

The Canadian Population Health Initiative

Action Plan 2007–2010



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Canadian Institute
for Health Information

Institut canadien
d'information sur la santé

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Introducing CPHI

Awareness is growing, in Canada and internationally, about the broad range of factors that influence the health and well-being of populations. In fact, patterns of health and disease are largely a consequence of how we learn, live, work, and play. Despite the fact that Canadians are amongst the healthiest people in the world, with long life expectancies and high self-rated health, not all Canadians benefit from good health. Population health is an approach that looks at the health and well-being of population groups and examines health inequities between and within these groups. This knowledge may help us to help people to live longer, in better health. It may also help to support the sustainability of the health system as a whole.

The Canadian Population Health Initiative (CPHI), part of the Canadian Institute for Health Information, was created to examine patterns of health within and between population groups in Canada, as well as evidence about “what works” at a policy and program level to improve health. (For more information on CPHI’s history, see Appendix A). Specifically, the mission of 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.

To achieve its mission, CPHI focuses on groups of individuals, communities and the population as a whole, their determinants of health and the policies that may influence their health.

In conducting its work, CPHI focuses on four complementary functions:

1. *Knowledge Generation and Synthesis*: Building a better understanding of the factors affecting population health
2. *Policy Synthesis*: Contributing to policy development to improve the health and well-being of Canadians
3. *Knowledge Transfer and Reporting*: Providing objective and credible information on population health issues
4. *Knowledge Exchange*: Establishing collaborative strategies and networks to bring a focus to understanding the determinants of health

Where We Are Today

Since 1999, CPHI has worked with leaders within and beyond the health sector to increase understanding about factors that affect our health with the goal of helping Canadians stay healthy and live longer. To inform plans and priorities for the next three years (2007–2010), CPHI conducted an impact evaluation of previous work and a series of consultations to identify future goals and directions for the 2007–2010 Action Plan.

The goal of the impact evaluation was to learn from, and build on, experiences during 2004–2007. It included a review of the “reach” of CPHI products, key informant interviews, surveys of funded researchers, and evaluations of specific products and services. The impact evaluation revealed that CPHI has become a trusted source providing objective, credible information. Interviewees also felt strongly that CPHI has made an impact on shaping the debate on population health, with one noting that “CPHI is a wonderful asset... to help bring focused knowledge and evidence to move the population health agenda forward.” Stakeholders also felt that CPHI produces useful reports and supports key dissemination and knowledge exchange activities. For example, an interviewee noted that “CPHI has done a really good job of taking information that is somewhat arcane and making it accessible. It’s a big accomplishment.” That being said, stakeholders also noted there is more work to be done in population health, remarking that “there’s a big gap right now that CPHI could help fill...”

To inform future goals and directions, CPHI undertook a range of consultations, including:

- Key informant interviews to identify what key stakeholders viewed as CPHI’s unique contributions and value, as well as to solicit recommendations for CPHI’s priorities and activities during 2007–2010
- Environmental scans of six key population health areas to gain strategic insight into current and evolving literature, practice and policy, data sources and potential opportunities for CPHI
- A delphi survey to engage a diverse cross-section of representatives from across the population health community to provide input on priority themes for CPHI’s future work
- A one-day forum with key stakeholders to solicit their views on future themes, priorities and activities
- Discussions with CPHI Council and CIHI Board

A report summarizing the findings of the impact evaluation and the consultations is available at www.cihi.ca/cphi.

Taking Population Health Information Further: 2007–2010

In light of the findings of the impact evaluation and consultations, CPHI's mission and functions, and the type and breadth of work underway in the population health field, CPHI has developed this Action Plan to guide its work over the next three years (2007–2010).

Cutting across the whole of our work and underpinning the achievement of our mission are six directions that help to define CPHI's niche and the way we operate:

1. Applying a population health lens to a selected set of health-related issues, i.e. analyzing the upstream determinants of health to understand what keeps people healthy
2. Partnering strategically to ensure value for money and minimize duplication of effort
3. Leveraging CPHI's strong linkage and exchange function to encourage uptake of research and analysis and respond to the needs of key stakeholders. This extends to theme-specific activities such as reports, workshops and commissioned research, as well as cross-cutting activities
4. Learning from natural experiments that occur with variations in policies and programs by providing targeted funding for applied intervention research, as well as commissioning research that addresses priority gaps in our knowledge base
5. Operating as a dynamic initiative, retaining the capacity to be flexible and respond to emerging opportunities and issues
6. Focusing CPHI's finite resources and setting priorities, in recognition of the breadth of the population health field and the potentially limitless topics for investigation

It is this combination of outlook and activities that define CPHI's unique role in the population health field.

