National Collaborating Centre Program

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Summary Report

2005-2006 Report on National Collaborating Centre Program

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Executive Summary

Six National Collaborating Centres have been established in regions across the country with a commitment to renew and strengthen public health through building on existing strengths, fostering linkages across the various sectors of the public health community to enhance the efficiency and effectiveness of Canada's public health system.

The National Collaborating Centres for Public Health are uniquely designed to be at arms-length to the Public Health Agency of Canada, which supports them financially. This was a specific requirement in their organizational design in order to create a greater bond between the research community, whether government or private, and the public health community at large, most specifically provincial/territorial public health policy makers and practitioners. By reducing the bureaucracy between the demand for and supply of health knowledge, there can be a significant reduction in the time wherein knowledge development (research) is transferred to the policy maker and health practitioner for their use (evidence based decision making). Linking to the voluminous numbers of existing health networks is an additional challenge for the National Collaborating Centres. It is not anticipated that they will create new ones, but connect and communicate with those in existence bringing together recognized experts in public health with those in the field to work on priority topics aimed at improving the health of Canadians. Improving the access of policy makers and health professionals across Canada to current health research and to a host of health networks will also improve Canada's ability to respond to ongoing global health challenges and emergent situations.

Currently the 6 National Collaborating Centres are completing their establishment and implementation phases and beginning to enter into substantive projects with a variety of public health professionals. Several NCCs have begun to establish relationships outside the public health domain, where mutual projects provide a benefit from shared knowledge to all participants. Opportunities are arising through NCC projects to bring together networks of public health professionals that have not previously been connected.

Although contribution agreements are signed with only 4 of 6 NCCs at this time, it is anticipated that by late-2006 all contribution agreements will be in place. Failure to implement a contribution agreement has largely been due to the lack of a designated prime recipient in a specific region, not the lack of interest.

Workplans have been mostly approved for the remaining NCCs. This ranges from establishing national Advisory Boards to substantive applied research projects. The NCCs have decided to collectively implement a 'common services' element to support collective demands from outside networks and will be engaging in the development of a Summer Institute on Knowledge Translation to build capacity within the NCC for knowledge synthesis, translation, and exchange (KSTE).

Interest has been received from external sources such as the Public Health Network and the WHO Collaborating Centres (Determinants of Health and EVIPNet). The NCC Program is sponsoring a strategy development and communication plan for implementation in 2006 to respond to additional demands on their current workload.

2006-2007 predicts to be a busy and challenging year for the National Collaborating Centres and Program. The shaping and formal development of the remaining 2 NCCs is imminent and external interest in engaging the NCCs is high. It will be a challenge to manage the demand for collaboration, current available funds and external expectations.

1.0 Overview

The Government of Canada's commitment to renewing and strengthening public health included the establishment of six National Collaborating Centres for Public Health with an overarching mission for these Centres to *"build on existing strengths and create and foster linkages among researchers, the public health community and other stakeholders to ensure the efficiency and effectiveness of Canada's public health system."*

Six National Collaborating Centres have been established in regions across the country; each one specializing in a different priority area of public health as follows: environmental health (British Columbia); infectious disease (Manitoba); public health methodologies and tools (Ontario); health public policy (Quebec); health determinants (Atlantic) and Aboriginal health (northern British Columbia). Although located regionally, these Centres provide national focal points for knowledge translation in key priority areas of public health and contribute to the development of a pan-Canadian public health strategy. They are linked at 'arm's length' to the Public Health Agency of Canada (PHAC) through a contribution agreement.

Each National Collaborating Centre draws on regional, national and international expertise and complement/collaborate with other organizations in the pan-Canadian public health system, including the Public Health Agency of Canada, the provinces and territories, academia and non-government organizations. Focussed on the practice of public health, the National Collaborating Centres facilitate the understanding of current research and knowledge in public health and dissemination of this knowledge into relevant, easy to access information that can be applied in practice at all levels of the public health system across Canada.

RATIONALE

Recent public health issues have highlighted an urgent need to strengthen public health expertise and capacity, and to rapidly disseminate new and existing public health knowledge among academia, provincial/territorial/regional governments, relevant non-governmental organizations (NGOs) and health practitioners.

The National Collaborative Centres' overarching mission is to build on existing strengths in Canadian public health research; synthesize and translate this information into applicable formats for ease of use by policy makers and health practitioners; and engage in and foster the collaborative public health related networks that already exist throughout governments, researchers, policy makers, the public health community and other stakeholders.

1.1 Collaborating Centre Approaches - at home and abroad

To develop a model for organizational design of the National Collaborating Centre Program and more importantly the integration requirements and organizational capacity of each National Collaborating Centre, several different designs around external collaborative groups in health were reviewed.

