

Atlantic Children's Program Population Health Workshops: Final Report

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**Prepared for Health Canada
by Tatamagouche Centre**

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Background

This report reflects the process and learning from work conducted to bring an understanding of population health to all aspects of the funded children's programs. This two-part project was conceived and jointly funded through the national and Atlantic Regional offices of the Health Promotion and Programs Branch of Health Canada.

The goal of this project, "Workshops on Population Health for the Funded Children's Programs," was to enhance the knowledge, skills and support for all those who work with the funded children's programs. These skills will enable all who work with the programs to be better able to present their work within a population health framework, and to further develop their sustainability through inter-sectoral collaboration.

The first component of this work was the development of a national workshop on Population Health and Inter-sectoral Collaboration for the Program Consultants who work with the children's programs (held in February 1998). The second part of this project was an Atlantic pilot that integrated the results of a meeting on Population Health and inter-sectoral collaboration with the JMC/ PAC members from the four Atlantic provinces (September 1998) with a workshop for representatives from the 44-funded projects in Atlantic Canada (October 1998).

Tatamagouche Centre was contracted to provide leadership for this work. An advisory committee with representation from the four provinces was struck to focus the development of the JMC/PAC meeting. This document is a final report that captures the learning from the national workshop and the Atlantic Pilot, plus presents a template that could be used for other similar population health training in the other regions across the country.

The population health framework has been developed jointly by the provinces and the federal government. The evolution of the Brighter Futures Children's Programs occurred at the same time. Information has been shared throughout the development of both these streams. This JMC/PAC meeting afforded an opportunity to take stock of the experiences and understanding that come from working with the population health framework, and to use this knowledge to support the future development of the children's programs.

The purpose of the contract between Health Promotion and Programs Branch and the Tatamagouche Centre¹ was to "develop, implement, evaluate, and refine a series of workshops

¹Tatamagouche Centre is a non-profit residential adult education centre owned by the United Church of Canada. Established in 1955, the Centre is located in Tatamagouche Nova Scotia and offers leadership to a wide variety of individuals and organizations.

for three participant groups involved with the funded children's projects of the Health Promotion and Programs Branch of Health Canada (HPPB)."² Information tools and resources were created and tested for usefulness in providing support for learning about the population health model. As stated in HPPB's request for proposals:

The goal of each workshop is to develop and enhance knowledge and skills in presenting the children's project work within a population health framework and in using this knowledge to approach other sectors for collaboration and partnerships to build capacity within the communities.

Between February and October 1998, there were three events. The first event brought together national program consultants who work with the Canadian Prenatal Nutrition Program (CPNP), Community Action Program for Children (CAPC) and Aboriginal Head Start (AHS). This meeting was held in February. The second phase of the contract was a pilot project consisting of two events: Atlantic Region Joint Management/Provincial Advisory Committees came together in September; and in October representatives from the Atlantic Region funded CAPC/CPNP children's projects were brought together. While the original intent was to include representatives of Aboriginal Head Start (AHS) programs in this third event, there were, unfortunately, no one in attendance from those projects. These project representatives were missed, and it was felt that as the most remote projects, more should have been done to encourage their participation.

Each workshop brought forward new opportunities to test ideas and build on the knowledge that the contractors and HPPB were gaining during this period. The general knowledge and understanding about population health has evolved for all partners since the initial workshop in February. The multi-phase nature and development of the work created a very steep learning curve for all involved. By the time the third workshop was held the contractors had become more comfortable with and knowledgeable about the population health framework and its potential implementation for the children's programs.

This report focuses on the key learning from the two phases which informed our recommendations for a workshop model. It is intended to be useful to those who are engaged in exploring the development of the population health framework with the children's programs. Meeting reports from the JMC/PAC meeting, program consultants and children's projects workshops can be found in the appendices at the end of the report.

² Tatamagouche Centre proposal to HPPB (December 1997)

The Workshops

Needs Assessments

The developmental phase and the Atlantic pilot were designed to inform and build on each other. A needs assessment process was initiated in January 1998, and attempted to survey all of the participants from all three levels of the children's programs. There were a number of challenges and barriers to the success of the needs assessment process.

Respondents from all three participant groups (program consultants, JMC/PAC and project representatives) indicated that they needed:

- a) Clarity around population health terms. There was not a sense of a 'common understanding' of population health. Some respondents felt that population health is 'what we already do', while others felt that it was imposing new work.
- b) Confirmation that their work could be articulated within a population health framework. They hoped to confirm what had been done and move forward from a known position.
- c) Understanding of how the roles and responsibilities of all those involved with the funded children's programs both complement a population health approach and how these roles and responsibilities will change as a result of the population health approach.

Challenges facing the Needs Assessment process

The needs assessment questionnaire was sent out before the JMC/PAC members had received an official invitation to attend a meeting focussing on population health. The complexities and sensitivities of federal/provincial and project relationships become evident to the contractors. The JMC/PAC members did not respond well to the implication that Health Canada was going to "teach them" about population health at a "workshop". With Health Canada's assistance and involvement, the response to this misunderstanding was to change the approach. The needs assessment was redesigned working through an advisory committee of JMC/PAC members.