Focusing Our Efforts

Population health is a very large field with countless areas of investigation that could benefit from research, analysis and intervention. In order for CPHI to make a difference, it must focus its work.

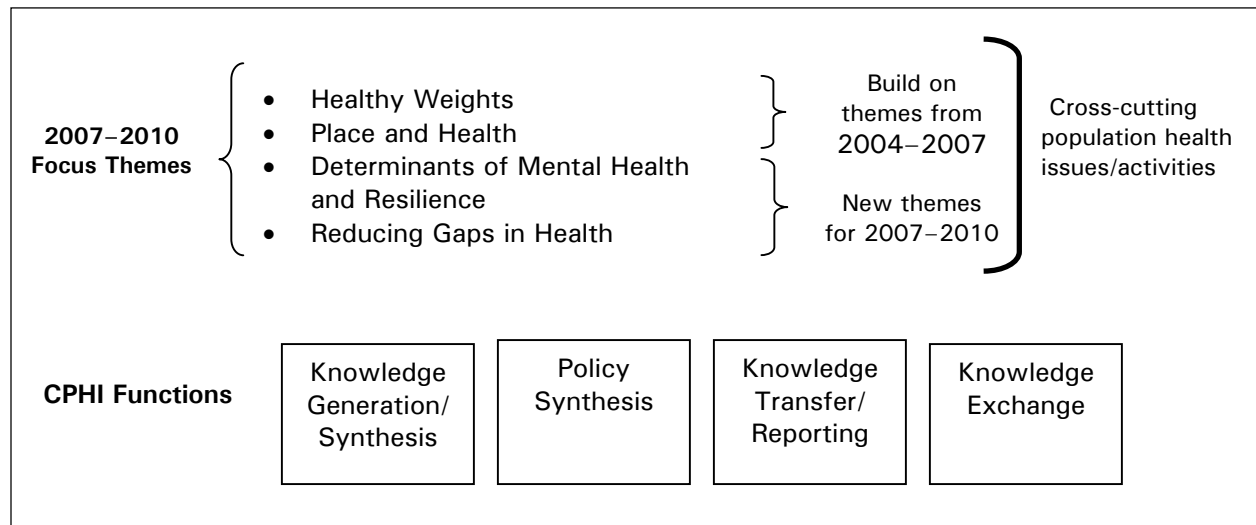
Focus themes are adopted based on consultation with stakeholders and criteria used in the past for theme selection. When considering potential themes for the 2007–2010 period, the following criteria were used:

1. Importance as a population health issue for the health of Canadians
2. High potential impact on:
 - the health of Canadians—examining factors that are amenable to change; and/or
 - informing population health science and strategies
3. Importance and profile with both policy actors and the public and relevance to the pan-Canadian agenda
4. Strategic fit with CPHI’s role, mandate and niche
5. Feasibility to proceed given the quality of the evidence and resources available
6. Potential impact of partnerships: taking advantage of partnership possibilities and avoiding duplication of efforts

Key Themes

Based on the above criteria and the need to focus on a few theme areas, four themes were selected for the 2007–2010 period. See Figure 1:

Figure 1.



Although the four themes are listed separately, there are clear inter-relationships between them. For example, place and health is clearly linked with healthy weights. Links between focus themes will be investigated in addition to exploring the individual themes. Each theme area will now be described in turn.

