate.

This evaluation does not identify significant gaps or point to new areas for the Institute, and confirms that the Institute should continue with its multipronged approach to identify needs and gaps. It does indicate that the Institute should consider filling gaps primarily by seeking new partners, thus continuing to minimize overlap and possibly also increasing the diversification of funding sources. However, the evaluation underscores the risk of going beyond the Institute's mandate, and of adding projects and project funding beyond the level that can reasonably be sustained by core resources. The recent decrease in core funding and staff has heightened the latter.

The Institute should put greater emphasis on outreach to and networking with non-users in the professionals and service provider category, especially since a significant proportion of the public is reached via that category. This could be accomplished specifically by increasing the Institute's presence at conferences and events where these potential users convene.

Another recommendation emerging from this evaluation is the intensification and diversification of the use of social media channels, and having strategies specific to the partner and professional clientele, versus the general public, to increase awareness and reach, including increasing traffic to the website and existing web-based resources. The Institute should consider dedicating resources specifically to this, both at a corporate communications level, as well as within program areas. On a related note, the evaluation also indicates a need for more archiving of webinars, turning them into a type of video or podcast library.

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Appendix A—Profile of the Prevention Institute

Profile of the Prevention Institute

The Saskatchewan Prevention Institute was founded in 1980 with a mandate to reduce the occurrence of disabling conditions in children, and focuses on primary prevention methods to achieve this (i.e., eliminating or modifying risk factors that can occur before or during pregnancy, or after birth, including early years). Primary prevention efforts to prevent disabilities are the responsibility of both society and individuals. The Prevention Institute recognizes that not all disabilities can be prevented but believes that all children, regardless of ability, have the right to the best physical, social, and emotional health possible (Saskatchewan Prevention Institute, 2017b).

The impact of the Institute is dependent on meeting the needs of end users of programs and services, primarily the professionals and service providers who work with Saskatchewan children, women, and families in social, educational, healthcare, and community-based organization settings. Hence, the Institute has set forth the following guiding principles and values for its programs and resources:

- Knowledge exchange that meets identified needs and reflects current best evidence;
- Recognize and embrace the diversity of Saskatchewan's population;
- Community capacity building and collaborating with stakeholders to build authentic community partnerships;
- Work across jurisdictional boundaries to meet the needs of people and communities;
- Acknowledgement of the Prevention Institute's place within Saskatchewan's Treaties and seeking its appropriate role in reconciliation;
- A healthy and effective work environment for employees that rewards integrity, commitment to the Prevention Institute's vision, professionalism, responsibility, accountability, and team work (Institute website, retrieved October 26, 2018).

Key partners

In keeping with these guiding principles, the Institute collaborates with key partners to carry out its prevention mandate. These include the Government of Saskatchewan (the Ministry of Health, Ministry of Education, and Ministry of Social Services), the Kinsmen Telemiracle Foundation, SaskAbilities, the University of Saskatchewan (particularly, the Colleges of Education, Nursing, and Medicine), and the Community-at-Large. These partnerships have endured for decades, and some of them date back to the Institute's creation in 1980 (Saskatchewan Prevention Institute, 2005, 2018n).

Governance structure

Consistent with the emphasis on partnerships, the Institute's Board of Directors includes representatives of partner organizations and health professions, and members of the community-at-large. In addition, an Executive Committee, a Medical Advisory Committee, and a Program Advisory Committee help guide and support the work of the Institute (Saskatchewan Prevention Institute, 2018j).

Programs and resources

The Institute's primary audience is professionals and frontline staff who work with individuals and families in Saskatchewan. It serves as a resource hub, providing them with evidence-based information, education, and training that focuses on the prevention of disabling conditions in children, with a special focus on action in the period of preconception through early childhood. In addition, the organization reaches out to the general public through its health promotion and prevention activities. While targeting similar or overlapping groups, each program and resource offered by the Institute has a specific audience (Saskatchewan Prevention Institute, 2018j).

To deliver on its mandate, the Prevention Institute offers education and training programs and a variety of resources across 12 main topic areas:[5]

1. Alcohol/Fetal Alcohol Spectrum Disorder (FASD)—*FASD Prevention Program, Youth Action for Prevention (YAP) Program, Youth-led Community Health Grants Program*
2. Child development—*brain development, attachment, trauma, and so forth*
3. Domestic violence—*domestic violence awareness and prevention*
4. Infants— Perinatal and Infant Health Program
5. Mental health—*Early Childhood Mental Health (ECMH), Perinatal and Infant Health Program, maternal mental health*
6. Oral health—*maternal and early childhood oral health*
7. Parenting—*Community Action Program for Children (CAPC), Nobody's Perfect Parenting Program, healthy parenting, prevention of abuse and neglect*
8. Passenger safety—*Child Traffic Safety program (e.g., car seats)*
9. Pregnancy—*overlaps with* Perinatal and Infant Health Program, *maternal, perinatal, and infant health, HIV and pregnancy*
10. Safety and injury prevention—*child safety, Child Injury Prevention Program, Child Traffic Safety Program*
11. Sexual and reproductive health—*Sexual and Reproductive Health Program, HIV and pregnancy*
12. Tobacco—*tobacco use prevention* (Saskatchewan Prevention Institute, 2018n, 2019)

Resources support the educational and training purposes of the Institute's programs, and are available in hard copies or online. They include reports, literature reviews, evidence summaries, brochures, fact sheets, posters, guides and manuals, videos, and information cards (Saskatchewan Prevention Institute, 2019). The following table summarizes the targeted audience for each program.

[5] Topic areas can vary over time in response to funding priorities and needs. Within these areas, some are not directly funded programs, such as oral health (childhood), and early childhood mental health, but are added onto the core workload; others, such as tobacco use prevention, are no longer funded directly, but the resources that were developed in recent years are still in use. In the case of tobacco use prevention, it has not been directly funded since 2015-16.