In planning the children's projects workshop, the experience of the two previous workshops/meetings was of great benefit. The initial needs assessment had been viewed as too technical and the response rate was quite low. In striving for a balance between acquiring more current information about learning needs the approach was modified by sending projects a registration form that included two questions about workshop content and a "pre-workshop questionnaire". Participants were asked to consult with their project

colleagues in responding to the questions, and to be prepared to discuss them at the upcoming workshop. Included in this pre-workshop mailing was a copy of “What Do We Mean When We Say - Population Health?” and Appendix C “Determinants of Health” from the Core Concepts document.

The results of the needs assessment process demonstrated that the participants wanted to understand the language of population health, to see how their work fit into the framework and how it might benefit their communities, to have an opportunity to discuss funding issues, and to have time for networking. Because of the delay in the workshop dates (from May to October), the project representatives who were planning to attend had more time to find out about population health before coming to the workshop.

Program Consultants' Workshop (February 1998)

The goals for the program consultants' workshop were to begin to develop a common knowledge base and understanding of key concepts of population health and to develop strategies for shifting our work into a population health framework.

This workshop was developed at a time when population health was still a relatively new concept for many of the program consultants. It was understood that the workshop participants would have varying levels of experience with and knowledge about the framework. This workshop offered the opportunity for program consultants working with the children's program to focus on population health together as a national group. The program consultant workshop was developed under a tight time line and was understood to be developmental, with an emphasis on the development and testing of tools and resources that could be used in successive workshops.

The design of the program consultants' workshop was based on a number of assumptions:

- the program consultants had some exposure to the concepts of population health and were adjusting to working with this new framework;
- the program consultants would be ready to learn more about developing concrete strategies and to shift the work of the children's programs into a population health framework;
- the program consultants were comfortable with these new concepts and had "buy-in" to the population health approach.

Participants came to the workshop with a range of familiarity with population health concepts that the needs assessment process had not adequately predicted. There was a variety of understandings of how to deliver or operationalize the framework. Consequently, the program consultants needed to spend time engaged in discussing the implications of the framework before they could really talk about concrete strategies for implementation. This need for more time to become comfortable with the concepts of population health had implications for the flow of the workshop design.

This workshop provided a much clearer picture of areas of resistance to a new framework for the work. It gave direction to the need for a 'common language', including clarification on terms such as 'intersectoral collaboration', amongst the three levels of the children's program and for talking with other sectors. There is a need to develop a common or shared understanding of the language, and to develop shared tools and resources to explain and support a collective understanding of the population health approach.

While moving into a population health approach implies potential shifts in roles and relationships as more sectors become involved in the work of the children's programs, concerns were raised that these shifts might mean increases in work load at all levels. As one participant noted:

“Health Canada needs to understand the key determinants we can work with and to encourage other departments or sectors to take the lead on other determinants.”

We learned that not all determinants of health can or should be impacted by each program or at each project level. It is important to identify which determinants will be targeted and then to evaluate the impact, as well as to assess what other determinants could have been impacted through the work of the children's programs. Implementation of a population health strategy would vary depending on the roles and responsibilities of the participants. The inter-sectoral partnerships would vary depending on the nature of the work and the determinants being targeted.

“Clarify for ourselves and projects the expectations and direction of population health in terms of evaluating the projects' use of determinants. There is a need to record impacts re determinants. Capture successes of working on determinants. . . . In some regions, there is a need for JMC/PAC support and buy-in. Do not expect projects to address all determinants - listen to the groups.”

One highlight of the workshop was a presentation from representatives of two of the children's projects. Their presentations were successful in: a) bringing in the voice of the projects to articulate the support they needed from the program consultants; b) enabling the program consultants to link the work of the projects into the population health framework; and c) sparking some debate about the different roles that exist in developing healthy public policy.

The program consultants' workshop demonstrated the need to emphasize the role the program consultants' and JMC/PAC's members have on policy development. They could have a greater strategic impact on the development of healthy public policy through intersectoral collaboration by bringing the success stories from the projects up to the policy making level.

See Report on Program Consultants' Workshop in Appendix 1

Joint Management Committees/Provincial Advisory Committee Meeting (September 1998)

The goals for the JMC/PAC meeting were to:

- build on the expertise of JMC/PAC members through sharing knowledge of population health in action, particularly in the funded children's programs;
- explore the development of population health strategies that will support projects in their work;
- explore roles JMC/PAC members do and can play to support the work of the projects of the funded children's programs.

Building on the experience of the program consultants' workshop, the JMC/PAC meeting was approached with the following points in mind:

- a) Focus the agenda on the work of the children's programs and encourage participants to draw on their own knowledge and expertise of inter-sectoral work
- b) Develop a pre-workshop paper defining population health and the context of the workshop that will enhance a common understanding amongst participants and encourage them to recognize how their work impacts on the determinants of health
- c) Encourage participants to bring strategies to the meeting that will help the projects in their province approach different sectors to support and sustain their work
- d) Identify policy pathways that participants can use to bring forward the work of the projects to the senior management levels of government
- e) Explore the most appropriate and effective roles for members and for projects to play in intersectoral collaboration.

