

National Collaborating Centre for
Healthy Public Policy

education housing income
community employment
public transportation

**ONTARIO USER MEETING
MAY 17, 2007**

TORONTO, ONTARIO

OCTOBER 2008

Preliminary version—for discussion



National Collaborating Centres
for Public Health

Centres nationaux de collaboration
en santé publique

*Institut national
de santé publique*

Québec 

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National Collaborating Centre for Healthy Public Policy

LOGISTICS

Health Nexus (formerly Ontario Prevention Clearinghouse)

DATE

October 2008

The National Collaborating Centre for Healthy Public Policy (NCCHPP) seeks to increase the expertise of public health actors across Canada in healthy public policy through the development, sharing and use of knowledge. It is one of six centres funded by the Public Health Agency of Canada located across Canada, each with a mandate for knowledge synthesis, translation and exchange in a different area of public health.

Production of this document has been made possible through a financial contribution from the Public Health Agency of Canada through funding for the National Collaborating Centre for Healthy Public Policy (NCCHPP).

The views expressed herein do not necessarily represent the views of the Public Health Agency of Canada.

This document is available in its entirety in electronic format (PDF) on the National Collaborating Centre for Healthy Public Policy website at: www.ncchpp.ca

La version française est disponible sur le site Internet du CCNPPS au www.ccnpps.ca

We invite reader feedback, which can be sent to ncchpp@inspq.qc.ca

Information contained in the document may be cited provided that the source is mentioned.

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1 BACKGROUND

1.1 NATIONAL COLLABORATING CENTRE FOR HEALTHY PUBLIC POLICY (NCCHPP)

The NCCHPP is one of six centres financed by the Public Health Agency of Canada. The six centres form a network across Canada, each hosted by a different institution and focusing on a different topic in public health. They provide national focal points for knowledge exchange in key areas of public health. The Institute for Public and Population Health has made a significant contribution to this network, and John Frank is the Chair of the Advisory Council to the Public Health Agency for this program.

The NCCHPP's goal is to support the efforts of the Canadian public health community in promoting healthy public policy through more informed strategies. Like the other NCCs, we want to increase the use of research knowledge.

The Centre's focus is on public policy with a potential impact on social, economic and environmental determinants of health. Examples include transportation, food policy, housing, or poverty. The NCCHPP explicitly excludes policies on health care services, such as Medicare or waiting lists. Focusing on healthy public policy is not a new idea -- it is one of the five action areas in the Ottawa Charter for Health Promotion of 1986, for example. Nevertheless, a centre focused on healthy public policy is an innovative initiative in Canada.

1.2 A CONSULTATION PROCESS: RATIONALE FOR THE NCCHPP USER MEETINGS

Knowledge exchange methodology tells us that potential users of information should participate in setting the agenda for its development. So, during the program development stage, the NCCHPP organized several consultations with its target clientele. The present report summarizes the consultation that took place in May, 2007 in Ontario.

The NCCHPP's target clientele includes public health officers, population health planners and others in the health system at various levels who are concerned with healthy public policy. It also includes members of non-governmental organizations, think tanks and community groups whose concern with healthy public policy makes them partners in this effort. The Centre's knowledge exchange efforts will be directed to these public health clients in the first instance. However, because public policy advocacy means these public health actors will themselves target those in policy positions at various levels of government, the NCCHPP considers these latter policy makers to be indirect clients. Additionally, because public policy depends on the support and understanding of the population, the population's views and interactions with policy makers will form part of the NCCHPP's framework. Finally, the research community is part of the NCCHPP's client community, both as providers of research information and as users of its products.

1.3 PAST CONSULTATIONS

During the Centre's development phase in 2005-2006, a set of consultations was held and included participants from Quebec as well as from other provinces. The second set of consultations was held in the fall of 2006, six months after the Centre became operational. These consisted of two meetings, one in British Columbia and another in New Brunswick. The objective was to consult with potential users in different geographic groups. Participants from the four western provinces were invited to the session in British Columbia, and participants from the Atlantic provinces were invited to the one in New Brunswick.

2 CONSULTATION WITH ONTARIO USERS

The latest meeting was held in Toronto in May 2007, with Ontario users. This consultation will be followed by a consultation with users in the Territories at a later date. There was a desire to achieve representation from as many sectors as possible in the Ontario User Meeting. The meeting was hosted by Health Nexus (formerly Ontario Prevention Clearinghouse), Ontario's leading bilingual health promotion organization. The meeting brought together researchers, policy makers, practitioners and other actors in public and population health from Ontario (see Table 1 and Appendix 2).

The purpose of this user meeting was to solicit the views of a selection of clients about the NCCHPP's program, priorities and potential products.