National Collaborating Centres – NICE (UK) - NICE has established several national collaborating centres to help develop public health, health technologies and clinical practice

guidelines by harnessing the expertise of the royal medical colleges, professional bodies and patient/carer organisations. Each UK National Collaborating Centre is a professionally led group.

For each clinical guideline being developed the national collaborating centre sets up an independent guideline development group comprised of health professionals and patient/carer representatives with relevant expertise and experience. Registered stakeholders are invited to nominate people to join the group. The guideline development group looks at the evidence available and considers comments made on draft versions of the guideline issued for consultation before making final recommendations.

Final guidelines are posted and available for on line downloading at each centres web site. The general link is as folows: http://www.nice.org.uk/page.aspx?o=266837

Centres of Excellence for Children's Wellbeing (COECW) – PHAC, Canada - The Centres of Excellence for Children's Well-Being is a Public Health Agency of Canada program and similar to the National Collaborating Centres for Public Health in Canada, depends on the ability of individuals and organizations across the country to work together, independent of where they are located organizationally or geographically. The original funding was for five years in order to realize the important aspects of the Centres work. The Secretariat supports the Centres with networking tools and information management, for use by the Centres themselves, people working in the field of child and youth health and well-being and the general public.

In discussions with COECW the primary recommendation, or significant lesson learned, placed emphasis on the importance of collaboration between the National Collaborating Centres early in the design and interactions of program activities. It was felt that a more applied collaboration approach would have created more effective, cross-cutting analytical work and a better integration of activity/best practices and knowledge sharing across their Centres. Although there is significant health community support for each Centre of Excellence, the programs work largely independently.

1.2 National Collaborating Centres for Public Health

1.2.1 Approach and Methodology

APPROACH

The concept development was delegated to the Strategic Policy Directorate (SPD). SPD was tasked with consulting the lead jurisdictions, PHAC senior management and Health Canada to develop this concept for implementation.

Consultation with key regional leads was considered critical to developing this concept; therefore it was important to include them in the development of the National Collaborating Centre program early in its inception.

Developing a clear understanding around the requirements of a Treasury Board contribution agreement, comprehension of contribution agreement implications for financial and functional reporting and potential impacts to ongoing funding was crucial to the engagement of several regions.

One additional requirement had to be considered in the project development. This was the relationship of the National Collaborating Centres to PHAC. The original Treasury Board submission described the relationship as 'arm's length'. The project team and regional leads discussed at length the understanding for an 'arms-length' relationship, especially with respect to reporting and information sharing. Consultation with Health Canada's legal department was sought.

Implementation of the project to program occurred in March 2005. The program is located in the PHACs Office of Public Health Practice.

METHODOLOGY

A project management approach was taken to this task. An internal project team was developed with a project team lead, a project team reflective of the National Collaborating Centre themes, regions, policy, grant and contribution funding, legal from Health Canada and administrative support.

To support the project team an Advisory Team was also implemented to reflect the Branches within PHAC and was comprised of the Chief Public Health Officer of Canada, Deputy Chief Public Health Officer, Branch Director Generals and an external recognized expert in public health from Canadian Institute for Health Research.

The project team developed a project plan with a schedule of activities and deliverables that were approved by the Advisory team.

Each region that was participating in the development of the National Collaborating Centre concept was asked to provide a project lead to work closely with the PHAC's Strategic Policy Division project team to scope and develop this concept further. It became known as the National Collaborating Centre Working Group.

The PHAC project team and the regional National Collaborating Centre Working Group were brought together in January 2005 to meet and discuss a potential concept based on other similar formats for collaborating centres, understand focus on knowledge translation, develop a

networking capacity, understand the implication of the Treasury Board submission and contribution funding requirements, and share questions and concerns over the concept provided.

A source of funding was sought in January/February 2005 for each National Collaborating Centre to develop in its region. Associated funds for the National Collaborating Centres were frozen until a Treasury Board (TB) submission could be developed for approval and release of funds. Negotiations with the Population Health Fund (PHF) – Grants and Contributions, provided interim funding for 2005-2006 to each National Collaborating Centre for up to $450K. $250K was to come from the PHF directly and $200K would be paid to PHF from the National Collaborating Centre TB submission, once released. All National Collaborating Centres except National Collaborating Centre Methodology and Tools took advantage of this opportunity to hire staff/contractors and begin to develop the concept and conduct environmental scans around their individual National Collaborating Centre's mandate. The National Collaborating Centre Methodology and Tools experienced difficulty accessing the original funding ($250K) due to policies of financial management within the Government of Ontario and therefore decided not to request the additional funds. Other variables were impacting this National Collaborating Centre's progress as well' which are discussed later in this document.