Table 32: Targeted audience by program/project

Topic area	Program/Project	Targeted audience
Alcohol/Fetal Alcohol Spectrum Disorder	FASD Prevention	Healthcare and service providers Women of childbearing age Youth and students Post-secondary instructors, teachers, and educators to help them inform their students Communities General public
	Canadian FASD Mentoring Project	FASD mentors providing training and education to Aboriginal Head Start Urban and Northern Communities (AHSUNC)
	YAP	Youth and students (aged 14–24 years) Healthcare and service providers Post-secondary instructors, teachers, and educators Communities General public
	Motivational interviewing	Healthcare and service providers Professionals
Mental health	ECMH	Professionals and members of the public who are interested in early childhood mental health
	Maternal mental health	Pregnant and new mothers Healthcare providers
Parenting	Healthy Parenting Home Study	Any parent of children under 6 years old
	CAPC	Individuals working in CAPC projects across Saskatchewan
	Nobody's Perfect Parenting Program	All parents, with a focus on young, single, low-income, socially or geographically isolated parents, or parents with limited formal education
Passenger safety	Child Traffic Safety	Emergency services workers Health workers Car seat store owners Daycare providers Parents and caregivers Other organizations with an interest in Child Passenger Safety General public
Infants and pregnancy	Your Pregnancy Month by Month	Pregnant and new mothers Healthcare providers
	Environmental health	Healthcare providers
	Perinatal and Infant Health program	Pregnant and new mothers Healthcare providers
Child development		
Safety and injury prevention	Child Injury Prevention Program	Healthcare professionals (physicians, public health nurses, etc.) Childhood and family workers Communities Parents and caregivers Schools, teachers, and school groups Other community groups and agencies (RCMP, paramedics, cycling groups, etc.)
Sexual and reproductive health	Sexual Reproductive Health (SRH) Program	Healthcare professionals Health educators Parents Young people
	HIV Collaborative	Healthcare professionals Health educators People living with HIV
Tobacco	Tobacco use prevention	Community-based agencies Academia General public
Other	Prevention Matters Conference	Healthcare professionals and other direct service providers General public

Note: The Child Death Review Working Group was not included in this table as it is an advisory committee.
Source: (Saskatchewan Prevention Institute, 2017c, 2017e, 2018f, 2018a, 2018b, 2018g, 2018c, 2018j, 2018k, 2018m, 2018l, 2018n, n.d.-f, n.d.-h)

Research and evaluation

The Prevention Institute is committed to the following core practices: evidence, knowledge exchange, quality assurance, innovation, and evaluation (Saskatchewan Prevention Institute, 2017b). These core practices are supported by a research and evaluation team, whose main responsibility is to support the Prevention Institute's programs and activities, and ensure that current best evidence is the foundation of its work. The Prevention Institute considers itself a learning organization that evaluates continuously to guide its decision-making and ensure accountability. As a result, in addition to the systematic evaluation of programs and resources, the research and evaluation function includes keeping up to date with current evidence and best practices; identifying emerging themes in maternal, family, and child health that intersect with the Institute's mandate; assisting programs by preparing research briefs; and analyzing and synthesizing research and surveillance publications (Saskatchewan Prevention Institute, 2017d, 2018n).

Human resources

At the time of this evaluation, the Institute has a total of 21 staff members (19.45 full-time equivalent [FTE]). Core staff is comprised of the Executive Director, two research and evaluation team members, the Program Manager, the Communications Coordinator, the Web Development Coordinator, the Finance and Business Manager, the Executive Secretary, and the Reception/Accounts Receivable Secretary. Core staff members are mainly funded through the organization's core funding. As a result, the Institute's core staff complement fluctuates in parallel with the organization's core funding (Saskatchewan Prevention Institute, 2017d). That said, core funding is not sufficient to support all of the core staff, and is supplemented by program grant funding. The remaining staff are associated with specific programs and their positions are funded through various grants and partnerships.

Financial resources

The Prevention Institute has two main sources of revenue. The organization's core operations are supported by three core funders: the Government of Saskatchewan through the Ministry of Health, SaskAbilities, and Kinsmen Telemiracle Foundation (Saskatchewan Prevention Institute, 2018l, 2018p). In addition to this core funding, the Prevention Institute receives grants for specific programs and activities from the Acquired Brain Injury Partnership, Saskatchewan Government Insurance (SGI), the Public Health Agency of Canada, the Ministry of Health, the Ministry of Social Services, and Saskatchewan Liquor and Gaming Authority (Saskatchewan Prevention Institute, 2017d, 2018n).

Table 33 presents the Prevention Institute's revenue sources for fiscal years 2013-14 to 2017-18. Over the past five years, the Prevention Institute's revenues have decreased by about 26%. Specifically, funding from the Government of Saskatchewan through the Ministry of Health decreased by 39% between 2016-17 and 2017-18. The Institute does not engage in any fundraising activities.

Table 33: Saskatchewan Prevention Institute revenue sources, 2013 -14 and 2017-18					
	2013-14	**2014-15**	**2015-16**	**2016-17**	**2017-18**
Program Grants and Activities	$2,629,323	$2,056,021	$2,067,382	$1,654,762	$1,933,678
Government of Saskatchewan	$249,163	$251,655	$254,171	$254,172	$156,171
Kinsmen Telemiracle Foundation	$120,000	$120,000	$120,000	$120,000	$120,000
SaskAbilities	$48,125	$50,000	$50,250	$51,255	$52,020
Interest Income	$33,266	$41,236	$32,425	$28,126	$26,273
Total revenue	**$3,079,877**	**$2,518,912**	**$2,524,228**	**$2,108,315**	**$2,288,142**
Source: (Saskatchewan Prevention Institute 2014-18. Annual Reports.)					

Logic model

The logic model of the Prevention Institute illustrates the logical flow from the organization's activities and outputs to its expected outcomes. These outcomes are defined according to the timeframe in which they are expected to occur. Immediate outcomes occur as a direct result of the outputs produced by the Institute. The focus is on the dissemination of information to professionals/service providers and the general public, as well as extending the reach of the Prevention Institute's programs and resources. Intermediate outcomes are expected to occur in the medium term and flow from immediate outcomes. The focus in the medium term is on changing behaviours, focussing namely on increased knowledge of factors that lead to disabling conditions in children. The ultimate outcome reflects the broad societal impact that is expected as a result of the Prevention Institute's activities over the longer term, which is to reduce the occurrence of disabling conditions in children in Saskatchewan.

