

CENTENNIAL AUDITORIUM AND CONVENTION CENTRE, SASKATOON, SASKATCHEWAN • MARCH 26, 2003

Prairie Regional Workshop

on the Determinants of Healthy Communities

C P H I P R O C E E D I N G S R E P O R T



CENTENNIAL AUDITORIUM AND CONVENTION CENTRE, SASKATOON, SASKATCHEWAN • MARCH 26, 2003

Prairie Regional Workshop
on the Determinants of Healthy Communities

C P H I P R O C E E D I N G S R E P O R T

Prepared by

Kathleen Howard & Associates, Inc.

83 Gravenstein Street,

Fredericton, N.B.

E3C 1B8

patrickf@nbnet.nb.ca

Contents of this publication may be reproduced in whole or in part provided the intended use is for non-commercial purposes and full acknowledgement is given to the Canadian Institute for Health Information.

Canadian Institute for Health Information
377 Dalhousie Street
Suite 200
Ottawa, Ontario, Canada
K1N 9N8

Telephone: (613) 241-7860
Fax: (613) 241-8120
www.cihi.ca

© 2003 Canadian Institute for Health Information

Cette publication est aussi disponible en français sous le titre :
Atelier de travail régional des provinces des Prairies

TABLE OF CONTENTS

ABOUT THE CANADIAN POPULATION HEALTH INITIATIVE	i
WORKSHOP GOALS	i
INTRODUCTION AND WELCOME	1
RESEARCH PANEL, DETERMINANTS OF HEALTHY COMMUNITIES	3
RESEARCH PANEL, HEALTH DETERMINANTS OF SPECIFIC COMMUNITY GROUPS	5
SMALL GROUP DISCUSSION: IMPACT OF CPHI-FUNDED RESEARCH	9
• Highlights of the Discussion	9
PANEL DISCUSSION	11
SMALL GROUP DISCUSSION: FACILITATING A POLICY RELEVANT RESEARCH AGENDA	15
• Highlights of the Discussion	15
WRAP UP AND REFLECTIONS	18
APPENDIX A	19
• Session One	19
• Session Two	21
APPENDIX B PARTICIPANTS LIST	23

ABOUT THE CANADIAN POPULATION HEALTH INITIATIVE

The mission of the Canadian Population Health Initiative (CPHI) is twofold: to foster a better understanding of factors that affect the health of individuals and communities, and to contribute to the development of policies that reduce inequities and improve the health and well-being of Canadians. A Council of respected researchers and decision-makers from across Canada guides CPHI in this work. CPHI collaborates with researchers, policy makers, the public and other key partners to increase understanding about the determinants of health, with the goal of helping Canadians stay healthy and live longer.

As a key actor in population health, CPHI:

- Provides analysis of Canadian and international population health evidence to inform policies that improve the health of Canadians;
- Funds research and builds research partnerships to enhance understanding of research findings and to promote analysis of strategies that improve population health;
- Synthesizes evidence about policy experiences, analyzes evidence on the effectiveness of policy initiatives and develops policy options;
- Works to improve public knowledge and understanding of the determinants that affect individual and community health and well-being; and
- Works within the Canadian Institute for Health Information to contribute to improvements in Canada's health system and the health of Canadians.

At the foundation of CPHI's research partnerships are collaborations established with research teams across the country that have received CPHI research funding. Relationships between CPHI and research partners are ongoing. Partnering is also viewed as a capacity-building strategy. CPHI encourages the development of partnerships among researchers and between researchers and policy-makers through multi-sectoral (research and policy) research team membership and sponsorship of networking and theme-based interactions among teams.

WORKSHOP GOALS

The goals of this regional workshop were to:

1. Review CPHI-funded research on the determinants of healthy communities in the Prairie region and identify its policy significance;
2. Identify research needs of policy makers to inform future population health research; and
3. Promote linkages and exchange between CPHI's researchers, other population health researchers and policy makers in the Prairies region.

INTRODUCTION AND WELCOME

Carmen Connolly, CPHI

Carmen Connolly, Director of the Canadian Population Health Initiative (CPHI), welcomed participants to the Regional Workshop on the Determinants of Healthy Communities. She indicated that this meeting is a follow-up to previous pan-Canadian consultations to determine research and knowledge exchange priorities in population and public health, summarized in the publication “*Charting the Course*.”

Connolly described CPHI’s strategic goals as well as CPHI’s three current priority themes: *poverty and social inclusion*, *Aboriginal peoples’ health* and *obesity*. In each of these three areas, CPHI engages in policy synthesis and analysis to enhance policy relevant knowledge on the determinants of health.

Connolly apprised participants that in December 2003, CPHI will unveil its flagship report, *Improving the Health of Canadians*—a policy-oriented report that provides information on population health priorities in Canada, options for intervention to address these priorities and ideas for further work needed to improve the policy evidence base.

Connolly explained the choice of theme for the workshop—“The Determinants of Healthy Communities.” Statistics Canada’s recent report on the Health of Canada’s Communities identified that a community’s size and characteristics greatly influence the health of its population. The report explained that people living in large urban centres have the longest and most disability-free life expectancies, while people living in rural prairie regions have lower than average health outcomes. “Understanding what affects the health of communities is important,” she concluded.

Connolly described the workshop participants’ diversity as providing a strong base for exchanging knowledge about the factors that influence the determinants of healthy communities. She recognized the presence of policy-makers, researchers, community organizers and other decision-makers concerned about health, economic development, social planning and Aboriginal peoples.