In mid April and early July of 2005 meetings with the National Collaborating Centres, PHAC and the Advisory Council were held to develop a common understanding of knowledge synthesis and knowledge transfer. These meetings were largely educational for the benefit of the National Collaborating Centre leads and to assist them in developing workplans and activities that were relevant to both knowledge transfer and public health.

During the spring of 2005 critical success factors (CSF) and a logic model were developed for the National Collaborating Centre Program through multiple consultations, internally and externally. The final result was circulated for feedback to the working groups for improvement and approval. The CSF and logic model became part of the Results-Based Management Accountability Framework (RMAF) for the National Collaborating Centre and was incorporated into a Treasury Board (TB) submission, specific to the National Collaborating Centre functional requirements and which released the $10M to the Centres to implement future project activity. The TB Submission was approved in August 2005.

Subsequent to TB submission approval, contribution agreement negotiations were entered into with each National Collaborating Centre using advice from PHACs Grants and Contribution Division and HC Legal division. As of March 31, 2006 only 4 of 6 have been completed which will have a negative impact on the outstanding individual National Collaborating Centre for 2006-2007 workplans and to the overall National Collaborating Centre Program[1].

As a result of the TB submission approval, a directed RFP was let to the National Collaborating Centres in early September to access the aforementioned contribution funds for January to March 2006. The RFP required a submission of an approach and methodology to knowledge translation using CIHRs definition of knowledge synthesis, translation and exchange (KSTE)[2]. Submissions were reviewed and evaluated [3] by PHAC and its Advisory Council for relevance of subject matter, appropriate approach and methodologies to KSTE and inclusion of relevant public health participants that would provide significant input into developing future priorities for

[1] Since the development of this document negotiations for the implementation of the final 2 NCCs are underway. The NCC Determinants is anticipated to be in place by late summer and the NCC Methodologies and Tools is anticipated to be in place by late-2006.

[2] Keifer et al. Fostering Evidence-based Decision-making in Canada: *Examining the Need for a Canadian Population and Public Health Evidence Centre and Research Network*. Canadian Journal of Public Health, June 2005

[3] Results available request.

the National Collaborating Centres future work. 4 of 6 workplans were approved with two requiring some revisions. Funding has flowed to those National Collaborating Centres with contribution agreements to allow this additional work to be completed by March 31 2006.

An updated workplan for 2006-2007 was required to be submitted by January 18, 2006. All 6 National Collaborating Centres provided a full workplan that was reviewed by PHAC and its Advisory Council. It was anticipated that the National Collaborating Centres would provide distinct activities to be accomplished in 2006-2007 that supported a more mature approach to KSTE. Only 3 of 6 workplans were approved. The remaining workplans are to be submitted prior to flowing contribution agreement funds to these National Collaborating Centres and only if a contribution agreement exists.

As of March 31 2005 there are outstanding contribution agreements to be signed with 2 National Collaborating Centres. Both of these National Collaborating Centres are currently aligned with provincial governments.

1.3 Challenges

'National' perspective has been a challenging concept for all the National Collaborating Centres. Preconceived perceptions around original National Collaborating Centre concept suggested that the National Collaborating Centre was to relate to public health within its own region and make its products widely disseminated throughout Canada via the look and feel of a national marketing campaign. However through discussions and example by the National Collaborating Centre program and its Advisory Council, the National Collaborating Centres have adopted a true national inclusionary approach to their activities/projects, consultations and advisory boards. There is also an agreement that National Collaborating Centre leads will take opportunities to sit on advisory boards of the other National Collaborating Centres when applicable topics arise.

Understanding what KSTE *means in public health* provided somewhat of a challenge to the National Collaborating Centres *initially*. Under the guidance of Dr. John Frank, Scientific Director, Institute of Population and Public Health (IPPH) at CIHR and together with joint Advisory Council/ National Collaborating Centre educational sessions the National Collaborating Centre leadership began to develop a focus for KSTE and how it would apply to their activities and work.

Knowledge translation (KT) resource capacity has been identified as a real challenge. Not only are the National Collaborating Centres struggling to define "*What is KT and how should I apply it in public health?*", they are finding it difficult to recruit appropriate personnel to conduct KT activities. This highlights the national gap in this area – further emphasizing the need to grow capacity. Recognizing the requirement to build inner capacity in KSTE, the National Collaborating Centres are collaborating on a Summer Institute in 2006 with a finite agenda to teach the basic to National Collaborating Centre and limited (5) PHAC personnel. If successful the Summer Institute will be made available to a broader audience in the following year.