The JMC/PAC meeting was structured around discussion of key questions that addressed three areas of discussion:

1. opportunities for future direction and action supporting the children's projects;
2. the impact of population health on provincial programming for children;
3. the "fit" and impact of funded children's projects into provincial strategies; and the evaluation of how each province is implementing population health strategies. The last question was "Where do we go from here?"

The JMC/PAC advisory committee was instrumental in the design of the meeting. The committee was asked, "What would be helpful to you to make this meeting worthwhile?" Through this process it was decided to focus on sharing their experiences within and between the

provinces in population health work. Michael Rachlis, a health consultant working with the Federal/ Provincial / Territorial Committee on Population Health, was invited to lead a discussion about the development of strategies that would move the work of the children's programs forward. Discussion focussed on the experience of the children's programs within the provinces and how these programs intersected with provincial strategies for early childhood development. A short document, "What Do We Mean When We Say - Population Health?" (see Resource Package), had been crafted and approved by the advisory committee. This document was presented as a tool to establish a common language and understanding to facilitate the more important discussions of implications, impacts, and strategies forward.

There is both a sensitive nature of project / provincial / federal relations that is inherent in working with the funded children's programs, and at the same time a real strength that can result from these relationships. Taking these structures into account, Dr. Michael Rachlis was invited to give a presentation to the JMC/PAC meeting to highlight how public policy can be influenced, and the barriers and facilitating factors for successful collaboration. He proved to be enough of an "outsider," as well as a respected expert, for the group to respond positively to some of the challenges raised. His presentation seems to have been a significant factor in moving people's thinking into new areas, particularly in helping them to understand what their role is within the "Policy Feedback Loop" (see Resource Package). This Loop became a useful image that was then brought to the projects' workshop.

Through the process of this meeting, participants seemed to undergo a shift in their ownership and connection to the work of the projects in their own provinces, and committed themselves to review their own terms of reference, to have closer contact with the projects and to be more supportive of their work. This message was recorded in the meeting notes, and was passed on to the project representatives at their workshop that followed. In terms of provincial/project relationships, the JMC/PAC relationship to the projects was strengthened.

See Report on JMC/PAC Meeting in Appendix 2

Atlantic Children's Projects Workshop (October 1998)

The goal of the workshop for representatives of the Community Action Program for Children (CAPC), the Canadian Prenatal Nutrition Program and the Aboriginal Head Start projects was to use their collective experience and expertise to:

- ▶ enhance their knowledge and skills in presenting their work within a population health framework, including how their work impacts on the determinants of health
- ▶ develop strategies in approaching other sectors for collaboration and partnerships to support and sustain their work at the community level.

All of the funded children's projects were invited to send a representative. Unfortunately, none of the AHS projects attended. During the planning stages of this work careful outreach to more isolated projects should have taken place prior to the workshop event.

Participants registered for the workshop Monday afternoon, and the workshop itself started after dinner and ended Wednesday at noon. This time frame was adequate, in terms of scheduling time for networking, working sessions, meals and breaks. The workshop opened with an introductory presentation about population health from Health Promotion and Programs Branch that addressed the implications of the population health framework on the work of the individual children's projects.

The workshop engaged participants in looking at their project work through the lens of population health, particularly in terms of the determinants of health and their experiences with intersectoral collaboration. By using examples from their work and linking these examples into the framework of determinants provided a powerful affirmation that the projects were addressing many of the determinants. The work of the projects demonstrated their capacity to add meaning to the definitions and interrelationships between determinants. Project representatives found that the population health framework could be a useful analytical tool for their work.

Participants gave direction on how population health can become more grounded in the work of communities. They recommended that plain language materials be developed but also recognized that there are a number of "languages" that are useful to 'speak' in community development work. It is necessary to develop ways of describing the work that is free of "jargon" in order to develop solid community involvement and partnerships with many sectors. The exchange of information about how projects are addressing determinants was a high point in the workshop as it also addressed the participants' need to exchange program ideas.

The workshop was designed to address one of the essential concepts of population health, the value of an intersectoral approach to influencing public policy. This concept was clearly a challenge within the population health approach and one with which the previous workshops had struggled. Starting with the projects' experiences of collaboration, it was intended that strategies would be developed in the following session to assist projects in building collaborative efforts aimed at public policy. Intersectoral collaboration was addressed, through a sharing of partnership experiences, both the successes and challenges. This session brought forward the expertise of those who had the direct experience of participating in intersectoral collaboration that was intended to influence policy.

The continued discussion that would have deepened the understanding of the value of intersectoral collaboration was cut short. This was due to the HPPB presentation on the second evening related to the Atlantic Region's over-expenditure of the CAPC program and the implication of this for budgeting after March 2000. Participants spent the rest of that evening in provincial groups discussing this information. In this regard, the flexibility of the workshop structure, in particular of the agenda for the project workshop, provided a useful forum for the discussions in which projects needed to engage.