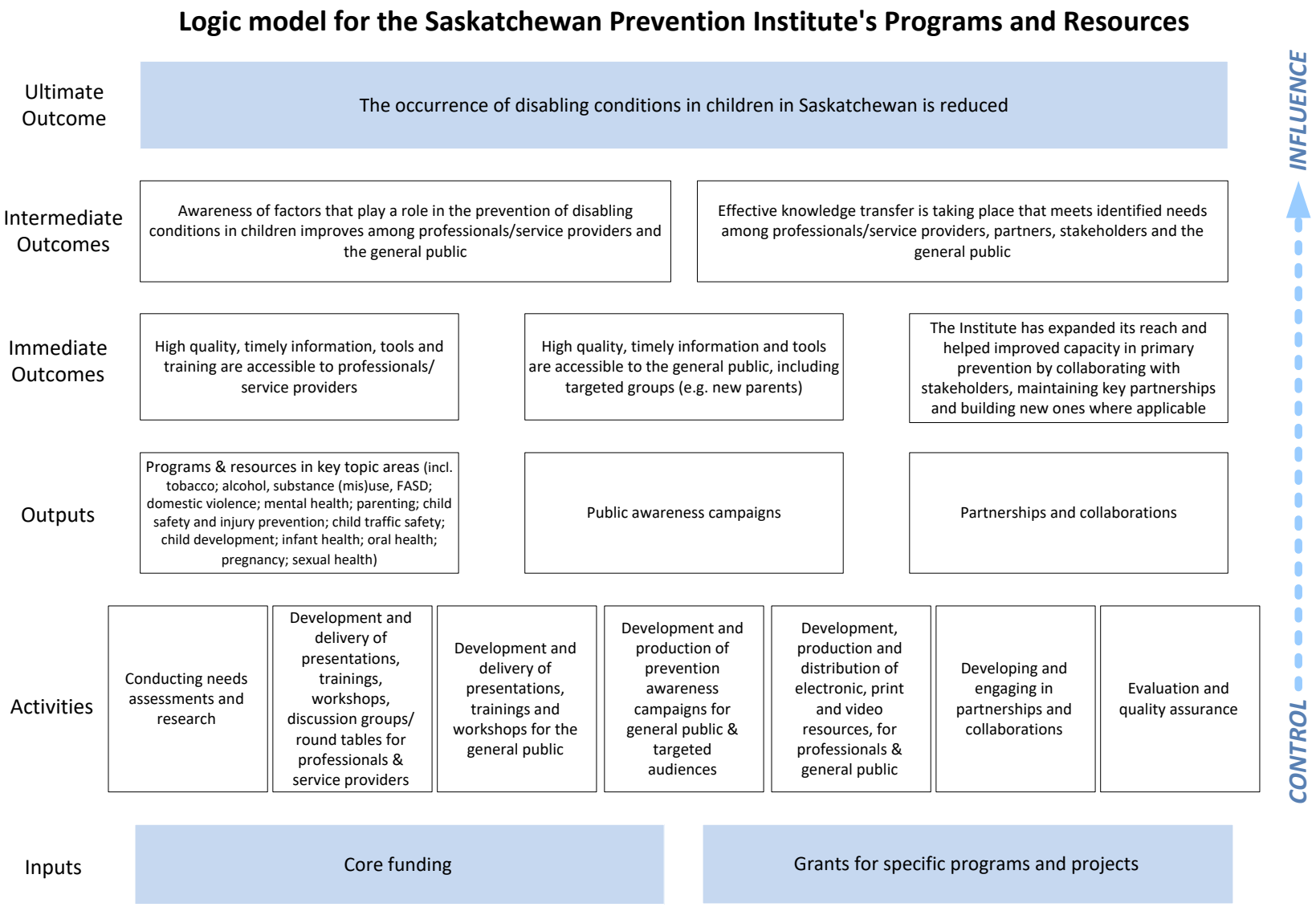

Figure 1: Saskatchewan Prevention Institute Logic Model

Appendix B—Evaluation matrix

Evaluation matrix for the Institute programs and services		
Questions	**Indicators**	**Data sources**
Reach		
1. What is known about the Saskatchewan Prevention Institute (Institute) and the work that the organization does?	• Number, type and areas of focus of funding organizations • Number, nature and length of formal partnerships • Level of awareness of the Institute, its mandate, and its programs and services among targeted organizations, professions and sectors • Programs and services the Institute is best known for among its partners and users	• Interviews • Survey
2. Who (organizations, professions/sectors, demographic or geographic populations) in the province of Saskatchewan are the users of the Institute's programs and services? Who are not being served by, or are not accessing, available programs and services?	• Typology of organizations, professions and sectors who use (or have used) the Institute's programs and services • Proportion of targeted organizations, professions and sectors who use (or have used) the Institute's programs and services • Proportion of targeted organizations, professions and sectors who have not used the Institute's programs and services who report being aware of them	• Document and administrative data review • Interviews • Survey (incl. users and non-users)
Effectiveness		
3. What are the reasons the Institute's programs and services are used? What are the reasons they are not used? *(Beyond mode of dissemination, addressed under question 4.)*	• Proportion of targeted organizations, professions and sectors who are effectively reached through information and promotion efforts • Barriers and/or challenges relative to the promotion, access and/or use of the Institute's programs and services • Distinguishing characteristics of the Institute's programs and services versus other similar programs and services	• Document and administrative data review • Interviews • Survey
4. a) Which modes of dissemination (i.e. online, electronic and/or print resources, online and/or in-person education and training, partnerships and collaboration) do users find useful in meeting their needs? Why? Which modes do users not find useful in meeting their needs? Why? b) What are alternative modes of dissemination that would be beneficial for the prevention of disabling conditions in children in Saskatchewan but are currently not offered by the Institute?	• Proportion of users by program or service, and overall, by mode of dissemination, by year • Number of subscriptions to information products, such as newsletters, by program or service area, and overall, by year • Number of downloads per online resource, number of online registrations for products or training, number of online education or training sessions and number of participants, by year • Number of in-person education or training sessions, by program or service, and number of participants, by year • Number and nature of new partnerships and collaborations, by program or service area, by year • Users and potential users' preferred modes of dissemination, by program or service	• Document and administrative data review • Interviews • Survey
5. What do funders and users identify as strengths and weaknesses of the Institute?	• Perceived areas of strength and weakness (such as mandate/objectives or filling a niche, governance, organizational structure, funding model, program and resource/tool development, approach to service delivery and resource provision, to partnerships, etc.) • Level and nature of duplication, overlap or linkages with other organizations' programs and services	• Interviews • Survey
Expected outcomes		