Leadership in National Collaborating Centre has been variable from scientific directors to government analysts to project managers. Those National Collaborating Centres who hired scientific directors developed their National Collaborating Centres concept faster and moved forward into KSTE activities (environmental scans, consultations, evaluation planning and so

forth) at a faster pace. This highlights that the value added for each NCC is in quality content, not just in developing network connections.

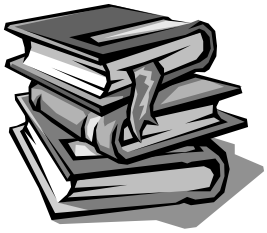
Inserting 2 of the National Collaborating Centres under the auspices of provincial governments has made their development more complex and protracted. Due to fiscal, contracting and human resource policies that exist within P/T governments and inter-provincial pre-arrangements, there remain significant difficulties in moving these National Collaborating Centres to implementation. A process has been undertaken for one of the remaining NCCs to accelerate its implementation. Although the NCC for Health Public Policy is hosted by a government sponsored organization-Institut national de santé publique du Québec (INSPQ), it's development may have been optimized as the host has the major responsibility for public health in Quebec and is directly accountable to the provincial government..

Funding mechanisms like the contribution agreement and its multiple requirements need to be evaluated over the term of the TB submission (2005-2006) to determine if this is the most appropriate funding mechanism. Although it provides for clear and traceable accountabilities by all parties, it also creates a somewhat onerous burden for resources and management on the National Collaborating Centres in order to meet TB reporting requirements.

Understanding what 'National Collaborating Centre collaboration' means has created, and is creating, a challenge for the farflung National Collaborating Centres to act as a collective. The National Collaborating Centres agree that certain functionality is best managed through collective management and have considered multiple options to put in place. To this end one of the National Collaborating Centre s has implemented a project for management of collective activity or functions and engaged a contractor to develop this concept further. However no consensus has been reached to date. Using an external facilitator, a meeting was held for late March 2006 to develop a more concrete strategy.

1.4 Collaborating Centre Lessons Learned

The Naylor Report outlined a vision for the national agency to be comprised of a series of regional hubs, which would be partnered with local academic centres, local/provincial public health systems (including the existing and proposed provincial public health agencies), and other stakeholders. Consistent with this view, the federal government announced the creation of six Collaborating Centres across the country, five of which is focused on a particular aspect of public health[4] and the remaining one focused on a vulnerable population.



In synthesizing reviews of the various approaches to establishing and managing a Collaborating Centre, concepts from CDC, WHO, COECW, AU and EU demonstrated that there are a variety of approaches available and success is defined through 'real' working together and active sharing of information and project activity. Formats on how this could be accomplished vary in design. Commitment to a collaborative process, common understanding of mandate, common goals and objectives, leadership and appropriate funding appear to influence the degree and definition of 'collaboration'. All Collaborating centres have a central agency that provides guidance, advice and financial support to their activities. It is the degree of creativity on the part of the Collaborating Centres in engaging community partnership that often dictates their success

[4] Improving Public Health System Infrastructure in Canada: *Report of the Strengthening Public Health System Infrastructure Task Group.* Advisory Committee on Population Health and Health Security (ACPHHS), 2005. Pg.30

Lessons learned from those engaged in collaborating centre work suggest some of these important points to consider when developing a collaborative environment:

- Senior leadership supports concept and is actively committed to its inception and long term success;
- To incorporate the concept of collective collaboration at the inception of the project;
- A strategic infrastructure supports the Collaborating Centres goals and objectives and its leadership can act as mentor, advisor, moral support, and conduit to others to enhance the Collaborating Centre work;
- Engage the right mix of participants;
- Negotiating the Terms of Reference instills an open and transparent atmosphere conducive to working through future issues and concerns;
- Network through existing networks and be careful not to establish new ones too readily;
- Provide feedback and deliverables as promised. It can be as simple as minutes of a meeting or as complex as a promised KT project deliverable that was developed though consultation and involvement of public health community participants; and
- Cultural diversity occurs at many levels within public health and across health communities. As the centres are located regionally they must respect the local diversity but also consider the national identities that comprise the Canadian culture and then develop Collaborating Centre products accordingly.

There were many more lessons learned but these could be applied to the National Collaborating Centre project design early in the implementation stage as well. The rest are knowledgeable guides to the National Collaborating Centre Program and the National Collaborating Centre s as the concept is implemented and matures.

1.5 The Logic Model for the National Collaborating Centres

The Logic Model for the National Collaborating Centres program is presented on the following page. The model depicts the key program activities, outputs and outcomes, as well as the logical linkages among these elements.