The content of the final morning was renegotiated with the participants and continued with a presentation that summarized the meeting of the JMC/PAC representatives. This brought forward some of the content from Dr. Rachlis's presentation. While the messages of encouragement were well received by the participants, their over-riding concerns were focused on issues related to the over-expenditure. There was an opportunity for another open exchange between the participants and HPPB staff, which included recommendations for the JMC/PAC and a request for the notes from that meeting.

The evaluations from this workshop indicated that the representatives of the children's projects were better able to articulate their work within a population health framework as they currently understand it. The workshop provided opportunities to describe their work in terms of impact on health determinants. Participants were able to share experiences about collaboration, highlighting successes and drawing conclusions about "best practices".

Concluding Remarks

We learned a great deal about the complexity of working with all the three levels (community, provincial, federal) that make up the children's programs. This created a challenging collaborative climate within which to present training workshops. We learned that it is very important to build relationships, especially communication links based on trust and understanding. Population health was considered a "hot" and evolving topic. While the contractors and the Health Canada representatives worked to respond well to each difficulty that arose, this sensitivity of both the content and the relationships were at play throughout the project. Inevitably it was sometimes a balancing act to know how to proceed in a manner that would contribute rather than block development of relations and knowledge. Any contractors entering a similar contract should be aware of the complex nature of this work.

It is recommended that this kind of contract be structured differently to include a fourth event that would bring together JMC/PAC representatives and project representatives along with the Health Canada program consultants. This meeting could be very productive for collaborative strategizing for moving population health forward.

In spite of the difficulties, however, three sound workshops/meetings were presented and the knowledge and comfort level with population health did increase in each of them. The three events succeeded in creating more clarity about the key concepts of Population health and as a result there is a firm foundation of understanding that future workshops/meetings can build on. The participants are better prepared to work intersectorally with community and government partners interested in promoting the well being of families and children.

The Atlantic Pilot was difficult both in the development and the implementation stages. The JMC/PAC meeting and the Project workshop were both successful. They engaged the participants in full open discussion and helped to relieve some of the fear and suspicion surrounding the new population health approach.

Despite the difficulty it was a process well worth the investment in time, energy and resources. The final words come from two project representatives:

“It was useful to come together as four Atlantic Provinces, to receive consistent \, concrete information on the population health approach. It brought into better focus those specific program activities and how they connect or ‘hang on’ to a population health framework. The picture is broader and better connected now.”

“To my surprise, I think the population health framework may be very useful at a grass-roots level!”

Key Learnings

The following conclusions reflect key learning from the program consultants' workshop, the JMC/PAC meeting and the children's projects' workshop.

1. **When working with an intersectoral partnership it is essential to develop a common understanding of key concepts that make up the population health approach.**

The workshops enabled participants to engage in examining the concepts of population health in the context of their own work with the children's programs. In each workshop/meeting, participants had varying degrees of experience working with the concepts of population health. The challenge inherent in each workshop was to provide the appropriate amount of conceptual content about population health that would enable participants to draw on their own experiences. Discussion opportunities were designed for participants to explore the potential for working with this model.

From the program consultants' workshop we became more aware of how the population health framework "*imposes a new language on the work at all levels of the funded children's programs.*" If all three levels of the children's program were to be successful in operationalizing population health, there needed to be a common language and understanding within the children's programs. Program consultants were most interested in discussing the implications of the model, what it would mean for their projects and what impact this would have on their own work roles.

At the JMC/PAC meeting, participants shared their experiences in implementing a population health approach in their own provinces. Their need for information about the determinants of health was minimal. Their focus was on developing opportunities for intersectoral collaboration. Establishing a common language about population health at the beginning of the meeting through discussion of the one-page resource "What Do We Mean When We Say - Population Health?" enabled participants to move beyond definitions and have a fruitful exchange of ideas, analyze their own structure and roles, and discuss the challenges of intersectoral collaboration.

The children's projects are often described as "already doing population health". However, many of the participants had received little background information about the population health approach. In preparation for this workshop, "What Do We Mean When We Say - Population Health?" was distributed to the participants before they arrived. Health Promotion and Programs Branch opened the workshop with a presentation on the population health approach. Participants needed time to talk about the definitions of the determinants of health. They enjoyed the opportunity to articulate how they understand these concepts and how this complements and expands their work in developing community-based partnerships.

The project representatives raised important issues about the language of the population health approach. Participants recognized the usefulness of using the language of population health, particularly when speaking with potential funders and provincial departments who are familiar with the terminology. The following are some of their comments during the sessions:

“This language will also help communities advocate using the right words. Population health puts great value on prevention. It helps put women and children on the political agenda, not just locally but at the national level. It's easier to describe impacts with this framework.”

“In P.E.I., the provincial government uses this language so it helps local groups to learn the language too. It's useful to learn the language of funders. This language may help us access other funding in the community. The determinants provide a framework for presenting our work and results to government.”