Connolly informed participants that CPHI is presently investing over \$1.6 million in research in the three Prairie provinces. She suggested the workshop would provide an opportunity to showcase research underway and to uncover the research needs of policy-makers and community organizations. She invited the principal investigators for these projects to present their findings or anticipated findings in the first half of the workshop. The afternoon session, she said, was structured to learn from community leaders about related initiatives that are underway, designed to influence the health of Prairie communities.

Finally, she expressed hope that the workshop discussions would help identify some of the research gaps—areas in which policy makers need research evidence in order to make sound policy decisions on community health and sustainability issues.

She closed by thanking participants for their attendance and participation in the discussions to follow, and introduced her co-host for the workshop, Ron Labonte, Director of the Saskatchewan Population Health and Evaluation Research Unit (SPHERU).

Ron Labonte, Saskatchewan Population Health and Evaluation Research Unit (SPHERU)

Labonte welcomed participants on behalf of SPHERU. He described SPHERU as a “bi-university” (University of Saskatchewan and University of Regina) inter-disciplinary research unit. According to Labonte, SPHERU has experienced significant growth in its two-year existence and now has four research programs:

1. Globalization and health;
2. Community/environmental health;
3. Gender, multiple roles and health; and
4. Children’s health.

It is Labonte’s view that SPHERU benefits greatly from the cross-cutting research program approach they have taken, and he invited participants to visit their website (www.spheru.ca) to get a more in-depth perspective on their integrated research model.

RESEARCH PANEL, DETERMINANTS OF HEALTHY COMMUNITIES

Dan Chateau, University of Manitoba

“Populations and Communities: Understanding the Determinants of Health”

Chateau presented an overview of a research program led by Les Roos at the Manitoba Centre for Health Policy (MCHP), which involves examining the relationship between community characteristics (crime, housing, green space, schools, places of worship, recreation programs, social programs) and health outcomes in Winnipeg.

Using Statistics Canada data, 228 neighbourhoods were eventually aggregated into 72 community centre areas. Borrowing on an approach used in Quebec, he said, social as well as material deprivation indices were generated, using census data. These included:

- Income;
- Non-completion of high school;
- Employment ratio (replaced by “unemployment rate”);
- Separated, divorced, widowed;
- Living alone; and
- Single parent family (replaced by “proportion of respondents who have moved in the past five years”).

Chateau said that research findings from the program would allow for identification of community characteristics and useful information for policy-makers and community organizations interested in improving the health of communities. “This research can help to inform how resources are applied to programs to improve neighbourhood conditions,” he said. “It can also help in understanding what changes can be expected in health if the neighbourhood is improved.”

Jim Dunn, University of Calgary

“Metropolitan Socio-Economic Inequality and Population Health”

Dunn described his CPHI-funded program’s efforts to develop a set of socio-economic indicators for metropolitan areas in Canada and the U.S., in order to investigate the factors that are most strongly related to income inequality and population health. The three case-study cities are Toronto, Minneapolis-St. Paul and Detroit.

Dunn highlighted the anticipated research results. He noted that despite a strong relationship between wealth and health for *individuals* in both Canada and the U.S., for *populations*:

- Metropolitan income inequality is strongly associated with premature mortality in the U.S., but not in Canada; and
- Residential segregation by income is strongly associated with premature mortality in the U.S., but not Canada.

It is interesting, he said, that Australia and Sweden show a similar pattern to Canada, while the U.K. is similar to the U.S. The main question for Dunn, and for his research colleague Nancy Ross at McGill, is why these differences exist between Canada and the U.S. He offered several hypotheses:

- Canadian public policy redistributes income more effectively than the U.S. system; and
- There is universal access to primary health care in Canada, compared to restricted access in the U.S. (and no access for the most economically marginalized 14% of the population).

Dunn told participants that preliminary analysis shows that “access to public goods protects us from the corrosive effects of income inequality,” by providing these goods or amenities, including safe streets, health care, parks, libraries and universal access to education. He cautioned policy-makers to consider the health and social effects of regressive fiscal and tax policy, which would see the cost of such amenities transferred from the public sector to an individual, out-of-pocket, user-pay system.

Dunn remarked that there were many policy implications of these research findings. He noted that one option for decision-makers would be to consider public investments that make income less of a determinant of life chances. This would include providing more public goods that mediate the relationship between social inequality and population health.

Lindsay McLaren, University of Calgary

“Inventory and Linkage of Databases for Studying the Relationships between Place and Health in Urban Settings”

McLaren described this two-city research project led by Penny Hawe at the University of Calgary and Louise Potvin at the Université de Montréal as an effort to:

- Create a list of health status indicators that are comparable across the two cities;
- Build an inventory of the ways in which data pertaining to urban areas can be divided into “neighbourhoods”; and,
- Improve various aspects of the research process (organizing the literature, common research methodologies, integrated theory and research) related to place and health.

McLaren highlighted some of the anticipated research outcomes:

- Greater understanding of the distribution and patterning of community variables and health status indicators;
- A structure that will facilitate retrieval of relevant literature;
- Improved capacity to integrate theory into research on place and health;
- Development of common research strategies; and
- An enhanced understanding of the contextual and cultural specificity of research on place and health.

Finally, McLaren suggested that sharing expertise and experience between two research teams is facilitating the development of research infrastructure. This was not simply “technical” infrastructure, she said, but more importantly networks of relationships that include individuals who are the gatekeepers to relevant data.

RESEARCH PANEL, HEALTH DETERMINANTS OF SPECIFIC COMMUNITY GROUPS

Nazeem Muhajarine, SPHERU, University of Saskatchewan

“Community and Family Characteristics, Income Dynamics and Child Health Outcomes: Researching Across the Boundaries”

This research project will identify all children born to mothers living in four major cities in the provinces of Saskatchewan and Nova Scotia over two selected years, and will follow these children up to the age of six. Information about the neighbourhoods the children live in at birth and services available to the children will also be collected.