The logic model is linked to the umbrella logic model for the Promotion of Population Health (PPH) program in the following areas: Knowledge Development, Capacity Building and Intersectoral Collaboration.

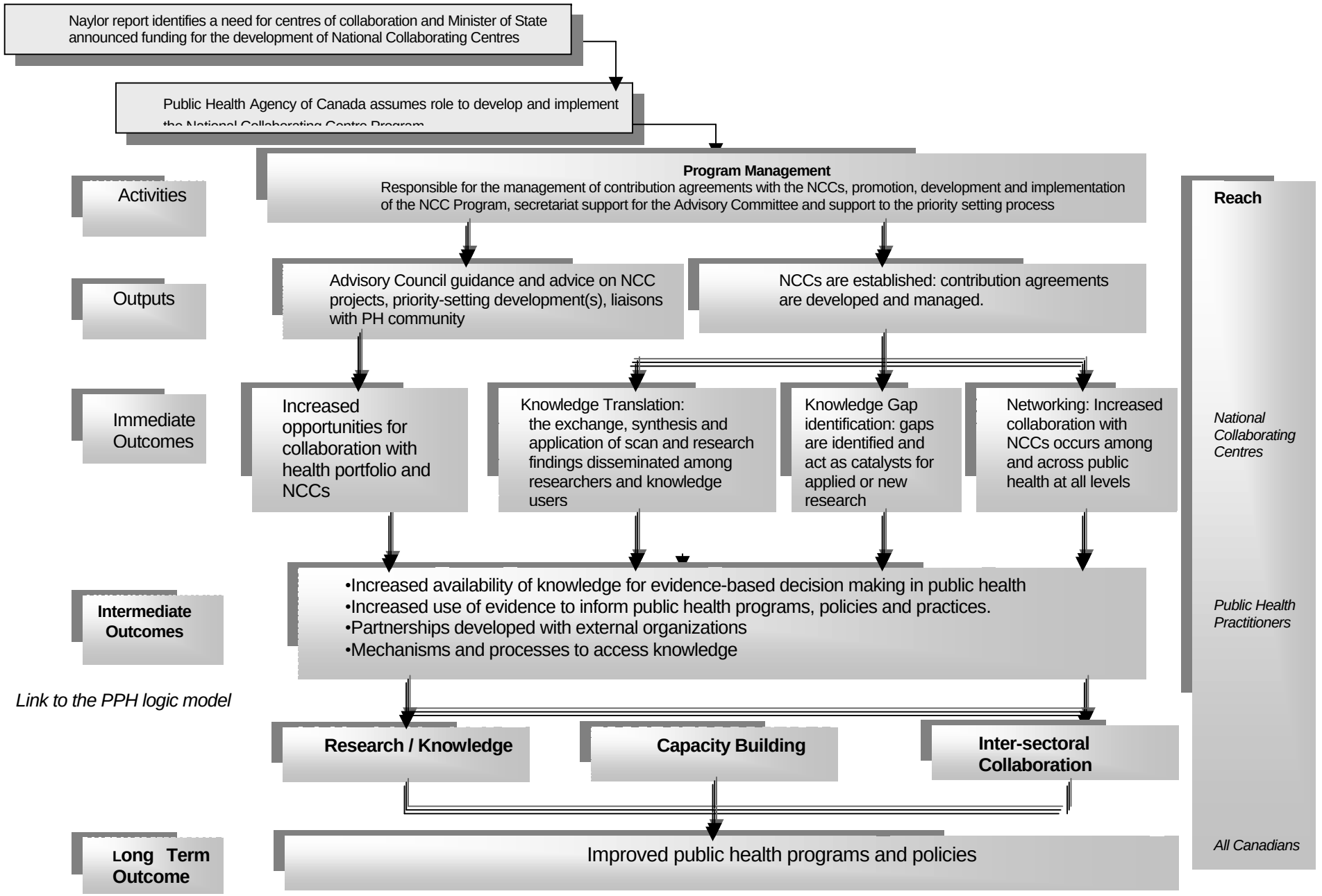
Activity Area #1 of the PPH program includes **knowledge development** for the purpose of "increasing awareness and uptake of evidence to enable greater control over the factors that influence health and aim ultimately to affect behaviour change". The National Collaborating Centre program supports knowledge development through the entire knowledge translation process as defined fully below. Gaps in the research literature in areas relevant to policy makers and practitioners will be identified and brought to the attention of researchers and research funding agencies. The primary focus of the NCCs is on applied research, which means the NCCs synthesize, translate existing and new research and finally disseminate it appropriately to be used in evidence based decision making by health practitioners and policy makers.