They also noted where it is important to “translate” population health terms into the language of the community to foster understanding and build collaboration.

“At the provincial and federal levels, there is resistance from other government sectors who refer to this as ‘Healthocracy or Health Imperialism’. It's been suggested that we talk about well-being instead of health. This would be an easier term for departments of education, justice, and transportation to relate to.”

2. **The population health framework is conceptual. It does not define a specific ‘recipe for action’. Population health discussions must provide opportunities for the participants to engage in defining how to “operationalize” this model. This can be done through linking their work into the population health framework, identifying challenges and opportunities and developing strategies for action.**

The design of the workshops/meeting began by encouraging participants to look at their current work through the ‘lens’ of the population health approach. The final product of each workshop/meeting was to develop strategies for collaborative action. Given the time needed to develop a common understanding of this approach based on the current work of the children’s programs, it was premature to expect the development of concrete strategic actions.

During the program consultants’ workshop, opportunities for discussion were created to clarify their new role in developing opportunities for collaboration and what this means for the work. Implementation of intersectoral collaboration involves issues of power and authority and potentially an increased workload. Program consultants questioned their roles as ‘collaborators’.

The dialogue ranged from working with all sectors (public, private, corporate) equally, to concentrating the partnership building within the government sector. It was understood that the extent to which these partnerships could be achieved would be directed by government and departmental policy.

At the JMC/PAC meeting, participants discussed the links between the population health model and their various provincial strategies, and raised questions of how in their roles they could influence provincial government policies and use CAPC/CPNP to demonstrate population health in action. The participants did share and generate strategies for increased collaboration.

The Projects' workshop focused on the determinants of health and building strategies for developing wider partnerships. The discussions on intersectoral collaboration were documented. The intention was for this to be used to further the analysis and project planning as the workshop progressed. Due to the change in the workshop agenda, there was less of an opportunity to affirm and move forward with the knowledge of the projects as it pertained to changes needed or new directions to be taken. A future workshop could build upon the projects' collective experience and ideas for new directions.

3. **The children's programs in both their structure and implementation, demonstrate population health in action. Naming and affirming the work of the JMC/PAC and the children's projects provided a source of content and energy for understanding how population health theory links with practice. This affirmation also has the potential to generate new directions for action.**

At the JMC/PAC meeting there was agreement that CAPC/CPNP fit with and complemented other provincial initiatives both for children and for the promotion of understanding of the population health approach. CAPC/CPNP is a successful part of the work with families and children. Their work helps to inform the development of other provincial programs that will enable the provincial governments reach their population health goals for children. For example, Newfoundland and P.E.I. have adopted the determinants as a guide to assessing the health impact of policy. CAPC/CPNP work has helped determine which other programs are being developed, and how they are being developed, including partnerships, collaborative and community-based approaches.

The JMC/PAC meeting asked for a number of messages to be passed on to the children's Projects workshop including: "Keep up the good work!", and "Population health is nothing new. You're doing it and doing it well!" By naming and affirming the work of CAPC/CPNP as an expression of population health practice, participants at the JMC/PAC meeting were also able to see where further work was needed. Opportunities identified included "finding resources to help the centres and other connected agencies and organization meet regionally", "broaden the membership of the JMC to reflect the health determinants". The JMC/PAC group were inspired

to do more to connect, affirm and learn from the CAPC/CPNP projects; “[we will] meet together quickly with our CAPC/CPNP projects and consult with them on some of these issues. We will ask them for their input into a new role for the JMC”.

During the program consultants’ workshop, similar opinions were expressed that served to recognize the projects and their communities as being the leaders in the implementation of population health.

The projects’ workshop also served to name and affirm their work and the work of CAPC/CPNP as a whole. Discussions and activities asked participants to draw on their own experiences and knowledge, which served to develop a sense of empowerment because projects saw clearly how their work directly relates to the population health framework. In many cases, participants moved from being intimidated by the population health approach to understanding how it is relevant and helpful. Some participants expressed excitement about the opportunities the framework opens up by addressing the determinants of health. One participant commented that “The bottom line is that the work of the Community Action Program for Children is a real life example of the four strategies for action: prevention and promotion, collaboration, evidence-based decision making, and healthy public policy.”

4. It is useful to provide opportunities to examine how and why population health theory evolved.

Program consultants had been introduced to the population health framework before the workshop in a variety of formats. They brought a variety of perspectives in their understandings of the core concepts. It would have been helpful to have had the opportunity to discuss the evolution and theory of the population health approach and build a common understanding of the framework.

Participants at the JMC/PAC meeting had a working familiarity with the determinants of health, and had an opportunity to review “What Do We Mean When We Say - Population Health?” before the meeting. This background knowledge, developed in conjunction with the advisory committee, allowed for meaningful discussion to take place at the workshop.