Muhajarine noted that this research seeks to understand better the specific factors and conditions that lead to healthy outcomes in children in the first six years of life. He cautioned that while community effects exist, these effects tend to be modest. He stated that neither income nor neighbourhood is the sole determinant of poor outcomes in children; rather, he suggested that adequate income, good parenting, and supportive communities have been identified among the key factors associated with good child outcomes. One needs to exercise caution, he argued, in assigning too much importance to neighbourhood factors, particularly if this were done at the cost of downplaying attention to family effects and direct intervention/services for children in need.

Muhajarine explained the three research questions that underlie his project:

1. *How does family economic instability affect children’s health?* Muhajarine said that he anticipates finding this to be an independent predictor of adverse outcomes in children;
2. *What specific neighbourhood and family characteristics influence child health outcomes?* Muhajarine expects to find that both sets of characteristics impact child health outcomes; and
3. *How does the health status of children living in families who experience economic instability, who also live in disadvantaged neighbourhoods, compare to that of: a) children living in economically stable families, in disadvantaged neighbourhoods, and b) children living in economically stable families, in economically well-off neighbourhoods?* He indicated that this question has yet to be addressed by the research team.

Muhajarine went on to draw attention to particular challenges related to this research:

- Conceptual challenges—community vs. neighbourhood: while used interchangeably, they are potentially very different;
- Methodological challenges—measurement, analytical approaches;
- Family income measure—cross-sectional vs. dynamic; and
- Tracing causal pathways from community to family to child.

Finally, Muhajarine proposed that this research would assist policy-makers in finding the balance between community and individual determinants of children’s health and providing evidence on the best policy mix to improve the health of Canada’s children.

John O’Neil and Javier Mignone, University of Manitoba

“Social Capital as a Determinant of Health in First Nations Communities”

Mignone introduced workshop participants to this research project, which has been carried out in collaboration with the Assembly of Manitoba Chiefs. Specifically, he said, the project has developed a conceptual framework for “social capital” for First Nations communities, and culturally appropriate instruments for measuring social capital in these communities.

Mignone shared the project’s conceptualization of the dimensions to be considered in assessing social capital in First Nation’s communities:

- Bonding (within community relations);
- Bridging (inter-community ties); and
- Linkage (interactions with formal institutions such as governments and private corporations).

He described how a questionnaire related to the notion of social capital was designed and tested within three Manitoba First Nations communities, and was determined to be a culturally appropriate measurement instrument.

Principal Investigator, John O’Neil, spoke to the policy implications of the research and to the work completed thus far in testing the social capital model. He suggested that the three-dimensional notion of social capital (bonding, bridging and linkage) provides a more in-depth understanding of the social environment in First Nations communities. The research, he said, will now move to an examination of the relations between these three types of social capital, and to how they impact health outcomes.

O’Neil and Mignone were asked how they have maintained the anonymity of members of these First Nations communities, and how the communities can use the information given the issue of protecting individual anonymity? They responded that, since only three communities were involved in the research, the identities of the communities are being kept anonymous. The research team assured the communities at the beginning that they would not be identifiable. However, they noted that their intention was not to evaluate the communities per se, but to develop new measures of social capital and examine its population health effects in First Nations communities for future use, for example in national longitudinal surveys. They noted that the communities will have access to the research findings, which they can use if they wish. O’Neil noted that the research project was done in collaboration and partnership with the communities, and that it will be up to the individual communities themselves to decide whether or not they identify themselves as participants in the study.

Mark Tremblay, University of Saskatchewan

“Moving Ahead by Looking Back: A Novel Approach for Establishing Physical Activity Guidelines for Children”

Tremblay described how obesity, and the lack of empirical measures of what should be considered an “appropriate” level of physical activity, led to this innovative comparative research project, involving urban and rural Saskatchewan children, and children living in an Old Order Mennonite community in Ontario. The latter group he said, lives without motorized vehicles, television, radio, video games, and in some cases no running water. He explained how using a variety of self-reported and direct measures of physical activity and fitness creates a unique opportunity to compare the physical activity levels of a lifestyle somewhat representative of that several generations ago (when obesity was lower) to that of today. Gender and seasonal variations are also being considered, he said.

According to Tremblay, considerable methodological challenges presented themselves in working in the Mennonite community, which highlighted the importance of cultural sensitivity and “learning” in testing. For example, Mennonite children were not familiar with push-ups, one of the fitness testing measures, and had to learn the exercise as part of the testing.

Tremblay concluded with the policy conundrum posed by the preliminary findings: Older Order Mennonite children are leaner, stronger, fitter and more active than urban or rural dwelling children living a contemporary lifestyle. This is so despite their having no formal physical education, no institutionalized sport, and low socio-economic status.

Tremblay is convinced that this research will provide important information for the development of more effective physical activity guidelines for contemporary Canadian children. As an example, he points to Canada’s Physical Activity Guide, which proposes 60 minutes of activity a day, which Tremblay contends is considerably lower than it ought to be. On a qualitative level, Tremblay notes the lack of any institutionalized sports activity in the Mennonite population, and the heavy reliance on this approach in contemporary Canadian society.

Marni Brownell, University of Manitoba

“Inequalities in Child Health: Assessing the Roles of Family, Community, Education and Health Care”

Brownell introduced this program of research by recognizing the remarkably information-rich environment in which they are working in Manitoba, specifically the Population-based Research Registry with 30 years of administrative data from a host of health-related areas. She noted that through this research program they will be able to link individual-level data from other relevant departments such as housing, income assistance and education, and from Healthy Child Manitoba, amongst others.