Activity Area #4 of the PPH program is **capacity building** for the purpose of "improving the delivery of health promotion programs through transferable models and approaches, professional training, and public education". The National Collaborating Centre program

supports capacity building through knowledge translation and knowledge gap identification, which will result in the production of knowledge tools for use by front line public health workers and across the entire health portfolio.

Activity Area #3 of the PPH is **inter-sectoral collaboration** for the purpose of "improving the coordination between health and social services, between public and primary health care systems, at local and other policy levels can lead to improved health outcomes, through a systematic and sustained approach." The National Collaborating Centre program supports intersectoral collaboration through its network-building activities between the Centres and across the greater health portfolio.

NATIONAL COLLABORATING CENTRES PROGRAM LOGIC MODEL



It is essential to recognize the inter-connectedness of the activities to be undertaken in delivering this Program. Clearly, the activities in the Knowledge Translation stream will generate activity for the Knowledge Gap Identification stream, as the synthesis of existing knowledge identifies gaps. Although NCC environmental scans, synthesis, knowledge translation products and activities will be shared through networks, collaboration across the myriad of public health networks will be the real 'enabler' to uptake this current knowledge. The National Collaborating Centre Program supports a dynamic construct that will build increasingly on the activities within each activity area to ensure the success of the entire Program.

2.0 National collaborating Centre Program Progress to date

2.1 National Collaborating Centre Program

This program is located within the Public Health Agency of Canada's Office of Public Health Practices in National Capital Region (Ottawa).The National Collaborating Centres Program includes the following two components:

1. The National Collaborating Centres Contribution Program, a funding program to support the National Collaborating Centre infrastructure, core functions and initiatives; and

2. Program management, which includes resources for program staffing, secretariat support for the Advisory Council, funding for program development and promotion, liaison with PHAC and the health portfolio and project monitoring.

The Secretariat is responsible for providing leadership and guidance for the development, implementation, operations and promotion of the National Collaborating Centre Program.

The Secretariat will support and facilitate the establishment and operation of the National Collaborating Centres as a best practice in inter-sectoral collaboration, networking, and innovative knowledge translation management. The Secretariat will work with the Advisory Committee to provide the National Collaborating Centre's with advice and guidance regarding the validity and relevance of their initiatives. The Secretariat will facilitate linkages between the National Collaborating Centres and the AC in identifying opportunities to align with national initiatives such as public health goals and strategies and the Public Health Network (PHN), connect with public health at the provincial, national and international levels, and serve as a resource to public health to strengthen policy and program development. The Secretariat will assist the National Collaborating Centres in their efforts to put information into the hands of those who need it most, and to contribute to informed policy making, program development, and health practice decision making.

2.1.1 Monitoring & Reporting

The National Collaborating Centre Program Secretariat will be responsible for overall program accountability and the ongoing development of the program. It will oversee the solicitation and review of proposals and ensure the program meets its requirements in

terms of the program's Results-based Management and Accountability Framework (RMAF) and the Risk-based Accountability Framework (RBAF). The Secretariat will manage the program respecting all pertinent laws and policies governing the administration of federal programs and in accordance with Terms and Conditions for Promotion of Population Health.

The Secretariat will serve as the liaison among the National Collaborating Centres, the Advisory Council and the Agency in establishing, reviewing and reporting on National Collaborating Centre accountability frameworks and evaluation plans, and on executing program evaluations as per a further submission by the program to Treasury Board. The Secretariat will serve as the liaison ensuring that the National Collaborating Centre program is relevant, effective and addresses national priorities. Key activities include:

- establishment and maintenance of the National Collaborating Centre Program financial and administrative records according to Treasury Board standards and departmental policies on grants and contributions;
- develop priority setting mechanisms, in consultation with the Advisory Council and the National Collaborating Centre's. The priorities for the first three years will reflect the public health goals. As the priorities evolve over time, they will support the work of the Public Health Network and align with the Pan Canadian Public Health Strategy;
- working with the National Collaborating Centre to establish work plans that reflect approved program priorities and objectives;
- solicitation of proposal, screen, review, and recommend to the Minister
- develop and monitor contribution agreements. As the Program develops, this function may be shared with one or more PHAC Regional Offices where there is mutual agreement to do so;
- establishing and monitoring accountability and evaluation frameworks with the National Collaborating Centres and
- conducting regular program evaluations; and,
- fulfill reporting obligations to Treasury Board, parliament and provide information to stakeholders and the public.