The general question asked was how the NCCHPP could best support the public health community's efforts in promoting healthy public policy. Specific questions included: To what extent should the Centre focus on research syntheses of specific interventions and to what extent on building understanding of public policy processes?

The Centre also inquired about any specific common themes or public policies on which it should focus. Finally, the questions of how participants might continue to interact with the NCCHPP and how the Centre might support collaboration among the participants themselves were addressed.

2.1 SELECTION PROCESS

Participants were invited from different client groups from across the province in order to balance geographic and cultural representation, as well as to include non-health organizations that work with populations at high risk for poor health. Public and population health actors at provincial and regional levels, including staff with research responsibility, made up the majority of participants. Non-governmental organizations, in particular three influential foundations with a special interest in population health, were well-represented. There was also good representation, although not as broad as hoped, from non-health organizations with regional or provincial scope.

Table 1: Ontario User Meeting Participants by Sector

Public/medical health officers (provincial and regional levels)	1 (6%)
Population health planners (provincial and regional levels)	6 (35%)
Municipal officers and staff	2 (12%)
Non-government organizations and think tanks	4 (24%)
Researchers	2 (12%)
Non-health provincial policy-makers	2 (12%)
Total	17

3 THE MEETING

3.1 PRESENTATION OF THE CENTRE'S BACKGROUND

Denise Kouri gave a PowerPoint Presentation to introduce the NCCHPP to the group. Briefly, she reminded participants that the NCCHPP is not a research centre, but rather a vehicle for knowledge exchange and application with a focus on public policies at various levels of government and authority. The subjects of interest are those that have an impact on health, i.e., the determinants of health (DOH) and their antecedents (e.g., social inclusion). The people gathered at the consultation represented the sectors and levels that the NCCHPP sees as public health actors and partners.

Ms. Kouri then described the NCCHPP's process to date, including the findings of previous environmental scans, of which this is a continuation. She highlighted the importance of:

- Tools, frameworks and processes as learning approaches that adapt to varying content and circumstances;
- Sharing practice, even if it's not part of research publications;
- Keeping disparity central as a topic and as an attitude.

Denise Kouri explained that the NCCHPP was hosted in Quebec mainly because of the province's particular approach when it comes to public health. She described the impact in Quebec of the Institut national de santé publique du Québec (INSPQ) and Quebec's section 54 of the *Public Health Act*, which makes it mandatory that any laws and regulations that "could significantly impact health" undergo a health impact assessment.

Table 2: Questions of Clarification from Participants

The importance of sharing practice	<ul style="list-style-type: none"> • Is the research community limited to academics? Is tacit knowledge that exists in communities included? • Do multiple sectors include those outside health? • What about relationships with Canada and PHAC? • Are any international ties forming?
Section 54	<ul style="list-style-type: none"> • Who determines whether a matter has significance for health? • What about budget? How does it compare with BC's <i>Act Now</i>, in regard to mechanisms, levers for change?
The importance of disparity	<ul style="list-style-type: none"> • Is income inequality directly considered in establishing mandate? • What is the balance between assessing health effects of policy in place vs generating policies affecting health?

3.2 ROUND TABLE

Each participant was asked to describe his or her organization's efforts and/or concerns with respect to influencing healthy public policy.

Table 3: Summary of Questions / Concerns Raised by Participants

Importance of tools, frameworks, processes as learning approaches	<ul style="list-style-type: none"> • The <i>Index of Well Being</i> measures and reports on 7 areas of well-being and analyzes the nature of connection among them to develop a composite index. How can this and similar measures change political values and public policy? • Compartmentalism at any level disregards the connectivity of elements and fails to engage people; • New Ministry of Health Promotion is developing inter-ministerial mechanisms to 'connect the dots' that influence public health; • Need strategy development to know what to use, how; • Asset-based assessment tools and intervention approaches are useful; • Working on the determinants of health (DOH) takes longer but is essential to good outcomes; • Need a policy around obesity that is as effective as smoke-free legislation and folic acid for pregnant women;
Importance of sharing practice	<ul style="list-style-type: none"> • Non-health organizations can disseminate knowledge among broader network & do public education; • Need to strengthen social infrastructure so that the grassroots can speak to development of social policy; • It is a challenge to develop bi-directional conduits for information; • Need time and space to share what is known, reflect on it and grow it into something bigger; • Language of DOH is not generally understood - health is still understood to be hospitals; • Health policy is delivered through many organizations – need to plan and deliver collaboratively; concern about recent split in Ontario of responsibility for public health, need integrated advocacy; • What is the correct balance between provincial support / local action?
Importance of keeping disparity central	<ul style="list-style-type: none"> • Information needs to be available at all levels of staffing; • Need to do community-based participative research, value unpublished findings (grey literature), build capacity among disadvantaged populations, use 'regular people' in research teams; • Poverty reduction is basic; needs to be a long-term national strategy that assesses investment and outcome; • Every policy needs to include economic impact analysis; it needs to include the cost of <i>not</i> addressing poverty or other DOH; community educators need easy access to this information; • The cost of prevention vs correction should be included in analysis; • Social justice is an essential value; social inclusion is an appropriate lens for analyzing health policy; • Funding that supports research <i>with</i> marginalized people identifies issues and effective approaches to intervention; • Health practitioners should routinely identify policies that create disparity;
Other	<ul style="list-style-type: none"> • Are physicians trained to analyze public policy? • Should we front-load policy into research & program planning; • What is role of public health in environmental concerns?