Healthy Weights

Rates of overweight and obesity continue to be a concern worldwide, and are increasingly being linked to long-term health problems, with resultant implications for individuals, the health system, the economy, and society more generally. Many jurisdictions are considering how best to address the complex challenges of child and adult obesity. CPHI's recent report, *Improving the Health of Canadians: Promoting Healthy Weights*, focuses on the aspects of the social and structural environment that can promote or inhibit healthy weights. This has added a determinants of health lens to the issue, expanding the perspective. CPHI also contributed to this theme by looking at the nature of the problem, including trends in overweight and obesity, and synthesizing the evidence. In the past 3 years, CPHI has disseminated funded research findings, including research on "screen time" and its relationship with healthy weights (Mark Tremblay) and findings on comprehensive school health programs in the Annapolis Valley (Paul Veugelers). A commissioned research synthesis to explore the state of the evidence on the link between the urban environment and healthy weights will be released in the near future.

While stakeholders agreed that CPHI has already added value to this topic area, they acknowledged that there is an on-going need for CPHI to continue to build on this recent work in terms of "what works," and continue to foster partnerships in this topic area. As a result, for the 2007–2010 period, CPHI will work to foster increased linkage and exchange amongst researchers, between researchers and policy actors, and amongst policy actors with different portfolios (to facilitate evidence-informed decisions and policy on the healthy weights theme). In addition, CPHI intends to contribute to the generation of better information about "what works" to promote healthy weights at a population level to policy actors.

Examples of activities for the 2007–2010 period related to healthy weights include:

- Funding targeted research on natural experiments to better understand "what works"
- Continuing to synthesize new policy evidence (e.g. newly evaluated programs, policies and initiatives) on "what works" in order to better inform policy actors
- Producing innovative and objective products that highlight evidence related to healthy weights
- Promoting uptake of CPHI-funded research and other CPHI resources on healthy weights
- Promoting and facilitating linkage and exchange to support evidence-informed decision-making, both in the health sector and outside of the health sector

Place and Health

Research from Canada and around the world has demonstrated that patterns of health and disease depend largely on where we live, learn, work, and play. Our knowledge base is improving, but there are still many gaps in our understanding about why some communities are healthy and others are not. The current environment offers many opportunities for informing policy and practice, such as working with Canada's urban Medical Officers of Health on reports on poverty and urban health. In addition, CPHI has established a successful network of researchers working on place and health issues. Results from their work, such as a profile of health in rural communities, have attracted strong interest. Upcoming work offers equal promise.

Accordingly, place and health will be retained as a theme over the 2007–2010 period. For the next 3 years, CPHI *will focus on modifiable attributes of both the natural and built environments that may have an impact on health*. Because so many players are involved in this area—from individuals and community groups to architects and governments—an important goal will be to increase awareness about the impact that decisions taken outside of the health sector can have on the health of Canadians.

Examples of activities for the 2007–2010 period related to place and health include:

- Funding existing research commitments on place and health to foster research networks and build capacity
- Synthesizing evidence related to this theme
- Scanning policies and programs in order to improve understanding of policies related to this theme
- Sharing key results from CPHI-funded research on place and health and facilitating its uptake

Determinants of Mental Health and Resilience

Mental health is increasingly moving to the forefront of discussions on overall health and well-being. The discussion is often focused on care for mental illnesses, such as depression, alcohol dependency and social anxiety disorder. A recent report by the Public Health Agency of Canada, however, notes that **mental health** is “the capacity of each and all of us to feel, think and act in ways that enhance our ability to enjoy life and deal with the challenges that we face” whereas **mental illness** is “a biological condition of the brain...associated with significant distress and impaired functioning” (Minister of Public Works and Government Services Canada 2006, p. 1). A focus on mental health allows an examination of positive aspects of mental health and resilience, including self-perceived mental health, coping abilities and self-esteem. There is also growing agreement on the need to focus on the determinants of mental health—what makes people mentally healthy—in order to prevent the onset of mental illness.

Building on recent broad-based reports such as *Out of the Shadows at Last* by the Standing Senate Committee on Social Affairs, Science and Technology (The Standing Senate Committee on Social Affairs Science and Technology 2006) and *The Human Face of Mental Health and Mental Illness in Canada* by the Public Health Agency of Canada (Minister of Public Works and Government Services Canada 2006), CPHI aims to provide evidence to inform emerging policy and other decisions in this area. Mental health is a multifaceted issue with many interrelated influences; CPHI will explore aspects of mental health and resilience from a population health perspective. That is, CPHI will look beyond individual genetics and behaviours to the broader influences on mental health and resilience. Areas of investigation may include mental health and resilience of different groups in the population (such as women, youth, the aging population) and mental health in different settings (for example, the workplace).