Brownell stated the overall intention of the research was to discover why some children are healthy and others are not, identifying the factors that contribute to and reduce inequalities in child well-being.

Brownell said the program’s primary research question asks how children’s health differs across educational and health jurisdictions, and the extent to which individual, family, school and community characteristics and medical care contribute to (or buffer against) inequities in children’s health. The researchers intend to prepare an atlas of outcomes, including such measures as infant mortality, injuries, low birth weight, high school completion and special needs status.

According to Brownell, while they anticipate a socioeconomic gradient to exist, they also expect to find that many children “at risk” do well, and many who are not “at risk” are struggling. The program, she said, will focus on these exceptions, to identify the kinds of factors that go beyond socioeconomic factors in explaining success of children.

Brownell said that the researchers “hope (the research) will lead to the development of a social policy database that can be used to both evaluate and develop programs, locally and nationally, for reducing inequalities.”

SMALL GROUP DISCUSSION: IMPACT OF CPHI-FUNDED RESEARCH

Participants worked in small groups to explore the following four questions:

1. What are the key research findings? Which impressed you most and why?
2. Who might be interested in these results (possible audiences)?
3. What kind of situations might they be applied to?
4. How might they be relevant to your setting/situation?

Highlights of the Discussion

Key Research Findings

- Participants identified the importance of challenging assumptions in both data collection and policy-making scenarios. The fact that policies are often driven by very limited evidence, notions of “common sense,” and by “culturally-determined truths,” can blind the policy-making process to many of the insights that were evident in the research presentations;
- The presentations illustrated the cultural considerations that must come into play if this research is to have integrity and utility;
- The conceptualization of the notion of social capital in Aboriginal communities was mentioned several times as being useful in understanding very complex relationships and processes; and
- The importance of making existing data and information more widely available was also noted, as was the fact that the challenge in this was political rather than technical in nature.

Engagement in Research

- The research presentations highlighted a need for greater relationship-building across disciplines. The clearly interdisciplinary nature of determinants of healthy communities and outcomes is at odds with the current policy-making process; and
- Empowering and engaging end-users up-front in the research process is important, possibly by using an action researcher as a liaison between researchers and policy-makers.

Relevance of Research to Participants—Research Synthesis

- Researchers need to translate what they know using different approaches depending on the audience. This will involve reducing complex findings to concise, understandable, applicable bullets; using plain language; contextualizing outcomes for specific communities; synthesizing what we know (and don't know) so we are better able to focus on filling the knowledge gaps; and packaging and market for specific audiences;
- Either the researchers, or CPHI, need to make the evidence (and story) compelling;
- Focus on “what works” based on evidence; and
- Develop models to demonstrate the medium—to long-term implications of policy decisions.

Dissemination and Application

- Greater efforts must be made to connect researchers with various constituencies that require the research findings. Thus, participants spoke of “research with communities” rather than “research on communities,” the importance of creating linkages with groups advocating policy change, and the involvement of various levels of government, both elected leaders and policymakers in the research process; and
- One of the greatest challenges is to make research evidence accessible to those who need to use this information in policy or program settings.

Possible Audiences for this Research

- Elected officials;
- Municipal governments;
- Provincial and federal governments;
- Voluntary sector/community organizations;
- First Nations communities;
- Social planning councils; and
- “Research-informed Advocates for Policy change” (RAPsters), such as the Canadian Policy Research Networks (CPRN), Caledon Institute, Canadian Centre for Policy Alternatives (CCPA), the Canadian Council on Social Development (CCSD), and the Canadian Council on Integrated Healthcare (CCIH).

PANEL DISCUSSION

The objective of the afternoon discussion was to identify and discuss initiatives addressing the determinants of healthy communities, including policy issues being addressed and the policy implications resulting.

Loleen Berdahl, Canada West Foundation (CWF)

“Role of Municipal Governments in Creating Healthy Communities—CWFs ‘Western Cities Project’”

Berdahl stated at the outset that the Canada West Foundation (CWF) is not a health policy research institute. However, she linked CWFs “Towards Healthy Cities” initiative with the research being funded by CPHI (described earlier in the workshop). Berdahl cited the World Health Organization’s (WHO) urban health and wellness model, which states that for people to be healthy, the city must be a healthy place to live.

Based on research conducted by CWF, Berdahl indicated that municipal government is responsible for as much as 20–25% of what influences population health. For example, municipal governments are responsible for ambulance, 911, water and sewage, land use and urban design (e.g. low density communities promote greater reliance on vehicles, hence air quality and emissions issues, reduced movement in daily lives and obesity), transportation design (safe intersections, safe playgrounds, speed control), smoking bylaws, and recreation. Despite this considerable role and its relationship to the health of individuals and populations, she described relationships between municipal governments and regional health authorities as “embryonic.”

Stronger relationships between municipal governments and regional health authorities, she said, would facilitate a more coordinated, holistic approach to healthy communities. Berdahl concluded by recommending that municipalities and regional health authorities:

- Recognize their common goals;
- Ensure ongoing communications; and
- Consider formal mechanisms to enhance collaboration (at minimum, holding joint annual meetings).

Berdahl was asked about the potential for municipalities to get involved in population health. She responded by identifying two primary barriers to developing the municipality/regional health authority relationship:

1. Capacity—time, money, etc.; and
2. Continuity—in many cases, the core City and the Regional Health Authority boundaries do not line up and they change over time.