3.3 THE CENTRE'S PROGRAM

Denise Kouri then presented the priority activities of the Centre, reviewed the NCCHPP's 2006 Environmental Scan and addressed the concerns raised by participants.

1. *Multi-sectoral multi-level approaches:* The Ontario inter-ministerial committee is an example of this. As a year-long project, the NCCHPP put in place a group of 6 organizations, half from Quebec, a regional health organization (similar to a LHIN), an ecological advocacy group, etc., who meet to compare perceptions of and relationships with public policy.
2. *Health impact assessment:* Work around section 54 includes applying impact assessment tools, based on a Determinant of Health framework, to other situations across Canada and elsewhere.
3. *Obesity:* In 2007, the NCCHPP chose obesity as its content focus. The Centre initiated a pilot project in a multi-faceted approach, which includes an inventory of interventions (looking at context, policy instruments, and reviews of reviews to assess effectiveness), other documents that are not in the peer-reviewed literature, and key informant interviews to identify success factors. This will be followed by group deliberation by public health stakeholders to determine applicability. The goal is to develop a knowledge review methodology that respects context.
4. *Health inequalities:* The Léa-Roback centre in Montréal is assessing childcare policies and relating them to tax credits to compare the impact of these two approaches on child development. The Public Health Agency of Canada has asked the NCCHPP to do an inventory of some policy responses to inequality. The NCCHPP is considering involvement in an urban Canadian Population Health Initiative (CPHI) project.
5. *Clearinghouse:* The NCCHPP website will be up soon and will have some interactive tools to allow reconstruction of a course of events so that people can appreciate the interaction of forces and time.
6. *Conceptual work:* The focus is on interdisciplinary work. Patrick Fafard from the Canadian Policy Research Networks (CPRN) is doing an initial paper on the role of evidence in developing healthy public policy. Daniel Weinstock, a researcher for the *Centre for Ethics Research at the University of Montreal* (Centre de recherche en éthique de l'Université de Montréal), is looking at redistributive justice in public health. These activities are called 'research promotion' activities, because they engage the intellectual work that needs to go on around each of these issues. This kind of work aims at exploring new concepts, underlining the gaps in research, and preparing the way for addressing these needs.

7. *Public policy processes*: The issue is whether you look at policy before or after it gets on the governmental agenda. The appropriate type of knowledge exchange depends on where in the process the issue is positioned. The Centre's activities need to balance intervention at both stages of the work. Jean Rochon, the president of the NCCHPP Advisory Board, said "Our challenge is to bring together public health knowledge with public policy knowledge to affect the Determinants of Health".

3.4 PARTICIPANT FEEDBACK

3.4.1 Summary

The group confirmed that the role of NCCHPP should be:

- holistic (including gaps in existing research / policy),
- multi-disciplinary,
- big picture,
- inclusive of others' work at all levels and stages,
- forward-looking

They suggested:

- Innovations in translating policy concerns to accessible public awareness. For example: describing 'health outbreaks', adapting Monopoly-like board game on Determinants of Health developed by Wellesley student for web interactivity, engaging with CBC to do something like Canada Reads or Seven Wonders, with a health focus.
- The web-site as a primary mechanism for knowledge sharing could include a librarian role to aid access by people at all levels of public health work to what will be a complex site if it includes all types of information requested.

3.4.2 Other Important Considerations

Denise Kouri invited closure to the consultation with a discussion summarizing the elements which the participants considered to be of central importance.

The group generally agreed that, in order for health disparity to become and remain central to the work of the NCCHPP, traditional interests needed to be balanced with those of the marginalized. This requires the legitimization of new kinds of data and measures, such as Atkinson Foundation's *Index of Well-Being* or GPI Atlantic's *Genuine Progress Index*.

The NCCHPP would add value to current work by looking at areas in which there is not a strong body of knowledge, e.g., social inclusion, and by involving people in these discussions who are not usually included, especially those who experience the problem under study and/or who work closely with those who do.

3.5 CONCLUSION

The group expressed appreciation for the opportunity to come together to learn about the NCCHPP and how it related to their work and concerns. Many indicated that they had made connections and acquired information and ideas that would be useful.