Participants of the children’s projects had received little information about population health prior to the workshop. Some theoretical background to the population health approach was necessary so that they could then understand how the framework contained their own work. The introductory presentation, the use of descriptive illustrations, the one-page definition of population health, and the pre-workshop questionnaire enabled participants to understand how population health builds on health promotion, a framework which they already understood. These approaches also seemed to open the discussions regarding where the challenges and opportunities lie. The first challenge facing the workshops/meeting was to create a learning

environment for the participants to recognize how the determinants of health can both describe and focus their work with children and families. The second challenge was to begin to use this approach to develop strategies for greater intersectoral collaboration.

5. If significant learning is to occur, the fears and concerns associated with adopting the population health framework must be openly discussed and addressed.

Participants in both the program consultants' and the projects' workshops raised questions about the impacts of a new approach on their work and on their communities. "Will we be expected to do more with less?" is a question that captured fears expressed at both workshops. This points to one of the key issues in population health - how is intersectoral work on broad determinants at a population level actually shared, co-ordinated and funded?

For the program consultants, the implementation of the population health approach "has occurred at the same time as departmental re-structuring and fiscal restraint [and] the result has been to identify the population health approach as 'doing more with less' at the community level". The workshop enabled program consultants to emphasize their commitment to community-based programs as critical to the successful implementation of the population health approach.

"We know community-based programs work. We want National Office to support what we know. We don't want to lose this piece within a population health framework. We need both support for those that do intervention and support for a population health approach. We need a global approach that supports population health and direct service approaches (not necessarily at the same site), within a language that makes sense to the communities".

JMC/PAC meeting participants commented that what has been good about the work of the children's programs is that they have been allowed to flourish on their own without being slotted into other models and frameworks. They identified a need to demystify the population health concept, but also noted caution against pushing the children's projects too hard and setting expectations that would be too high.

Project representatives raised questions about how the expectations from HPPB will change within the new framework. These questions arose from small group discussions and were given space in the workshop plenary. HPPB staff were present at the workshop in order to address concerns and questions as clearly as possible. For example, a "burning issue" expressed in one small group was the potential impact of evidence-based decision making on the work of the projects:

“We need to keep the balance between using resources for measuring progress and making progress. Measurement changes the feel of the family resource centre and it has to be done with sensitivity. Could the “evidence” be used against us? Will we have to “prove” we’re impacting determinants?”

Members of the Health Canada staff responded to all of the concerns raised by the participants. Their presence and input on these issues were instrumental in moving the workshop forward. It is important to look for and flag these areas of concern as they emerge during the needs assessment process and within the workshop itself and to build an agenda that gives time to these issues.

1. Federal/provincial/project relations enter into population health discussions.

The program consultants’ workshop began the process of examining how roles and responsibilities within the children’s programs will change within the population health framework. A cautionary fear was expressed that “all levels of responsibility have become part of the roles of all levels” of the children’s programs. By the end of the workshop, “[program consultants] learned that not all determinants of health can or should be impacted by each program or at each project level”. Program consultants had a variety of perspectives on their own roles in intersectoral collaboration. In developing healthy public policy, they say their primary focus was on supporting the projects to do this work in their communities. However, the workshop did open up some consideration of the broader potential for intersectoral collaboration.

It was noted that *“There is considerable infrastructure in the field (for collaboration) and this existing structure could be used at the federal/provincial/territorial levels. The down side would be the risk of over imposing; however, the up side would be more coordination at these levels”*.

It became clearer throughout the project that it is useful to encourage program consultants and JMC members to look at the impacts of the children’s programs from a very broad spectrum. During the JMC/PAC meeting, this point was highlighted in the presentation by Michael Rachlis through the "Positive Feedback Loop", showing the roles of both local level action and government level action in building healthy public policy.

One of the approaches used to present the potential role of the consultants was to present the image of an hourglass. The place of the program consultants in the image was in the middle of the hourglass, the place where the sand flows through from top to bottom, or, when reversed, from bottom to top. This image helped the program consultants to see an important role for themselves as conduits of information, with the capacity to bring the success stories up from the community to the policy makers and to bring information from the policy makers to the projects.

This series of workshops/meeting was an excellent example of the tensions and sensitivities that exist when working with two levels of government and community-based projects in four provinces. The tensions between the provincial representatives and Health Promotion and Programs Branch became apparent when the initial needs assessment went out before the official letter of invitation. Some of the project representatives were new to the work and had no knowledge of the role and responsibilities of the JMC/PACs or how they fit into the structure of the children's programs. The focus of the workshop was on the work of the children's projects as it related to the population health approach, there was no opportunity to really discuss roles and structures. Building relations amongst the three levels was not a goal of this workshop but this should be integrated as a key component in all future work.

Template for JMC/PAC Meeting and Children’s Project Workshops

This section contains recommended components for facilitators to consider when conducting population health workshops for provincial management committees and representatives of the community-based children’s projects. (The workshop/meeting agendas used for both groups follow the recommendations.) Each population health workshop would be different, depending on the needs and the goals of the programs.

1. Use a learner-centred adult education model

The model recommended is essentially an adult education model that is learner-centred, participatory and responsive to the needs of the participants.