Evaluation matrix for the Institute programs and services		
Questions	**Indicators**	**Data sources**
6. Are there specific programs, services, or resources which users have found useful in meeting their needs? If so, what are they and why are they useful?	• Appropriateness, usefulness, and timeliness of the Institute's programs and services, by program area and/or individual program and service	• Document and administrative data review • Interviews • Survey
7. How could current programs and services that the Institute offers be revised to better meet users' needs in Saskatchewan?	• Ranking of needs regarding the prevention of disabling conditions in children, by targeted organization type, profession, and sector • Assessment of appropriateness of the Institute's delivery model, by program area	• Interviews • Survey
8. What do funders and users identify as missing from the Institute's programs and services? a) What additional programs and services would be beneficial for the prevention of disabling conditions in children in Saskatchewan but are currently unavailable? b) What are issues which are not being addressed by the Institute that would be useful for the prevention of disabling conditions in children in Saskatchewan?	• Gaps in Institute's programs and services based on ○ unmet need among users or potential users, and/or ○ priority programming areas that are not currently addressed ○ new/recent evidence on successful types of programming or services in prevention ○ new/recent evidence on factors contributing to disabling conditions in children ○ new/recent policies in Canada related to the prevention of disabling conditions in children	• Document and administrative data review • Interviews • Survey
9. Are there unexpected impacts, positive or negative, associated with or arising from the Institute's programs and activities (i.e. not part of the intended logic chain)?	• Nature and frequency of unexpected impacts	• Interviews • Survey

Appendix C—Data collection instruments

Evaluation of the Saskatchewan Prevention Institute's Programs and Services
Key Informant Interview Guide:
Executive Directors and Evaluation Staff

As you know, the Saskatchewan Prevention Institute is conducting an evaluation of its programs and resources for the past five fiscal years (2013-14 to 2017-18). PRA Inc., an independent research firm, has been engaged to carry out this work. As part of the evaluation, we will be conducting interviews with a range of key informants who are involved with, or affected by, the Prevention Institute's programs and resources, including its management team and staff. The information we gather will be summarized in aggregate form, and no individuals will be identified directly or indirectly in our reporting. Your participation in this interview is voluntary and you may withdraw from the interview at any time.

The interview will last approximately one hour. Some of the questions may not apply to your situation or you may not have enough information to answer. If this is the case, please let the interviewer know and you may skip these questions. Feel free to ask for clarification regarding any of the questions.

With your permission, the interview will be audio recorded for the sole purpose of allowing the interviewer to prepare summary notes from the interview. The recording will be destroyed once the notes have been finalized.

Introduction

1. Please briefly describe your role with the Prevention Institute and the approximate length of time you have been with the Prevention Institute.

Awareness and reach

2. What organizations, professions, and sectors are you connected within Saskatchewan and across Canada through your work at the Prevention Institute?

3. a. Are there any potential users for whom awareness and understanding remains relatively low regarding factors that contribute to childhood disabling conditions and the role of primary prevention in addressing these factors? Please focus on potential users in general or in relation to specific program areas. What evidence is your answer based on?

   b. To what extent are Saskatchewan organizations, professions, and sectors related to child health, development, and safety *aware* of the Prevention Institute's programs and resources?

   c. *If there is an issue regarding awareness of childhood disabling conditions or awareness of the Institute's programs and resources:* What could the Institute do to reach the potential users whose awareness is relatively low? Please explain. (EQ1-2)

4. From your perspective, to what extent does the Prevention Institute *address the needs and priorities* of its partners, users of its programs or resources, and potential users (non-users)? Please consider the current needs and priorities of targeted organizations, professions, and sectors. (EQ1&7)

5. Are there priorities that the Prevention Institute's programs and resources do not currently address? If so, what are they, and why are they not currently being addressed? (EQ1&7)

6. If you have identified any gaps or unmet needs above (questions 4 and 5):

    a. Are there ways in which the Prevention Institute's programs and resources could be revised to better meet those needs? Please explain. (EQ1&7)
    b. Would you recommend any additional programs or resources? If so, which ones?(EQ8)

    In your answer, please take into consideration the organizational capacity, resources, any strengths and limitations at the program or organizational level, etc.

7. What process(es) do you use to assess needs and identify gaps? Please explain.

    a. Is that process effective to assess needs and identify gaps? Are there limitations to your capacity to assess needs and gaps? If so, what are they? (EQ1&7)

Immediate outcomes

(Interviewer note: Please ask each of the four sub-questions separately, in turn.)

8. To what extent are programs and resources delivered by the Prevention Institute

    a. unique from,
    b. creating linkages with,
    c. complementing,
    d. overlapping, or
    e. duplicating activities carried out by other organizations?

    Please provide specific cases of linkages, complementarity, overlap, and/or duplication, and consider federal, provincial, and municipal governments, as well as the not-for-profit sector and the private sector. (EQ5)

9. In your view, what are the key strengths and weaknesses of the Saskatchewan Prevention Institute? Have those evolved over the last five years? Please explain. (EQ5)

(Probe: For example, the Institute focuses on pressing/relevant topics, conducts effective outreach, is responsive to needs, develops evidence-based information products and resources for professionals, etc.

Interviewer note: Also allow for discussion of internal operations, especially perceived strengths and weaknesses of internal operations.)

Conclusion

10. Are there any unexpected impacts, positive or negative, associated with or arising from the Institute's programs and resources (i.e., anything that was not part of the intended logic of the intervention)? If so, what are they? Please explain. (EQ9)

11. Do you have any additional comments not covered in previous questions?

Thank you for your participation.