There was general enthusiasm about the use of web technology to encourage the involvement of, and communication among, a broad spectrum of people separated by geography and compartmentalization. This may help to bring about change in social policy and practice, while talking together and developing relationships could foster collaborative progress. There was interest in a follow-up consultation at some future point.

4 APPENDICES

4.1 APPENDIX 1: AGENDA

National Collaborating Centre for Healthy Public Policy (NCCHPP)

Ontario Meeting

May 17, 2007

10:30 – 3:30

St. David's Room, 3rd Floor

89 Chestnut

Toronto, Ontario

(1) Presentation of the Centre's background

This would include an update on the Public Health Agency of Canada's National Collaborating Centre program, Quebec's work in healthy public policy, with section 54 and other efforts, and the Centre's activities and plans so far.

(2) Round table on healthy public policy efforts of participants

(3) The Centre's program proposals and feedback

Our general question is: How can the Centre best support the public health community's efforts in promoting healthy public policy?

Specific questions will include: Should the Centre focus on research syntheses of specific interventions or on building understanding of public policy processes? Are there common themes or public policies the Centre should be focusing on? How should the Centre continue to interact with users? Should (and how could) the Centre support collaboration among the participants themselves?

(4) Discussion of additional proposals and issues emerging at the meeting

(5) Planning for future interactions

Juices, coffee, and muffins will be available on arrival.

A working lunch will be served at 12:30 in the meeting room.

Please fill out and return the Feedback Form before leaving

4.2 APPENDIX 2: LIST OF PARTICIPANTS

DR. ROSANA PELLIZZARI	DIRECTOR, PUBLIC HEALTH PLANNING AND POLICY, TORONTO PUBLIC HEALTH
DIANNE PATYCHUK	SENIOR PLANNER, TORONTO CENTRAL LHIN
JESSIE CUNNINGHAM	POLICY ADVISOR, STRATEGIC PLANNING, MINISTRY OF HEALTH PROMOTION
VINCENZA RONALDI	MANAGER, STRATEGIC POLICY AND PLANNING, MINISTRY OF HEALTH PROMOTION
CHARLENE BEYNON	DIRECTOR, PUBLIC HEALTH RESEARCH, EDUCATION AND DEVELOPMENT PROGRAM (PHRED), MIDDLESEX-LONDON HEALTH UNIT
MAUREEN HANDLEY	DIRECTOR OF HEALTH PROMOTION, GREY BRUCE PUBLIC HEALTH
CONNIE UETRECHT	EXECUTIVE DIRECTOR, ONTARIO PUBLIC HEALTH ASSOCIATION
KATE O'CONNOR	DIRECTOR, PHRED PROGRAM, KINGSTON, FRONTENAC AND LENNOX & ADDINGTON PUBLIC HEALTH
SANDRA LACLÉ	DIRECTOR, HEALTH PROMOTION, PHRED, SUDBURY & DISTRICT HEALTH UNIT
JOEY EDWARDH	SOCIAL PLANNING NETWORK OF ONTARIO
MING-YOUNG TAM	POLICY ADVISOR, UNITED WAY OF GREATER TORONTO
DR. BOB GARDNER	DIRECTOR OF PUBLIC POLICY, WELLESLEY INSTITUTE
NATHAN GILBERT	EXECUTIVE DIRECTOR, LAIDLAW FOUNDATION
LYNNE SLOTEK	PROGRAM COORDINATOR, CANADIAN INDEX OF WELLBEING, ATKINSON CHARITABLE FOUNDATION
CONNIE CLEMENT	EXECUTIVE DIRECTOR, ONTARIO PREVENTION CLEARINGHOUSE
BETH WARD	HEALTH PROMOTION MANAGER, ONTARIO PREVENTION CLEARINGHOUSE
MICHAEL FAY & FAY MARTIN	FAY & ASSOCIATES, ORGANIZERS, REPORT WRITERS

NCCHPP staff:

Denise Kouri: **Responsible/Lead**
 François Benoit: **Staff**
 Louise St-Pierre: **Staff**

4.3 APPENDIX 3: FEEDBACK FORM

**National Collaborating Centre for Healthy Public Policy (NCCHPP)
Ontario User Workshops: Feedback Sheet**

PLEASE RETURN THIS SHORT SURVEY TO NCCHPP BEFORE YOU LEAVE. THANKS!

What topics in healthy public policy would you like the NCCHPP to focus on?

What kinds of information products produced by the NCCHPP would you use?

What kinds of tools produced by the NCCHPP would you use?

How would you like the NCCHPP to work with the public health community and its partners?

Are there specific continuing interactions you would like to have with the NCCHPP?

Name _____

THANK YOU FOR PARTICIPATING. PLEASE USE THE BACK PAGE TO SHARE ANY ADDITIONAL REFLECTIONS.