2.1.2 Facilitation & Coordination

An overall coordination function will be an important ingredient in the success of this program. The Secretariat will fulfill a range of facilitation and coordination needs, including preparation for

- meetings and workshops, and extending as well into areas of information sharing and exchange of best practices between National Collaborating Centre, with the AC, and with PHAC. Activities will include:
- coordinating and facilitating meetings with National Collaborating Centre, Advisory Council, and other stakeholders;
- promote collaboration among the National Collaborating Centre's by facilitating the development of its network, and networking with others;
- facilitating the development of strategic linkages among stakeholders within the Public Health Agency of Canada, Health Portfolio and between other government departments, as appropriate;

- developing approaches for uptake of National Collaborating Centre products within the Health Portfolio and other government departments.

2.1.3 Program Promotion

The Program Secretariat will ensure communication mechanisms are in place within PHAC to inform PHAC and staff across the Health Portfolio about the program and knowledge products developed by the National Collaborating Centres. This includes:

- acting as the central point for communication for the program - preparing briefing materials for the Minister and for the CPHO;
- facilitate the development of general program materials for use by the National Collaborating Centres, for public consumption which may include newsletters, generic media kits, etc. This is a limited function and refers to the general program as a whole. The National Collaborating Centres will be responsible for promoting their individual National Collaborating Centre and their network of National Collaborating Centres to external stakeholder groups.
- National Collaborating Centres program materials (e.g. Program, Communications and Financial Management Guides, Risk Assessment Plans); and,
- Presentations to the Health Portfolio or other government departments.

2.1.4 Identification of Strategic Opportunities

The Secretariat is committed to identifying opportunities to maximize the efforts and/or profile the work of individual National Collaborating Centres in areas such as policy, research, dissemination, and communication. Supporting activities will include:

- identifying communication, promotion and media opportunities, as well as additional[1] avenues for dissemination of National Collaborating Centres' products;
- identifying opportunities to link research and policy development in a way that is meaningful for PHAC policy makers and program managers and National Collaborating Centres;
- identifying upcoming events, meetings, symposia and workshops relevant to the work of the National Collaborating Centres; and,
- identifying opportunities to support National Collaborating Centres' work and activities, within the federal government, using information and communication technologies.

2.2 Advisory Council (AC)

The Public Health Agency of Canada will establish an Advisory Council to provide ongoing advice to PHAC on issues pertaining to the relevance and validity of the National Collaborating Centres Program and the appropriateness of National Collaborating Centres planned activities for knowledge synthesis, translation and exchange (KSTE).

[1] NCCs will have developed their own avenues for dissemination of their products; however the NCC Program can provide additional support through its internal and external government networks

The Public Health Agency of Canada's National Collaborating Centre Advisory Council includes experts from the diverse sectors of public health. Members were nominated by key public health stakeholders, reviewed and approved by the Agency's CPHO. In making final decisions regarding the membership of the Advisory Committee, the CPHO and senior management team include recognized persons who are experts in the subject matter of the National Collaborating Centres, in the various elements of knowledge management and in various fields of public health to allow for a balance of researcher's and practitioner's input.

The Advisory Council representatives are accountable within the Terms of Reference for the program. Terms of tenure will be flexible to ensure that corporate memory is retained throughout the life of the Advisory Council and the Program. It will be essential that new members continue to reflect the broad spectrum of public health.

Following are the principal functions of the Advisory Council.

2.2.1 Advice and Guidance:

The Advisory Councils (AC) role is to advise the Public Health Agency of Canada on how the National Collaborating Centres can best contribute to and support the key priorities of public health by contributing to, and advising PHAC on, vision and strategic directions regarding the priorities for the National Collaborating Centres.

2.2.2 Evaluation and Accountability:

The Advisory Council, in its advice and guidance capacity, has an opportunity to influence the direction of the National Collaborating Centres by reviewing the progress of the individual National Collaborating Centres and the national program to ensure that all are addressing the RMAF objectives and desired outcomes. This can be accomplished through the following activities:

- Reviewing reports submitted bi-annually by the National Collaborating Centres as per accountability frameworks and performance standards;
- Reviewing annual proposals and workplans to assess their appropriateness for achieving the desired outcomes including improving the capacity of public health policy makers and health practitioners to use evidence in their decision making activities; and
- Advising PHAC whether National Collaborating Centre initiatives are demonstrating cost-effectiveness and value for money over the longer term.
- Advising PHAC and the National Collaborating Centres on the rigour and appropriateness of their methodologies and approaches within their individual thematic areas.