Activities on this theme for 2007–2010 include:

- Continuation of current funded research commitments on mental health in order to add to the evidence base and foster research networks within this theme
- Synthesizing the evidence base by publication of *Improving the Health of Canadians 2007*
- Production of short, focused product(s) on particular aspects of mental health and resilience resulting from research undertaken for *Improving the Health of Canadians 2007*
- Scanning for policies related to the determinants of mental health and resilience in order to determine the state of policy action
- Identification of stakeholders for engagement in order to better understand our target audience(s)
- Promotion of the findings of funded research on this theme
- Convening a workshop to bring together researchers and policy actors in order to foster researcher and policy actor interaction and to exchange information on this issue

Reducing Gaps in Health

Research consistently demonstrates a link between socioeconomic status and health. For example, studies have shown that those with lower income tend to have poorer health. There is also a health gradient across all income levels (Evans 2002). In general, as income rises, health outcomes improve. The nature of this relationship is complex, and cannot be fully explained in terms of a single, commonly-used measure of socioeconomic status, such as income, education or occupation. Gaps in health can be related to differences in a wide variety of other determinants. For example, *Improving the Health of Canadians 2004* notes that differences in health may be due to people having “their social participation restricted and opportunities to exercise control over their lives reduced” (Canadian Institute for Health Information 2004, p. 28). The extent and timing of exposures to different determinants across the lifespan may also be important factors in developing a fuller understanding of the nature of their relationship to health.

CPHI has done work in the past on aspects of gaps in health including examining potential impacts of variations in income, gender differences and urban-rural differences and their respective relationships to health. There is also a variety of work being done by other players in the field and there are many organizations with whom CPHI could partner and collaborate to achieve results.

In light of this, CPHI will strive towards creating an improved understanding of the relationship between health and the many complex (and potentially modifiable) factors that, together, may contribute to gaps in health. Such factors may include decision latitude at work, sense of control and social exclusion, among others. The focus will not be to merely identify already-known gaps in health, but rather to highlight the complex interactions of the various determinants of health and the gaps in health. Initially, CPHI will focus on providing scope to the theme and outlining the possible paths between the determinants of health and variations in health. The overall objective of CPHI's involvement in this area is to build an increased understanding and awareness of gaps in health and to highlight evidence on "what works" to address these health gaps.

Activities on this theme for 2007–2010 include:

- Conceptualizing the topic
- Developing a report on poverty and urban health in collaboration with the Urban Public Health Network in order to add to the evidence base on this theme
- Synthesizing the evidence base
- Continuing to be a part of the Canadian Reference Group of the World Health Organization's Commission on the Social Determinants of Health
- Conducting an inventory of income-related policies in order to determine which policies could be evaluated for their impact on health
- Promoting publications that focus on CPHI-funded research related to this theme area
- Engaging stakeholders on the issue, possibly through research and policy think tanks or workshops

Cross-Cutting Activities

In addition to activities related to theme areas, CPHI will continue to undertake other strategic, cross-cutting activities. Examples include:

- Support for strategic partnership opportunities, including
 - supporting the annual Canadian Public Health Association conference with the Canadian Public Health Association, the Public Health Agency of Canada and the Institute of Population and Public Health at the Canadian Institutes of Health Research; and
 - collaborations with other organizations working on similar population health issues, such as the World Health Organization's Commission on the Social Determinants of Health
- Continuation of currently-funded research commitments, including research on the relationship between cultural continuity and youth suicide in First Nations and targeted funding for research on the outcomes of natural experiments

- Quarterly publication and distribution of CPHI's *Health of the Nation* e-newsletter, which provides information on CPHI activities and highlights new research findings on population health
- Development of *Improving the Health of Canadians* Flagship reports on CPHI theme areas
- Preliminary work on population health indicators, including reviewing the literature, assessing current practices and working with the CIHI Indicators group to analyze existing indicators from the CIHI-Statistics Canada Health Indicator Framework with an equity lens
- Presentation of CIHI/CPHI education workshops entitled "Applying a Population Health Perspective to Health Planning and Decision-Making" at a regional level. These workshops are conducted in-person but they are also newly available on-line. Work is also beginning on creating an advanced education workshop
- Enhancing the population health content on the CPHI component of the CIHI website in a way that complements the wealth of information available on the web sites of other population health actors
- Knowledge transfer and exchange activities, focusing on enhancing ways to communicate population health evidence in an effective, meaningful and timely manner
- Encouraging the development and use of population health tools and models in collaboration with partners