Evaluation of the Saskatchewan Prevention Institute's Programs and Services
Key Informant Interview Guide:
Program Manager and Coordinators

As you know, the Saskatchewan Prevention Institute is conducting an evaluation of its programs and resources for the past five fiscal years (2013-14 to 2017-18). PRA Inc., an independent research firm, has been engaged to carry out this work. As part of the evaluation, we will be conducting interviews with a range of key informants who are involved with, or affected by, the Prevention Institute's programs and resources, including its management team and staff. The information we gather will be summarized in aggregate form, and no individuals will be identified directly or indirectly in our reporting. Your participation in this interview is voluntary and you may withdraw from the interview at any time.

The interview will last approximately one hour. Some of the questions may not apply to your situation or you may not have enough information to answer. If this is the case, please let the interviewer know and you may skip these questions. Feel free to ask for clarification regarding any of the questions.

With your permission, the interview will be audio recorded for the sole purpose of allowing the interviewer to prepare summary notes from the interview. The recording will be destroyed once the notes have been finalized.

Introduction

1. Please briefly describe your role with the Prevention Institute and the approximate length of time you have been with the Prevention Institute.

Awareness and reach

2. What organizations, professions, and sectors are you connected within Saskatchewan and across Canada through your work at the Prevention Institute?

3. a. Are there any potential users for whom awareness and understanding remains relatively low in the program and topic areas you work in, including factors that contribute to childhood disabling conditions and the role of primary prevention in addressing these factors? What evidence is your answer based on?

   b. More broadly, when you consider all the work of the Prevention Institute, are there potential users for whom awareness or understanding of the prevention of disabling conditions in children remains relatively low?

   c. What could the Institute do to reach these groups? (EQ1-2)

4. a. What process(es) do you use to assess needs and identify gaps in the topic area(s) that you focus on? *(Probe: Do you use your network to assess needs, and if so, how?)* Please explain.

   b. Is that process effective to assess needs and identify gaps? Are there limitations in your capacity to assess needs and gaps? If so, what are they? (EQ1&7)

5. a. Do you face limitations in order to *address* needs and gaps? If so, what are they?

   b. What additional resources, supports or tools would help you address needs and gaps? Please explain. (EQ1&7)

   c. From your perspective, to what extent is your program successful at *addressing the needs and priorities* of its partners, users of its programs or resources, and potential users (non-users)? Please explain. (EQ1&7)

Immediate outcomes

(Interviewer note: Please ask each of the four sub-questions separately, in turn.)

6. To what extent are the programs and resources that you provide

   a. unique from,
   b. creating linkages with,
   c. complementing,
   d. overlapping, or
   e. duplicating activities carried out by other organizations?

   Please provide specific cases of linkages, complementarity, overlap, and/or duplication, and consider federal, provincial, and municipal governments, as well as the not-for-profit sector and the private sector. (EQ5)

7. In your view, what are the key strengths and weaknesses of the Saskatchewan Prevention Institute? Have those evolved over the last five years? Please explain. (EQ5)

(Probe: For example, the Institute focuses on pressing/relevant topics, conducts effective outreach, is responsive to needs, develops evidence-based information products and resources for professionals, etc.

Interviewer note: Also allow for discussion of internal operations, especially perceived strengths and weaknesses of internal operations.)

Conclusion

8. a. Are there any unexpected impacts, positive or negative, associated with or arising from the program area you work in and its associated resources (i.e., anything that was not part of the intended logic of the intervention)? If so, what are they? Please explain.

   b. More broadly, when you consider all the work of the Prevention Institute do you think there are any unexpected impacts, positive or negative, associated with or arising from the organization's work? Please explain. (EQ9)

9. Do you have any additional comments not covered in previous questions?

Thank you for your participation.

Evaluation of the Saskatchewan Prevention Institute's Programs and Services Key Informant Interview Guide: Funders, partners and other stakeholders[6]

The Saskatchewan Prevention Institute is conducting an evaluation of its programs and resources for the past five fiscal years (2013-14 to 2017-18). PRA Inc., an independent research firm, has been engaged to carry out this work. As part of the evaluation, we will be conducting interviews with a range of key informants who are involved with, or affected by, the Prevention Institute's programs and resources, including funding and partner organizations. The information we gather will be summarized in aggregate form, and no individuals will be identified directly or indirectly in our reporting. Your participation in this interview is voluntary and you may withdraw from the interview at any time.

The interview will last approximately one hour. Some of the questions may not apply to your situation or you may not have enough information to answer. If this is the case, please let the interviewer know and you may skip these questions.

With your permission, the interview will be audio recorded for the sole purpose of allowing the interviewer to prepare summary notes from the interview. The recording will be destroyed once the notes have been finalized.

Introduction

1. Please briefly describe your relationship with the Prevention Institute and the approximate length of time that you or your organization have been involved with the Institute. *(Probe: <u>If funder</u>: What programs does your organization fund at the Prevention Institute, or is core funding provided? Approximately how long has this funding arrangement existed? <u>If partner</u>: What is the nature of your organization's partnership with the Prevention Institute, and what is the approximate length of time of this partnership? <u>If stakeholder</u>: In what ways do you or your organization work with the Prevention Institute and how long have you been a partner or connected in this way?)*

Awareness and reach

2. How aware of the Prevention Institute's programs and resources is **your organization**? How aware do you think others within **your profession or sector** are of the Prevention Institute's programs and resources? Please explain. (EQ1)

3. As you may know, the Prevention Institute's mandate is the prevention of disabling conditions in children. Has your (or your organization's) awareness and understanding of **the factors contributing to childhood disabling conditions and the role of primary prevention in addressing these factors**, changed since 2013-14? If so, to what extent is this attributable to the Prevention Institute's programs and resources? Please explain. *(Probe only if necessary; we would like them to try to respond without directing them first. Provide examples in order to probe: because of the FASD prevention program, the HIV and pregnancy program, the child car safety program, etc.).* (EQ1)

[6] Other stakeholders might include board members, advisory committee or advisory group members.