- ▶ The adult education model used by Tatamagouche Centre is a person-centred, experiential, action-reflection model. The education practice of the Centre assumes a holistic, mutual approach in which the leaders are also co-learners. The goal of the practice is to deepen the abilities of everyone involved to create a more just and loving world; in other words, to develop the skills, knowledge, understanding, responsibility and confidence needed to reach personal and collective goals for the health of **our world**.
- ▶ With this model of education as the foundation, the approach toward the work of this contract has been **collaborative**. This has been achieved by valuing the work being done by all levels of the program, at HPPB, with the JMC/PAC and in communities. It is important to involve participants in the design and implementation of the workshops through an advisory committee, in the design of needs and resources assessments, by the facilitation of a participatory workshop, by providing participants the opportunity for reflection, and by asking for participant feedback on the tools and activities used in the workshop.
- ▶ Don’t underestimate the power of good critical questions in discussions and exercises. Both the workshop and meeting should be framed primarily around critical discussion questions. Participants should be given the questions to consider prior to attending the workshop. For example, the “What is Population Health” handout was a useful introductory tool.

2. Conduct a comprehensive needs and resources assessment

- ▶ Involve participants in the planning of the workshop. Solicit input on their learning needs and styles, their concerns, their experience with the topic, and identify helpful resources. Use written questionnaires, key informant interviews and establish a planning committee that represents the participants. Be as representative as possible.

- ▶ Take into account the sensitive nature of federal/provincial relations. Spend time doing groundwork with provincial representatives that ensures that all levels of the programs, including the JMC/PACs provincial departments have some ownership of the workshop/meeting. Develop appropriate mechanisms for participants to shape the agenda around their learning needs.
 - ▶ Approach all participants respectfully. The workshop facilitators need a solid understanding of the work of the children's programs at the project level and to be sensitive to the work that is done by both the project coordinators and their board members.
 - ▶ Allow sufficient turnaround time for participants to complete questionnaires.
- 3. Start with the familiar and build on a foundation that can support strategic analysis and planning for future action.**

It is recommended that the workshop/meeting flow from the strengths the participants bring, moving to more challenging, thought-provoking analysis and conclude with the generating of new plans or new directions for actions.

- ▶ Pre-workshop materials can help participants begin to understand how their work fits into the population health framework.
- ▶ Begin with exercises where participants talk about their work.

The determinants of health exercise in the projects' workshop was very effective. Participants were asked to talk about the best examples of activities in their projects that address the three most relevant determinants, and then asked to talk about their work on other determinants.

In the opening discussion at the JMC/PAC meeting, participants were asked about how population health has influenced the work in their provinces, and about where they and their projects fit within the population health framework.

- ▶ A pre-workshop questionnaire, in addition to participant involvement in workshop planning, can be helpful for stimulating thinking, and enabling participants to come to the workshop ready to begin a meaningful discussion.
- ▶ Throughout the workshop, refer to the four principle population health strategies, and talk about how the areas are interrelated.

The discussion paper, “What Do We Mean When We Say - Population Health” is helpful to both the JMC/PAC meeting and the projects’ workshop for naming and linking the strategies of population health to the work. For example, in talking about intersectoral collaboration, it is helpful to talk about how it can relate to healthy public policy. Facilitators can refer back to the population health framework to build on the participants’ understanding throughout the workshop/meeting.

4. Develop information, resources, tools and workshop activities that create a “common language” for talking about population health as a starting point for further analysis and planning

Participants benefit from receiving information about population health for review well in advance of the workshop. While relatively few resources exist, and participants’ best resource is their own experience, the following resources were helpful for providing a context for discussing their work in relation to population health:

- ▶ Toward a Common Understanding: Clarifying the Core Concepts of Population Health
- ▶ Strategies for Population Health: Investing in the Health of Canadians
- ▶ “What Do We Mean When We Say - Population Health”

Throughout the workshop, it is helpful to offer definitions of key terms including “policy change,” “intersectoral collaboration,” “strategy,” “determinants of health”.

5. Use the experience of the participants’ work with the funded children’s programs and link it into the framework of population health as the main area of “content”

When the population health approach was linked with and used to describe familiar work in the program consultants’ workshop, the level of knowledge greatly increased. As one of the participants stated in the workshop evaluation:

“The level of knowledge in this room and also that demonstrated by projects and communities is far beyond what I had anticipated. This workshop has made me aware that our challenge is to “educate” our senior managers and political leaders so that they EMBRACE population health and begin to work at a “macro” intersectoral level.”

At the JMC/PAC meeting, participants examined how “population health” has impacted on their overall programming for children within each province. Then they were asked to reflect on these questions: “Where do the funded children’s projects currently fit within provincial strategies for population health?” and “What impact have the projects had on provincial strategies?”.

In the case of the projects' workshop, the use of a pre-workshop questionnaire encouraged participants to describe their project activities within the population health framework. A presentation about population health that gives an overview of the main points, how it evolved, who the players are and how various levels are needed to carry out the strategies is very useful, especially if the participants have the opportunity to ask questions and clarify their ideas. If the participants are familiar with the language and concepts of health promotion, it is useful to present some of the ideas about how population health resembles health promotion and where the differences and challenges lie.