Partnerships

CPHI recognizes that there is strength in partnerships and is committed to working collaboratively. Given the inter-sectoral nature of population health, CPHI will continue to build and strengthen relationships with various partners in research, policy and practice domains. In addition, by partnering with other organizations, CPHI aims to reduce duplication and overlap and to leverage the finite resources available.

For example, since its inception, CPHI has worked closely with Health Canada and Statistics Canada on a number of issues. CPHI also has a memorandum of understanding (MOU) with the Canadian Public Health Association, the Public Health Agency of Canada and the Institute of Population and Public Health at the Canadian Institutes of Health Research. This MOU outlines how the partners will work in a synergistic way to build, strengthen and link the Canadian population health research and research user communities. The intent of this is to improve the use of evidence to inform population health policy, practice and programs.

Over this next period, 2007–2010, CPHI will work to build on this existing MOU with its partners. It will also pursue other partnerships and collaborations related both to its overall work on population health and its work on specific themes. These will include collaborations with organizations at all levels and in many domains, including:

- national, provincial, regional and local levels;
- research, policy and practice;
- actors inside and outside of the health sector;
- policy research organizations, foundations and public interest groups; and
- key media contacts with interest in the determinants of health.

Partnership activities may include:

- co-funding research projects;
- co-sponsoring events, conferences, workshops or roundtables;
- participating in advisory groups; and
- collaborating on reports.

Measuring Success

Measuring success is critical to understanding whether or not CPHI is achieving its objectives and adding value. CPHI measures its impact on an on-going basis using both quantitative and qualitative methods:

- regular tracking of CPHI product citations in published and grey literature
- regular consultations and ongoing feedback from stakeholders
- participation in larger CIHI evaluations of Roadmap-funded activities
- targeted evaluations of *Improving the Health of Canadians* reports
- regular evaluations of selected resources, e.g. CPHI education workshops

In the future, CPHI will develop a logic model to be used to evaluate its work. This model will allow CPHI to track and evaluate its successes and to better understand its impact.

Appendix A: CPHI's History

How We Began: 1997–1999

CPHI began as a pilot initiative in 1997, in response to a recommendation by the National Forum on Health. Health Canada provided initial funding for a demonstration phase (\$1 million). A Steering Committee with representatives from Health Canada, Statistics Canada, the Canadian Institute for Health Information, and the Federal/Provincial/Territorial Advisory Committee on Population Health provided leadership for this phase of the initiative.

CPHI became part of the Canadian Institute for Health Information (CIHI) in 1999 when it received additional funding (\$19.9 million) through the Health Information Roadmap Initiative. At that point, a Council of respected researchers and decision-makers from across Canada was established to guide CPHI in its work (see Appendix B). CPHI also collaborates with researchers, policy actors, and other key partners to increase public understanding about the determinants of health, with the goal of helping Canadians stay healthy and live longer.

Launching CPHI: 1999–2002

When CPHI was established in 1999, the focus of the Initiative was on funding population health research related to five key questions:

- 1) Why are some communities healthy and others not?
- 2) To what extent do Canada's major policies and programs improve population health?
- 3) How do social roles at work, in the family, and in the community affect health status over the life course?
- 4) What are the population health effects of broad factors in social organization in Canada and other wealthy countries?
- 5) What is Canada's relationship to population health from a global perspective?

CPHI has funded a diverse portfolio of research projects and programs in these areas, involving investigators from numerous disciplines who work in institutions across the country.

As of September 2006, approximately three-quarters of the funded research project and programs were complete, including those from the demonstration phase. Research results are expected to continue to emerge through 2008.