4. More broadly, how aware do you think **other Saskatchewan organizations, professions, and sectors** related to primary prevention are of the Prevention Institute's programs and resources? Other sectors could include public health, mental health, addictions prevention, infant and child health and development; and professions such as healthcare providers, social services, policy-makers, and so forth. Please explain. (EQ1)

Effectiveness

(Interviewer note: Please read the entire question through and then ask about each of the four sub-questions separately, in turn.)

5. From your perspective, to what extent does the Prevention Institute *address the needs and priorities* of its

    a. funders?
    b. partners and stakeholders?
    c. professional users of its programs or resources?
    d. general public users of its programs or resources (community, family, and parent)?
    e. potential users (current non-users)?

1	2	3	4	5
Not at all	To some extent	To a moderate extent	To a great extent	To a very great extent

Please consider the current needs and priorities of targeted organizations, professions, and sectors. (EQ1)

6. Are there priorities that the Prevention Institute's programs and resources do not currently address? If so, what are they? (EQ1)

7. If you have identified any gaps or unmet needs above (questions 5 and 6):

    a. Are there ways in which the Prevention Institute's programs and resources could be revised to better meet those needs? Please explain. (EQ7)
    b. Would you recommend any additional programs or resources? If so, which ones? (EQ8)

8. Are there barriers and/or challenges relative to the promotion, the access to and/or use of the SPI's programs and services? If so, what are they?

(Interviewer note: Please read the entire question through and then ask about each of the four sub-questions separately, in turn.)

9. To what extent are programs and resources delivered by the Prevention Institute

   a. unique from,
   b. creating linkages with,
   c. complementing,
   d. overlapping, or
   e. duplicating activities carried out by other organizations?

   Please provide specific cases of unique programs and resources, linkages, complementarity, overlap and/or duplication, and consider federal, provincial, and municipal governments, as well as the not-for-profit sector and the private sector. (EQ5)

Conclusion

10. In your view, what are the key strengths and weaknesses of the Saskatchewan Prevention Institute? Have those evolved over the last five years? Please explain. *(Probe: For example, the Institute focuses on pressing/relevant topics, conducts effective outreach, is responsive to needs, develops evidence-based information products and resources for professionals, etc.)* (EQ5)

11. Are there any unexpected impacts, positive or negative, associated with or arising from the Institute's programs and resources (i.e., anything that was not part of the intended logic of the intervention)? If so, what are they? Please explain. (EQ9)

12. Do you have any additional comments not covered in previous questions?

Thank you for your participation.

Evaluation of the Saskatchewan Prevention Institute's Programs and Services

Key Informant Interview Guide:

Users and potential users of programs and services

The Saskatchewan Prevention Institute is conducting an evaluation of its programs and services for the past five fiscal years (2013-14 to 2017-18). PRA Inc., an independent research firm, has been engaged to carry out this work. As part of the evaluation, we will be conducting interviews with a range of key informants who are involved with, or affected by, the Prevention Institute's programs and services. The information we gather will be summarized in aggregate form and no individuals will be identified directly or indirectly in our reporting. Your participation in this interview is voluntary and you may withdraw from the interview at any time.

The interview will last approximately one hour. Some of the questions may not apply to your situation or you may not have enough information to answer. If this is the case, please let the interviewer know and you may skip these questions.

With your permission, the interview will be audio recorded for the sole purpose of allowing the interviewer to prepare summary notes from the interview. The recording will be destroyed once the notes have been finalized.

Introduction

(Interviewer note: It is possible that some people may not know what the Prevention Institute is. They may need prompts about the FASD Prevention program, Travis, HIV and pregnancy, etc. Some people only know the Prevention Institute because of a particular program or resource.)

1. Please briefly describe your relationship with the Prevention Institute and the approximate length of time that you have been involved with the Prevention Institute.

Awareness and reach

2. Do you or your organization receive training, information, resources, or other educational material from the Prevention Institute? If so, which products? *(Probe: e-newsletters, invitations to training sessions, resources, etc.)* (EQ3)

3. Which Prevention Institute programs or resources are **you** aware of?

    a. Among those programs and resources, which one(s) have you or your organization used to date (as far back as 2013-14)? (EQ2)

(Instruction to interviewer: Note the program areas that the interviewee indicated and then ask specifically about each one in Question 8 onward.)

4. How aware of the Prevention Institute's programs and resources is **your organization**? How aware do you think others within **your profession or sector** are of the Prevention Institute's programs and resources? Please explain. (EQ1)

5. More broadly, how aware do you think **other Saskatchewan organizations, professions, and sectors** related to primary prevention are of the Prevention Institute's programs and resources? – Other sectors could include public health, mental health,

addictions prevention, infant and child health and development; and professions such as healthcare providers, social services, policy-makers, etc. Please explain. (EQ1)

6. As you may know, the Prevention Institute's mandate is the prevention of disabling conditions in children. Has your (or your organization's) awareness and understanding of the **factors that can contribute to childhood disabling conditions, and the role of primary prevention and health promotion in addressing these factors** changed since 2013-14? If so, to what extent is this attributable to the Prevention Institute's programs and resources? Please explain. *(Probe only if necessary; we would like them to try to respond without directing them first. Provide examples in order to probe: because of the FASD prevention program, the HIV and pregnancy program, the child car safety program, etc.).* (EQ1)

Effectiveness

(Interviewer note: Please read the entire question through and then ask about each of the four sub-questions separately, in turn.)

7. To what extent are programs and resources delivered by the Prevention Institute

   a. unique from,
   b. creating linkages with,
   c. complementing,
   d. overlapping, or
   e. duplicating activities carried out by other organizations, including government agencies?

   Please provide specific cases of unique programs and resources, linkages, complementarity, overlap, and/or duplication. (EQ5)

Intended outcomes

8. Thinking about your (or your organization's) needs, in each of the Prevention Institute's program areas that you indicated using since 2013-14, **to what extent** are the Prevention Institute's programs and resources

   a. appropriate?
   b. useful?
   c. timely?

