

**Summary of Discussion
Science Advisory Board Teleconference**

**January 24, 2005
3:45 – 5:00 pm Eastern Standard Time**

Participants

Science Advisory Board Members

Linda Lusby
Keith Bailey
Robert Brunham
Mark Goldberg
Kathryn O'Hara
David Roy
Stanley Vollant

Secretariat

Diane Lugsdin
André La Prairie
Susan Tessier

Ex-officio members

Hélène Gosselin
David Butler-Jones
Pierre-Gerlier Forest
Ken Sato (for Diane Gorman)
Moustafa Askari (for Marcel Nouvet)

Regrets

Lorne Babiuk
Dixie Snider
Chris Loomis

1. Opening remarks

Linda Lusby welcomed all and expressed the Science Advisory Board's (SAB) pleasure at having the opportunity to advise the Public Health Agency (PHAC) on the establishment of the National Collaborating Centres (NCCs). It is recognized that this initiative is evolving and there is still much work to do.

Helene Gosselin, the new Associate Deputy Minister of Health Canada, was thanked for her attendance. The Board members look forward to her participation at many productive meetings with them.

2. National Collaborating Centres – Presentation and Discussion

David Butler-Jones expressed thanks for the chance to give an update on the NCCs and have the Board's perspectives on this initiative. He reaffirmed that the intent of the NCCs is to enhance the public health system by building capacity to translate evidence produced by research and disseminate to fill knowledge gaps. PHAC has been meeting with its NCC leads and institutional, provincial and territorial partners to determine guiding principles and underlying goals. SAB suggestions will feed into the work of John Frank, based at the University of Toronto and contracted by PHAC, who is advising on establishment of the NCCs and setting of national priorities. Work in the next few months will involve processes with Treasury Board to ensure the flow of funding as the NCCs will be operational in the new fiscal year. The Aboriginal Health Centre will have a national focus and be led out of British Columbia. The environmental health NCC will be situated with the British Columbia Centre for Disease Control. Infectious disease will be coordinated out of Winnipeg where the National Microbiology Laboratory is located. Health determinants will be led out of Atlantic Canada; Ontario will provide national focus for public health methods and tools and Quebec for public policy and risk assessment.

Examples of knowledge gaps include sharing of best practices in public health (e.g. immunization, translating policy into practice) or evidence base for issues (e.g. tobacco). Factors affecting ability to implement policies and programs must be examined and understood. The Board cautioned that we can't stop at simply informing on evidence but must address risk perception of controversies so the public can make reasonable choices. NCC leads recognize that this is a key area of work, getting information out easily to the variety of end users: public, health professionals, stakeholders and politicians.

The concept of evaluating the effectiveness and measure of success in reaching NCC goals was discussed. The CPHO confirmed that evaluation strategy will be part of the terms and conditions of the contribution agreement with Treasury Board. He added that PHAC is embarking on a citizen engagement process to further understanding of public health goals.

The Board questioned how the NCCs will function and where the human resources will come from. Federal contribution will provide 1.2 million per year to collaborative

arrangements to fund staff and activities. Personnel may be full or part time and be shared with the supporting research and academic institutions. This core funding will enable Centres to establish a network leveraged around identified priorities. Depending on the issue, the network may involve more than one Centre and appropriate health researchers and academics. The search for evidence will be purpose driven, pragmatic rather than curiosity, to provide solutions and recommendations for further research. It was clarified that the NCCs and their employees are outside PHAC; the relationship is contractual, not managerial. Models may vary from region to region. The Agency provides direction, based on a consensus of issues, and funds through a contribution agreement. It is expected that federal funding will encourage innovation through the partnering and infrastructure development.

Clarification was sought on whether the NCC vision was to solve ongoing or crisis driven public health issues. The vision is to be regionally based but national in scope and contribute to national knowledge on chronic issues such as the environment and aboriginal health. This initiative is not designed to respond to disease outbreaks although the NCCs could be called in to examine questions around treatment or further research needed. It was asked what role the NCCs could have in ongoing disease outbreaks such as the recent *Clostridium difficile* one in Quebec hospitals. The local departments of health are the first line responders but the infectious disease NCC could coordinate the laboratory work on toxicity research and surveillance on prevalence. It was agreed that as Centres start to articulate their role, examples can be used to outline scenarios in which the Centre can be useful.

The CPHO looks forward to the next SAB meeting when he would provide more details on the design of the NCCs, governance, the contribution program, priorities and linkage of advisory bodies. The Board welcomes this discussion, especially to ease their concerns about fragmentation of the scientific work of Health Canada. Ways will be explored regarding interface with the Deputies and Minister of Health as well as SABs of other departments. Helene Gosselin expressed interest in hearing more about the types of advice SAB can provide, given the work at Health Canada and Environment Canada regarding the CEPA review.

3. Closing Remarks

Linda thanked the CPFO for fulfilling his commitment to collaborate and offering to come back to the SAB routinely with updates. The Board is interested in linking with the proposed advisory bodies of the NCCs.

She noted that there is no need to duplicate existing structures, rather the vision is to build on, and hopefully enhance, existing capacity regarding the 6 centres focusing on priorities of public health. The Board anticipates an enhanced public understanding of these issues and built in evaluation mechanisms. The Board looks forward to hearing about the NCCs' structures and priorities and how they mesh with those of Health Canada.