Wayne Helgason, Social Planning Council of Winnipeg

In Helgason's view, Aboriginal research "has not caught on" as it should have. The urbanization of Aboriginal people started in a significant way after 1951, following the removal of certain clauses from the Indian Act, clauses that he pointed out had made some Aboriginal cultural practices illegal.

Helgason described a process, begun in 1989, to purchase and renovate the old Canadian Pacific rail station in Winnipeg. Twelve Aboriginal organizations collaborated, considered the feasibility and desirability of sharing building property, and bought the property in 1993. Helgason noted that the building has become the focal point for cultural revitalization for the Aboriginal community in Winnipeg.

According to Helgason, there are more Aboriginal people in Winnipeg than there are people in the Northwest Territories and the Yukon—at least 66,000. He argued that more research needs to be done on urban Aboriginal communities such as Winnipeg. He recognized the importance of making available the findings from the research work that is being funded by CPHI, and called for greater inclusion of Aboriginal perspectives in such research.

Helgason was asked about the use of research in the development of the Winnipeg Aboriginal centre. He responded that although they did not draw heavily on research, there was some history on the building itself that was used, and an effort was made to seek community advice about the use of the building, using a modified participatory research process.

Kathie Cram, Saskatoon Health Region

"Saskatoon Anti-Poverty Coalition Project"

Cram described the Saskatoon Anti-Poverty Coalition, and its efforts to effect policy change by using research, multi-sectoral collaboration and leadership development. She described the organization's development through five stages:

1. Adversarial initiation—confrontational strategies, distrust and anger;
2. Partnership and project development—with government, consensual, window of opportunity, participatory action research, public consultation process, "Roots of Poverty" Project;
3. Project completion—June, 2002, sense of accomplishment, lingering feelings of mistrust of government;
4. Prioritizing—very painful process, assisted by Caledon Institute; and
5. Next Steps—trying to move forward on the recommendations.

Cram identified the role of research in the project as necessary for building credibility for the Coalition's work in the eyes of government. She pointed out that the point of the group's research was to develop indicators to evaluate the extent to which the project's leadership development work was effective. Furthermore, she explained, the research also gave the coalition an opportunity to engage other community members in developing the indicators, and in other aspects of the work of the Anti-Poverty Coalition.

Cram concluded her presentation with a quote from Dr. Michael Rachlis for participants to consider:

“Those striving to promote inter-sectoral action and improve population health are left with one foot firmly rooted in science and the other tentatively positioned in politics. If the health sector follows issues to their logical conclusions, there will be pressure for inter-sectoral action on the broad determinants of health. However, this will inevitably create some sort of political backlash. On the other hand, if health personnel do not engage in inter-sectoral action, they will never deal with the most important determinants of health.”

Cram was asked about the value in including a research agenda in the overall process. She responded that from the very beginning of the project, a research design was in place to assess activities and outcomes. A third party was hired to do the research, which included asking people to identify what they would consider to be successful outcomes.

Eric Leviten-Reid, Caledon Institute

“Vibrant Communities”—connecting practice, research and policy-making

Leviten-Reid described the Caledon Institute’s *Vibrant Communities* project as a collaborative learning initiative involving 15 communities across Canada, including several Prairie cities, who are interested in reducing poverty.

Vibrant Communities, he said:

- Provide the support that meets the needs of all members;
- Promote inclusion to enable participation of all members in social, political and cultural life of the community; and
- Create opportunities for lifelong learning.

According to Leviten-Reid, the initiative was spawned in reaction to a perceived stall in the efforts in Canada to reduce poverty since the 1970s.

He highlighted five key elements of the approach to this work:

- Poverty Reduction—not simply alleviating the hardship;
- Comprehensive Thinking and Action—tackling multiple problems simultaneously;
- Multi-sectoral Collaboration—exploring new relationships generates creative outcomes;
- Community Asset-Building—building on strengths rather than dwelling on deficits; and
- Community Learning and Change—an ongoing process of dialogue, action and reflection.

The primary intention, said Leviten-Reid, is to move people out of poverty, rather than relieving its impacts. Essentially, he said, the initiative is trying to track both the process dimensions of this work in building the capacity of communities to respond to these issues, and outcomes at multiple levels (e.g., changes for individuals and households, for organizations, and for the community overall, including policy-level changes).

Robert Miller, Town of Okotoks

“Sustainable Okotoks”

Miller is the Business Centre leader in economic development for the Town of Okotoks, a community of 12,000 people located 40 kilometers southwest of Calgary. He described a community development process that led to the adoption of the following vision statement for the community: “We intend to leave a legacy for the children and the families that come after the current residents to make sure that the community is more sustainable than it is currently.”

Approaching the end of the 1990s, he explained, the town found itself faced with a choice: continuous annexation with limitless growth or living within an intentional, planned structure based on environmental stewardship with long-term, wise watershed management. Miller stated that, four years into this process, they have created sustainability criteria and mandates, including a population cap of 25,000–30,000 people.

Miller spoke about the importance the Town of Okotoks attaches to the many partnerships established with outside organizations. He also mentioned a community survey that is conducted every three years to determine the town’s direction from residents. These surveys indicate that a very high percentage of the population supports the vision, he said. He invited workshop participants to visit the town’s website (www.okotoks.ca) for more information on this effort.

Miller was asked to what extent research was used in Okotoks to design their plan? He explained that leadership was provided by the professional staff of the municipality, who understood the importance of sustainability for the municipality. He indicated that there was no hard research done at the time. However, a linkage was created with the Faculty of Environmental Design at the University of Calgary and a package has been developed and presented to elected officials in Okotoks.