   Please explain. (EQ6)

9. Are there any specific Prevention Institute programs or resources that you or your organization have found **particularly useful** over the last five years? If so, which ones, and why? If not, why not? (EQ6)

10. From your perspective, to what extent is the Prevention Institute's delivery model appropriate, in each of the program areas that you have used? *(Prompt: various models are used [i.e., delivering training upon request to service provider organizations, developing topical online resources for professionals, providing online information for a variety of users via the website, providing print resources, etc.])* (EQ7)

11. Which mode(s) of dissemination do you or your organization find most useful in meeting your needs? Why is that? Conversely, which modes are not useful, and why? *(Probe as necessary on usefulness of each of the following: online, electronic and/or print resources, online and/or in-person education and training, partnerships and collaboration.)* (EQ4)

12. When you think of children and families in Saskatchewan, what are the most pressing issues now and over the last five years? Please explain.

13. When you think of the most pressing issues (discussed previously), are there issues that the Prevention Institute's programs and resources have not or do not currently address? If so, what are they? (EQ7-8)

14. If you have identified any gaps or unmet needs above (Question 13):

    a. Are there ways in which the Prevention Institute's programs and resources could be revised to address these issues? Please explain. (EQ7)

    b. Would you recommend any additional programs or resources? If so, which ones? (EQ8)

15. Are there any potential users of the Prevention Institute's programs and resources for whom awareness or understanding remains relatively low regarding factors that can contribute to childhood disabling conditions, and the role of primary prevention and health promotion in addressing these factors? If so, who are they? What could the Prevention Institute do to reach them? Please explain. (EQ1-2)

Conclusion

16. How would you describe the Prevention Institute's current role with regard to the reduction of the occurrence of disabling conditions in children in Saskatchewan? Please explain. (EQ1)

17. In your view, what are the key strengths and weaknesses of the Saskatchewan Prevention Institute? Have those evolved over the last five years? Please explain. *(Probe: For example, the Institute focusses on pressing/relevant topics, provides useful resources, provides opportunities for education and training, etc.)* (EQ5)

18. Are there any unexpected impacts, positive or negative, associated with or arising from the Institute's programs and resources (i.e., anything that was not part of the intended logic of the intervention)? If so, what are they? Please explain. (EQ9)

19. Do you have any additional comments about any of the Prevention Institute's programs or resources?

Thank you for your participation.

Evaluation of the Saskatchewan Prevention Institute's Programs and Services
Survey of stakeholders

INTRODUCTION

The Saskatchewan Prevention Institute is conducting an evaluation of its programs and resources for the past five fiscal years (2013-14 to 2017-18). Our firm, PRA Inc., has been engaged to carry out this work. As part of the evaluation, we are conducting a survey of current and past users as well as those who *may or may not have some awareness* of the Prevention Institute and *may or may not have used their programs or resources*. These different perspectives are important to the Prevention Institute and your assistance by completing this survey is appreciated.

The survey should take about **10 to 15 minutes** to complete.

In our report, your responses will not be linked to you in any way and we will treat all your information as confidential.

Please note:

- In order to complete the survey you must provide an answer to every question, but every question offers "Do not know", "Not applicable" and/or "Prefer not to answer" as an option.
- Your answers are saved every time you click the Next Page button.

If you experience any difficulties accessing or completing the survey, please contact PRA Inc., at survey@pra.ca or toll free 1-888-877-6744 and mention the Saskatchewan Prevention Institute survey.

AWARENESS AND REACH

1. Do you or your organization receive any of the following from the Prevention Institute or its programs?
(Select all that apply)

01 E-newsletter
02 Invitations to webinars, presentations, or training sessions (online or in-person)
03 Resources such as brochures, pamphlets, or fact sheets
66 Other, please specify: _____
00 None of the above
88 Do not know
99 Prefer not to answer

(EQ3)

2. Among the Prevention Institute's topic areas listed below, which areas have you or your organization accessed programs or resources from (such as website information, print resources, presentations, workshops, etc., as far back as 2013-14)?
(Select all that apply)

01 early childhood mental health
02 maternal mental health
03 maternal, perinatal, and infant health (i.e., health of pregnant women and infants)
04 maternal and early childhood oral health
05 healthy parenting, including fathering
06 Community Action Program for Children (CAPC)
07 Nobody's Perfect Parenting Program
08 child development (e.g., brain development, attachment, trauma)
09 domestic violence awareness and prevention
10 Fetal Alcohol Spectrum Disorder (FASD) prevention
11 Youth Action for Prevention (YAP) program (i.e., alcohol and substance use among adolescents)
12 sexual and reproductive health
13 HIV and pregnancy
14 Youth-led Community Health Grants Program
15 child safety and injury prevention
16 child traffic safety (e.g., car seats, bicycle safety)
17 tobacco use prevention
66 Other, please specify: _____
00 None of the above
88 Do not know
99 Prefer not to answer

(EQ2)

If Q2=00, 88, or 99 then Q4A
If Q2=more than 3 responses, Go to Q3 then Q5
If Q2=3 responses or less Go to Q5

3. Among the topic areas that you have indicated previously, which are the **three (3) areas** that you have accessed programs or resources from the most since 2013-14? (Select your top three areas.)

[List response options that selected in Q2]
88 Do not know
If Q3=88 GO TO Q6

4. **A.** What are the main reasons why you or your organization have not used any of the Prevention Institute's programs or resources within the topic areas listed previously?

01 Not aware of them
02 Topic areas are not relevant to my/our needs
03 The way in which information is provided does not meet my/our needs
04 Not timely
05 Not easily accessible
06 Overlap or duplication with similar programs and services by other organizations
66 Other, please specify: _____
88 Do not know
99 Prefer not to answer

(EQ2)
B. Would you be willing to participate in a more in-depth interview over the telephone (max. 20 minutes) in order explain in more detail why you or your organization have not used any of the Prevention Institute's programs or resources?

01 Yes: Please provide:
NAME _____
ORGANIZATION _____
TELEPHONE _____
EMAIL _____
00 No

If Q4A=01 Go to Q10; otherwise Go to Q8

INTENDED OUTCOMES

5. Relative to your or your organization's needs…

If Q2=3 or less options:
… in the topic areas that you indicated using since 2013-14, to what extent are the Prevention Institute's programs and resources appropriate, useful and timely?