During this period, 1999–2002, key policy analysis themes were:

- Aboriginal Peoples' Health
- Poverty/Income/Social Inclusion
- Early Childhood Development
- Obesity

Demonstrating Value: 2004–2007

In recognition of the promise of the initiative, CPHI received an additional \$15 million in funding for the 2004–2007 period. With the emergence of the Canadian Institutes of Health Research (CIHR) as Canada’s major health research granting agency, CPHI shifted away from investigator-driven research. The original strategic questions remained valid, but CPHI’s focus changed to encompass four complementary functions:

- *Knowledge generation and synthesis*: Building a better understanding of the factors affecting population health
- *Policy synthesis and analysis*: Contributing to policy development to improve the health and well-being of Canadians
- *Knowledge exchange*: Establishing collaborative strategies and networks to bring a focus to understanding the determinants of health
- *Knowledge transfer and reporting*: Providing objective and credible information on population health issues

These functions built on CPHI’s earlier successes, but they also resulted in a new range of partnerships, activities, deliverables, and evaluation mechanisms. At this time, CPHI developed a three-year action plan that provided both high-level direction for CPHI and a framework for CPHI’s work through 2006–2007, with more detail regarding short-term plans. During this time, CPHI focused on three priority themes:

- healthy transitions to adulthood,
- healthy weights, and
- place and health

It also moved forward on conducting knowledge/research synthesis, developing policy options, reporting, and undertaking dialogue related to these themes.

Appendix B: CPHI Council Members as of October 2006

Dr. Cordell Neudorf (Acting Chair)

Chief Medical Officer/Vice President of Research
Saskatoon Health Region (RHA #6)
Saskatoon, SK

Hon. Monique Bégin

Professor Emeritus
Faculty of Health Science
Visiting Professor
Health Administration
School of Management
University of Ottawa
Ottawa, ON

Dr. André Corriveau

Chief Medical Officer of Health
Director, Population Health
Department of Health and Social Services
Government of Northwest Territories
Yellowknife, NWT

Dr. Judy Guernsey

Associate Professor and Director, Atlantic RURAL Centre
Faculty of Medicine, Community Health and Epidemiology
Dalhousie University
Halifax, NS

Dr. Lynn McIntyre

Professor, Department of Community Health Sciences
Faculty of Medicine
University of Calgary
Calgary, AB

Dr. John Millar

Executive Director
Population Health Surveillance & Disease Control Planning
Provincial Health Authority
Vancouver, BC

Mr. Ian Potter

Assistant Deputy Minister
First Nations and Inuit Health Branch
Health Canada
Ottawa, ON

Dr. Gerry Predy

Medical Officer of Health
Capital Health
Edmonton, AB

Ms. Deborah Schwartz

Executive Director
Aboriginal Health Branch
BC Ministry of Health Services
Victoria, BC

Dr. Elinor Wilson

Chief Executive Officer
Canadian Public Health Association
Ottawa, ON

Dr. Michael Wolfson (ex-officio)

Assistant Chief Statistician of Analysis and Development
Statistics Canada
Ottawa, ON

Dr. Gregory Taylor (ex-officio)

Director General
Centre for Chronic Disease Prevention and Control
Public Health Agency of Canada
Ottawa, ON

Dr. Richard Lessard (CPHI Chair, on leave for one year)

Directeur de la santé publique
Agence de développement de réseaux locaux
de service de santé et de services sociaux de Montréal
Montréal, QC

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Canadian Institute for Health Information. (2004). *Improving the Health of Canadians*. Ottawa, Ont., CIHI.

Canadian Institute for Health Information. (2006). *Improving the Health of Canadians: Promoting Healthy Weights*. Ottawa, Ont., CIHI.

Evans, R. G. (2002). *Interpreting and Addressing Inequalities in Health: From Black to Acheson to Blair to...?* London, England, Office of Health Economics.

Minister of Public Works and Government Services Canada. (2006). *The Human Face of Mental Health and Mental Illness in Canada*. Ottawa, Ont., Minister of Public Works and Government Services Canada.

The Standing Senate Committee on Social Affairs Science and Technology. (2006). *Out of the Shadows at Last—Transforming Mental Health, Mental Illness and Addiction Services in Canada*. Ottawa, Ont., The Senate.

This publication is part of CPHI's ongoing inquiry into the patterns of health across this country. Consistent with our broader findings, it reflects the extent to which the health of Canadians is socially determined, interconnected, complex and changing. CPHI is committed to deepening our understanding of these patterns.