SMALL GROUP DISCUSSION: FACILITATING A POLICY RELEVANT RESEARCH AGENDA

Participants worked in small groups to:

- Discuss research/knowledge gaps requiring additional research; and
- Identify both research questions and types of research that need to be undertaken (e.g. primary analysis, evaluations, interventions, systematic reviews, etc.).

Questions for consideration in the discussion were:

1. What are the major knowledge gaps related to policy for healthy communities? Identify (a) a knowledge gap and (b) the significance of this knowledge gap.
2. What specific research questions can be identified?
3. How might these knowledge gaps be filled/research questions answered? What types of research should be undertaken?

Highlights of the Discussions

Gaps/Issues

Types of Research

- Paucity of longitudinal studies in Canada;
- Synthesis of research evidence addressing the question—how do the findings apply to me? Look at areas where we have had success, and learn from this as a best practice, with special attention to dimensions of power and culture; and
- Develop a CPHI “fleeting opportunities fund” that can take advantage of “windows of opportunity” to research the potential health effects while a policy is in the development phase, monitoring impacts (indicators/benchmarking). This will facilitate a CPHI-led, proactive process to address emerging/current issues. For example, starting April 1st, criminal courts in Alberta can order mental health evaluations of young offenders. Is there scope for CPHI to monitor the impact of this type of policy change?

Process Issues

- Evaluation of policies and programs is not built into research and implementation plans;
- Relating research to organization/government objectives; increased emphasis/understanding of outcome objectives for all parties; increased alignment between research granting organizations and policy-makers;
- Involve users at formative stages—Participatory Action Researcher (PAR) model. Link up with others to collaborate;
- Capacity building—impact and capacity of the voluntary sector; development of Aboriginal capacity, especially in urban settings;
- Does the public understand the determinants of health? Use plain language to communicate population health issues and research findings;
- “Unpack” the concepts of population health by developing clear, understandable, common definitions;
- “De-complexify” population health—break it down, create a focus on specific issues that we do have evidence on, then put it back together again within the population health framework; and
- What processes and structures are conducive to the use of population health research? Which impede?

Research Topics

- CPHI should build on current themes but really focus on what works at broad inter-sectoral action levels, and on the health impacts;
- Link population health research/evidence to the research in environment, economic, land use, urban planning (beyond health);
- Evidence on the effectiveness of “upstream” work;
- Urban Aboriginal health represents a serious knowledge gap;
- Health impacts of policies and programs: many programs/social policies are put in place without consideration of their impact on health. Most communities don’t have the capacity to do this kind of work; and
- “Healthy communities” definition—physical, community development, and environmental perspectives are all different starting points. Population health includes so many factors, it is often difficult to pursue a coherent population health research agenda.

Supporting Structures

- A population health clearinghouse is required, as one pathway for determining best practices. Currently there is no repository for ongoing research; and
- Providing frameworks for using and compiling information.

Research Questions

Methods

- When do we use universal versus targeted approaches? Do we know which would be more effective?
- Hierarchical linear modeling and multi-level modeling using well-established methods is an important area for future focus.
- For multi-sectoral poverty reduction, what models/frameworks are there that work?

Effectiveness

- Effectiveness of interventions—Where do actions originate?—community led vs. top-down; disease, illness intervention vs. health promoting?
- Which interactions of the determinants of health have the largest influence on health?
- Research on the effect of current policies on health.

Knowledge Transfer

- How effective are we at translating research into policy?
- How can we more broadly engage people in research and dissemination?

Policy Decisions & Impact

- Why do policy-makers make the decisions they do? What do policy-makers look for when they are developing policy?
- What would be the savings to the health care system if we put more into prevention and health promotion in general?
- How has public health fared under regionalization?
- What impact do municipal policies have on population health?
- What is the impact of taxation policies (e.g., redistribution) on population health?

Community-level determinants of health

- What are the structural factors that encourage people to make healthy choices?
- What does effective parenting look like?
- Understanding the consequences of day-to-day actions with respect to the environment—how to engage citizens to address environmental issues?
- To what extent can/do communities determine the factors that influence their health?
Would there be a health dividend if we had a democratization of health (i.e. the relationship between empowerment and health)?

Other

- Civic participation of Aboriginals; and
- “Upstream” pathways to health—what are the determinants of health?

WRAP UP AND REFLECTIONS

Carmen Connolly, CPHI

Carmen Connolly thanked everyone, presenters and participants, as well as CPHI staff who organized the workshop. She revisited the workshop goals, and invited participants to indicate through the evaluations the extent to which those goals were met.

In closing, Connolly reassured participants that far from being an isolated event, this meeting is part of a much longer process for CPHI to reduce health inequalities and improve the health of Canadians. Connolly added that “we consider you part of the community we are building” and she confirmed CPHI’s commitment to:

- Build a commitment to improve population health;
- Build strong evidence on the determinants of health;
- Identify policy options that will lead to important changes;
- Report on those changes and the health of Canadians; and
- Make Canada a better and healthier country in the medium and long term.

APPENDIX A

Session One

Participants worked in roundtable groups to answer the following questions:

1. What were the key research findings?
2. Who might be interested in these results? Who are the potential audiences?
3. What are the situations in which we might make use of these research results?
4. How might results be relevant to your setting/situation?

The following represents a summary of participants' discussions, according to the four questions listed above.

Question 1: Key research findings

Highlights of the Discussion

Connecting Research to Policy: Challenges and Strategies

- Key players in the policy-making process need to acknowledge the interdisciplinary nature of research. Relationship building between researchers and policy/decision-makers and across research disciplines is required;
- Informed communities can also drive policy change. Hence, community advocacy groups should be linked to research; and
- There remains a “disconnect” between the world of researchers who are focused on their own area of specialty and the world of the policy/decision-makers, who have multiple competing demands and shorter time frames in which to make decisions.