If Q2=4 or more options with only the top 3 from Q3 being displayed:
… in the top three (3) topic areas that you indicated using since 2013-14, to what extent are the Prevention Institute's programs and resources appropriate, useful and timely?

[Topic area 1]

	Not at all	To some extent	To a moderate extent	To a great extent	Do not know	Not applicable
a. Appropriate?						
b. Useful?						
c. Timely?						

(EQ6)

[Topic area 2]

	Not at all	To some extent	To a moderate extent	To a great extent	Do not know	Not applicable
d. Appropriate?						
e. Useful?						
f. Timely?						

(EQ6)

[Topic area 3]

	Not at all	To some extent	To a moderate extent	To a great extent	Do not know	Not applicable
g. Appropriate?						
h. Useful?						
i. Timely?						

(EQ6)

6. **A.** Are there specific Prevention Institute programs or resources that you or your organization have found **particularly useful** over the last five years?

01 Yes
00 No
88 Do not know

If Q6A=01 , Go to Q6B
If Q6A= 00, Go to 6C
If 6A=88, Go To Q7

B. If so, in which topic areas?
(Select all that apply)

01 early childhood mental health
02 maternal mental health
03 maternal, perinatal, and infant health (i.e., health of pregnant women and infants)
04 maternal and early childhood oral health
05 healthy parenting, including fathering
06 Community Action Program for Children (CAPC)
07 Nobody's Perfect Parenting Program
08 child development (e.g., brain development, attachment, trauma)
09 domestic violence awareness and prevention
10 Fetal Alcohol Spectrum Disorder (FASD) prevention
11 Youth Action for Prevention (YAP) program (i.e., alcohol and substance use among adolescents)
12 sexual and reproductive health
13 HIV and pregnancy
14 Youth-led Community Health Grants Program
15 child safety and injury prevention
16 child traffic safety (e.g., car seats, bicycle safety)
17 tobacco use prevention
66 Other, please specify: _____
88 Do not know
99 Prefer not to answer
00 None of the above

C. Why not? Please Explain.

_____
_____
_____

88 Do not know
99 Prefer not to answer

(EQ6)

7. Which program or resource **delivery mode(s)** have you or your organization found useful over the last five years?
(Select all that apply)

01 Online presentations, trainings, or workshops for professionals and service providers
02 In-person presentations, trainings, or workshops for professionals and service providers
03 Online presentations, trainings, or workshops for the general public
04 In-person presentations, trainings, or workshops for the general public
05 Online discussion groups
06 In-person round tables
07 Electronic resources for download (e.g., Fact Sheets, Reports, Manuals, Guides)
03 Hard copy print resources (e.g., Information cards, brochures, posters, and booklets)
04 DVDs/videos
06 Partnerships and collaborations
66 Other, please specify: _____
00 None of the above
88 Do not know
99 Prefer not to answer

(EQ4&7)

EFFECTIVENESS

8. To what extent are programs and resources delivered by the Prevention Institute…

	Not at all	To some extent	To a moderate extent	To a great extent	Do not know	Not applicable
a. unique from activities carried out by other organizations, including government agencies?						
b. **creating linkages with** activities carried out by other organizations, including government agencies?						
c. **complementing** activities carried out by other organizations, including government agencies?						
d. **overlapping with** activities carried out by other organizations, including government agencies?						
e. **duplicating** activities carried out by other organizations, including government agencies?						

(EQ5)

If Q8a=To some extent, To a moderate extent, or To a great extent Go to Q9; otherwise Go to Q10.

9. What are the main characteristics of the Prevention Institute's programs and resources that distinguish them from other organizations? Please explain:

_____

_____

_____

88 Do not know

99 Prefer not to answer

(EQ3)

SUGGESTIONS FOR THE INSTITUTE

10. Are there ways in which the Prevention Institute's programs and resources could be revised to better meet you or your organization's needs? Please explain:

00 No
01 Yes: Please explain.

_____
_____
_____

88 Do not know
99 Prefer not to answer

(EQ7)

11. Would you recommend any additional programs or resources? ~~If so, which ones?~~

00 No
01 Yes

If Yes: Which ones?

_____
_____
_____

88 Do not know
99 Prefer not to answer

(EQ8)

12. What are the main impacts (positive or negative) that you or your organization have associated with the Prevention Institute's programs and resources?

_____
_____
_____

88 Do not know
99 Prefer not to answer

(EQ9)

YOU AND YOUR ORGANIZATION

The final set of questions will help us understand you and your organization. Just to remind you, your responses will not be linked to your identity in any way in our report. **(EQ1)**

13. Among the following **sectors**, which ones best describe your organization? (Select all that apply)

01 Education
02 Healthcare
03 Health promotion
04 Early child development
05 Social and human services
06 Government, policy
07 Justice or corrections
66 Other sector, please specify: _____
99 Prefer not to answer

14. Among the following professions or roles, which **one** best describes you?

01 Policy-maker
02 Researcher or academic
03 Program administrator or coordinator
04 Physician
05 Midwife
06 Nurse Practitioner
07 Nurse
08 Counsellor
09 Addictions worker
10 Maternal and child health worker
11 Other healthcare
12 Social worker
13 Case manager
14 Family support worker
15 Community support worker
16 Outreach worker
17 Other social service
18 Health educator
19 Educator
20 Police officer
21 First responder
66 Other, please specify: _____
99 Prefer not to answer

15. What population(s) do you work with? (Select all that apply)

01 Youth
02 Preconception women
03 Prenatal women
04 Postnatal women
05 Men
06 Infants/young children
07 School age children
08 Families
66 Other, please specify: _____
99 Prefer not to answer

16. In what part of Saskatchewan do you work?

01 Northern Saskatchewan
02 Central Saskatchewan
03 Southern Saskatchewan
66 Other, please specify: _____
99 Prefer not to answer

17. Which best describes your principal work area?

01 Urban (10,000 or more)
02 Rural (less than 10,000)
03 First Nations Community, on-reserve
66 Other, please specify: _____
99 Prefer not to answer

These are all the questions we have.
On behalf of PRA and the Saskatchewan Prevention Institute, we thank you for your time.