- ▶ “Thinking About Population Health” is a useful resource for this discussion.
- ▶ The Transitional Analysis of CAPC Projects may also assist participants in placing the CAPC work into the population health framework.

6. First name and then address concerns about the new framework

Concerns about the population health approach will surface in a comprehensive needs and resources assessment and may also come up during the workshop. HPPB's role is key in providing information to address concerns such as changes to funding, the evaluation process, relationships with their provincial colleagues. Participants need to have these concerns addressed early on in the workshop, otherwise learning will not take place. Opportunities for participants to voice other concerns relating to the framework and to analyse and strategize at the workshop are essential.

- ▶ Build time into the agenda to address “burning issues” and identify them as they arise.
- ▶ Have representatives from HPPB available to answer questions at the workshops to act as resource people at the project's workshop. Include a discussion of federal/provincial relationships at the JMC/PAC meeting.³

7. Provide a well timed “spark” that will challenge and extend people's thinking into new areas, particularly with regard to intersectoral collaboration.

- ▶ Dr. Michael Rachlis's presentation, “Bottoms Up! Intersectoral Collaboration for the Funded Children's Programs” served as a catalyst for discussion at the JMC/PAC workshop. The timing of the presentation allowed for participants to move from their own context into a broader perspective and then to return to their own context to integrate this new, broader perspective.

³. This discussion was identified as a need during the JMC/PAC meeting.

Other recommended resources:

- ▶ “Factors Influencing the Success of Collaboration” from the Amherst H. Wilder Institute book Collaboration: What makes It Work.
- ▶ Kimberly Badinov’s article called “Policy Change”⁴.

8. Federal/provincial/project roles must be understood in order for effective strategies for intersectoral collaboration to be developed.

There is great value in creating opportunities for both projects and JMC/PAC to learn from each other, particularly in the area of intersectoral collaboration.

- ▶ Ensure all project participants have information about the JMC/PAC roles and membership before the workshop begins.

It is important for all levels involved with the funded children’s programs have an opportunity to discuss together the implications involved in adopting the population health approach. Members of the JMCs/PAC can pass along information and questions to the projects. We found that project representatives were very interested in meeting with their JMCs/PAC to discuss a variety of issues, including population health and its implications.

- ▶ Provide some structure for communication between the two groups.
- ▶ If possible, have the workshops overlap to provide an opportunity for JMC/PAC members and project representatives to meet in person to exchange ideas and build strategies.

Helpful resources:

- ▶ “Policy Feedback Loop” is a useful tool to illustrate the interdependence of all the players.
- ▶ “Strategy Worksheets” designed for the projects’ workshop.⁵

⁴ Included in Resource Section

⁵ Included in Resource Section

9. Use a variety of methods to stimulate participation including small group discussions, provincial group discussions, and plenary presentations. The use of images is especially important in presenting the theory of population health.

The population health approach is a new model, program consultants, JMC/PAC members and project representatives will buy into it for different reasons. Spend time learning about different perspectives and understandings of this new model. In-depth interviews with key informants, needs and resources assessments, careful planning and research all assist in the development of a workshop that can be adapted to meet the varying needs of different groups of participants.

Learning to integrate ideas about new concepts or frameworks requires time. This can be achieved through a combination of presentations and small group discussions.

- ▶ Background information on population health and the pre-workshop questionnaire help prepare participants for the workshops
- ▶ Provide the agenda, including a description of exercises and discussion questions, to participants ahead of time so they will know what to expect and can think about their responses to the questions.
- ▶ Design activities that have participants drawing on their own experiences and knowledge. A sense of empowerment is developed when participants see how their work is directly related to the framework.
- ▶ Images can be drawn by participants, presenters or facilitators to facilitate the process of conceptualizing theory. For example, the PEI Circle of Health is a useful visual aid for the population health approach.

10. Allow for adequate time to meet the networking needs of the participants

- ▶ Provide complete participant lists in the workshop package so people can plan their networking activities.
- ▶ Set aside a block of time for participants to discuss issues of interest with other participants send out the meeting agenda beforehand. This will enable participants to plan their networking time.

- ▶ Use a fun activity, such as the “Who’s Here?” resource, to assist participants in identifying themselves and their issues of interest in a humorous way.

11. Do everything possible to encourage full participation.

- ▶ During the planning stages of this work careful outreach to more isolated projects should have taken place prior to the workshop event.
- ▶ Bilingual facilitation and resources are a necessity for full participation from all participants, both formally in group sessions, and informally between sessions. During the project’s workshop we were very fortunate to have easy-going and fun interpreters who were key for the overall flow of the simultaneous translation.
- ▶ Keep in touch with the participants during breaks to get a sense of how they are feeling and adapt the workshop accordingly.
- ▶ Be prepared to make changes to the workshop agenda to meet the needs of workshop participants - both in the planning and the delivery stages of the workshop.
- ▶ Incorporate *fun* into the agenda - allow time for icebreakers and games and exercises to keep the energy level up and help participants to stay engaged in the proceedings.