Considerations in Research Design and Data Interpretation

- Living in conditions of risk is not always predictive of lower health status. It is crucial to examine other factors that may explain the variability;
- Researchers need to challenge the assumption that large populations (e.g., First Nation's Peoples) are homogenous. Cultural considerations must be taken into account when interpreting research results. The research into social capital in First Nation's communities, for example, could be expanded by comparing these findings to research into social capital in non-First Nation's communities; and
- By stepping back and reflecting on what we know and what we don't know with regard to the health of communities, we will be in a better position to identify and fill knowledge gaps.

Question 2: Potential audiences for research results

Highlights of the Discussion

Targeting your Audience

- Researchers and policy/decision-makers have different needs and expectations. The challenge is to translate, synthesize and market research findings for specific audiences (e.g., policy/decision-makers, the general public, the media);
- The key to research dissemination is to identify organizations that influence policy change;
- Policy brokering and knowledge enhancement are required at various levels of decision-making. There is enormous diversity in the policy world in terms of goals, institutional processes and jurisdictional considerations. A targeted approach is necessary;
- Cultural differences should be considered (e.g., First Nation's communities). There should be processes to help contextualize research outcomes for specific communities; and
- In order to fully engage an audience, proposals for policy change need to be based on comprehensive research syntheses and not on "single study" findings. Therefore, improved access to data, research findings and research syntheses is essential.

Question 3: Opportunities to make use of research results

Highlights of the Discussion

Advocates for Change

- Research-informed advocates for policy ("RAPsters") often attempt to make research results meaningful and valuable for policy/decision-makers and advocate for action.
- These "RAPsters" are required at all levels. There are some key "RAPsters" at the national level, for example:
 - Canadian Policy Research Network (CPRN);
 - Caledon Institute of Social Policy (CISP);
 - Canadian Centre for Policy Alternatives (CCPA);
 - Canadian Council on Social Development (CCSD); and
 - Canadian Council on Integrated Healthcare (CCIH).
- More "RAPsters" are needed at the provincial, regional and local levels, where much population health-related policy development occurs.

Question 4: Relevance of research results to your own setting/situation

Highlights of the Discussion

Facilitating knowledge transfer and exchange

- Funding organizations such as the Canadian Population Health Initiative (CPHI), the Canadian Institutes for Health Research (CIHR) and the Canadian Health Services Research Foundation (CHSRF) should consider an "Action Research Initiative" where the focus would be on "applied dissemination". Research would be based on real partnerships spanning disciplines to facilitate knowledge exchange between researchers, practitioners and policy/decision-makers; and
- Research is needed at the community level. Linking researchers, practitioners and policy/decision-makers to the needs of the community is key.

Session Two

Participants worked in roundtable groups to answer the following questions:

1. What are the major knowledge gaps related to policy for healthy communities?
2. What specific research questions can be identified?
3. How might these knowledge gaps be filled? How should research questions be answered? What types of research need to be undertaken?

The following represents a summary of participants' discussions, according to the three questions listed above.

Question 1: What are the major knowledge gaps related to policy for healthy communities?

Highlights of the Discussion

Policies for healthy communities: Filling in the gaps

- The impact of taxation policies on population health needs to be measured;
- The consequences of our day-to-day actions with respect to the environment and the effects on our communities should be measured;
- What is the definition of a healthy community (both independent and dependent variables)? We need to look at multiple factors, i.e., not just socio-economic status;
- What models/frameworks are effective in multi-sectoral poverty reduction?
- What are the major factors that impede policy-relevant research from being undertaken?
- What are the policy initiatives that have a positive impact on child development?
- The evaluation of policies and programs needs to be built into research implementation plans; and
- The impact and capacity of the voluntary sector should be examined in greater depth.

Question 2: What specific research questions can be identified?

Highlights of the Discussion

Knowledge Exchange

- How do we more effectively and more broadly engage people in research and dissemination?
- How effective are we at translating research into policy? What works and why?

Policy Effectiveness

- What existing policies are the most effective? Why do they work?
- How has public health been affected by regionalization?

Determinants of Health

- To what extent do communities determine the factors that influence their health? Is there a relationship between community/individual empowerment and health?
- Which interaction of determinants of health most influences the overall health of a community?
- What are the key variables in the relationship between the environment and health?
- How are the determinants of health related to the economic analysis of disease?

Question 3: How might these knowledge gaps be filled?

Highlights of the Discussion

Types of studies needed

- More longitudinal studies are required; and
- Research needs to place an increased emphasis on outcome objectives.

Policy related research

- More research should be undertaken that relates directly to the objectives of policy/decision-makers;
- There should be increased alignment between research granting agencies and the needs of policy/decision-makers;
- When a policy is under consideration, research should be generated to take advantage of this “window of opportunity.” Hence, CPHI should consider allocating some research resources for a “fleeting opportunities fund” which would enable researchers and CPHI to facilitate quick investigation of policy issues as they emerge and are current; and
- Analyses of the types of research that policy/decision-makers are looking for; what makes research attractive at the decision making level?

Research Topics

- Research into the determinants of health in First Nation’s communities, especially in urban settings is required;
- What factors encourage people to make healthy choices?
- More work is needed to examine what processes are most conducive to the uptake of population health research. What are the major impediments?

APPENDIX B

PARTICIPANTS LIST

Judy Bader

Executive Director
Healthy Communities
Calgary Health Region
Calgary, AB

Natalie Ballentyne

Policy Analyst
Assembly of Manitoba Chiefs
Winnipeg, MB
Email: nballentyne@manitobachiefs.com

Shelley Barnes

Director of Health Information Services
Regional Health Authority—Central Manitoba
Portage la Prairie, MB
Email: sbarne@healthwest.nf.ca

Loleen Berdahl

Director of Research
Canada West Foundation
Calgary, AB
Email: berdahl@cwf.ca

Marni Brownell

Researcher
Manitoba Centre for Health Policy
University of Manitoba
Port Sydney, ON
Email: Marni_Brownell@cpe.umanitoba.ca

Robert Campbell

Director
Population Health Section
Chinook Health Region
Lethbridge, AB
Email: rcampbell@mail.chr.ab.ca

Dan Château

Post-Doctoral Researcher
Manitoba Centre for Health Policy
Winnipeg, MB
Email: dan.chateau@cpe.umanitoba.ca

Brenda Cholin

Medical Officer of Health
Regina-Qu'Appelle Health Region
Saskatoon, SK

Kathie Cram

Coordinator
Community Development Team
Saskatoon Health Region
Saskatoon, SK
Email: kathie.cram@saskatoonhealthregion.ca

Richard Dilay

Coordinator
Neighbourhoods Alive!
Winnipeg, MB
Email: nalive@gov.nb.ca

James Dunn

Assistant Professor
University of Calgary
Calgary, AB
Email: jimdunn@ucalgary.ca

Nicola Fairbrother

Executive Director
Edmonton Social Planning Council
Edmonton, AB
Email: nfairbrother@edmspc.com

Larry Flynn

Regional Manager
Population Health Section
Health Canada
Winnipeg, MB
Email: larry_flynn@hc.sc-gc.ca

Ronald Labonte

Professor and Director
SPHERU
University of Saskatchewan
Saskatoon, SK
Email: ronald.labonte@usask.ca

Eric Leviten-Reid

Policy Analyst
Caledon Institute
Madison, Wisconsin
Email: levitenreid@ameritech.net

Jim MacLean

Outreach Worker
Red Deer Native Friendship Centre
Red Deer, AB
Email: rdns84@telusplanet.net

Javier Mignone

Research Assistant
Centre for Aboriginal Health Research
University of Manitoba
Winnipeg, MB
Email: jmignone@yahoo.com

Nazeem Muhajarine

Associate Professor
SPHERU
Department of Community Health
and Epidemiology
University of Saskatchewan
Saskatoon, SK
Email: nazeem.muhajarine@usask.ca

Ralph Nilson

Director Indigenous Peoples'
Health Research Centre
University of Regina
Regina, SK
Email: nilson@uregina.ca

Wayne Helgason

Executive Director
Social Planning Council of Winnipeg
Winnipeg, MB
Email: wayneh@spcw.mb.ca

Glen Laubenstein

City Manager
City of Brandon
Brandon, MB
Email: glenl@brandon.ca

Penny Lightfoot

Director
Population Health and Research
Capital Health
Edmonton, AB
Email: plightfo@cha.ab.ca

Lindsay McLaren

Postdoctoral Fellow
Department of Community Health Sciences
University of Calgary
Calgary, AB
Email: lmclaren@ucalgary.ca

Rob Miller

BCL—Economic Development Specialist
Town of Okotoks
Okotoks, AB
Email: rmiller@okotoks.ca

Cordell Neudorf

Vice President
Corporate Services for the
Saskatoon Health Region
Saskatoon, SK
Email: neudorf@sdh.sk.ca

John O'Neil

Chair IAB, IAPH, CIHR
Professor and Director
Manitoba First Nations Centre for Aboriginal
Health Research
University of Manitoba
Winnipeg, MB
Email: oneilj@ms.umanitoba.ca

Michael Polanyi
Research Faculty
SPHERU
University of Regina
Regina, SK
Email: Michael.Polanyi@uregina.ca

James Randall
Co-Director and Associate Professor
Community University Institute
for Social Research
University of Saskatchewan
Saskatoon, SK
Email: jim.randall@usask.ca

Jan Sanderson
Director
Healthy Child Manitoba
Winnipeg, MB
Email: jsanderson@gov.mb.ca

Tara Stang
Grants Officer
The Muttart Foundation
Edmonton, AB
Email: tstang@muttart.org

Kate Waygood
Co-Director
Community University
Institute for Social Research
Saskatoon, SK
Email: waygoodk@sdh.sk.ca

John D. Whyte
Senior Policy Fellow and Professor
Saskatchewan, Institute of Public Policy
Regina, SK
Email: john.whyte@uregina.ca

Kim Raine
Associate Professor and Director
Centre for Health Promotion Studies
University of Alberta
Edmonton, AB
Email: kim.raine@ualberta.ca

Jonathan Robb
Health Data Analyst
Alberta Health and Wellness
Edmonton, AB
Email: jonathan.robb@gov.ab.ca

Sophie Staley
Provincial Manager
Population and Public Health Board
Health Canada
Regina, SK
Email: sophie_staley@hc-sc.gc.ca

Mark Tremblay
Professor and Dean of Kinesiology
University of Saskatchewan
Saskatoon, SK
Email: mark.tremblay@usask.ca

Allison Williams
SPHERU Faculty
SPHERU
University of Regina
Saskatoon, SK
Email: williams@usask.ca

FACILITATOR

Lillian Bayne
Facilitator
Victoria, BC

CPHI STAFF

Carmen Connolly
Director

Lorna Malone
Consultant
Research, Analysis and Infrastructure

Stephen Samis
Manager
Research, Analysis and Infrastructure