2.3 National Collaborating Centres

The creation of six new National Collaborating Centres is aimed at strengthening the public health system in Canada through developing national focal points for priority areas in public health. Each Centre will have a national agenda, but will be regionally based and built through collaboration between provincial/territorial government, academic institutions,

non-government organizations, and health practitioners. National Collaborating Centre host organizations have been identified as follows:

- Environmental Health (British Columbia; Centre for Disease Control);
- Infectious Disease (Winnipeg; International Centre for Infectious Disease);
- Public Health Methodologies and Tools (Ontario; Interim - Ontario Public Health Agency);
- Healthy Public Policy (formerly - Public Policy and Risk Assessment (Quebec; Institut National de Santé Publique du Québec);
- Health Determinants (Atlantic region; Interim - Government of Nova Scotia; Department of Health and Wellness); and
- Aboriginal Health (British Columbia; University of Northern British Columbia).

A broader discussion on the individual mandates and activities of each National Collaborating centre is described in section 3.0 of this document.

2.4 Principal Functions of the National Collaborating Centres

The National Collaborating Centre's to address the following core functions, each representing an element of knowledge management. By fulfilling these three functions, the National Collaborating Centre's will develop a capacity to promote the use of evidence in public health and provide expertise to address public health priorities.

Knowledge Translation: National Collaborating Centres will synthesize existing public health knowledge, national and international, that is relevant to Canada's public health challenges to create knowledge products that are usable by those working at the front lines in public health, as well as by policy makers in fields relevant to public health.

Knowledge Gap Identification: National Collaborating Centre's knowledge synthesis activities will probably reveal additional gaps in knowledge, research or the evidence needed for decision-making purposes. The Centres will act as catalysts to stimulate the development of new applied research to address these gaps.

Networking: The National Collaborating Centre's will encourage and enhance the development of networks at regional, provincial, national and international levels. As networks develop, stakeholders will be able to access, share and disseminate the most current knowledge available and interact with other public health practitioners in a manner that best suits their needs and working environments.

2.4.1 Accountability

The National Collaborating Centres will consist of a host organization who will provide secretariat support and an administrative office. Each National Collaborating Centre will set up a multi disciplinary consortium of partners including regional, national and international subject matter experts, policy makers and other groups. This group will be

responsible for developing the National Collaborating Centre's work plan and monitor and evaluate its progress.

While Centres will have autonomy for managing their operations and functions, they will operate within the national program guidelines and address common priorities. Multi year contribution agreements will provide a legal framework for all of the Centres in terms of governance and accountability.

The individual National Collaborating Centres proposal will form the basis for evaluation of their contribution agreement with the Public Health Agency of Canada and includes a work plan, budget, evaluation and reporting plans and human resource personnel, their roles and responsibilities within the National Collaborating Centre.

Each Centre will have a single point of contact who will have the responsibility to manage the contribution agreement that is negotiated with PHAC.

The National Collaborating Centres will function as members of a network. United by common goals and priorities, their work will contribute to the achievement of national public health goals and the development/implementation of a pan-Canadian Public Health Strategy. It is anticipated that the National Collaborating Centres will play an important role in supporting and influencing the work of the Public Health Network (PHN) through their ongoing networking activities and by providing supportive knowledge products to address PHN initiatives.

2.4.2 Financial support for the National Collaborating Centres and Program

In March 1997, Cabinet approved the MC *Strategic Action on Population Health* (1-0034-97RD(01)C) as the basis for population health programming at the Public Health Agency of Canada and for interdepartmental collaboration around public health. The MC outlined the importance of flexibility and co-ordination for programs funding public health initiatives and stated that this could be achieved using common authorities and mechanisms.

On that basis, Treasury Board approval was sought for the Terms and Conditions for Promotion of Population Health (PPH) Grants and Contributions program in 1998 (TB #826640) and renewed in 2003 (TB #831085) for a new five-year term. These Terms and Conditions have provided the umbrella framework under which a number of current population health programs are administered (e.g. the Population Health Fund, Aboriginal Head Start Initiative, Canadian Strategy on HIV/AIDS, etc). The Submission gave approval for future grant and contribution programs focusing on public health to use the Terms and Conditions for Promotion of Population Health for their program submissions, provided individual Results-based Management and Accountability Framework/Risk Based Audit Framework (RMAF/RBAF) documents.

The National Collaborating Centres program will use the Terms and Conditions for the Promotion of Population Health Contributions because of the alignment of objectives with respect to collaborating with provinces, territories, municipalities and NGOs, in addition to its common objectives of improving public health. Specifically, the PPH Program has a capacity building objective that includes increasing community capacity for action across determinants of health. The PPH Program also has a knowledge development objective, including increasing the knowledge base for future program and policy development. Finally, the PPH Program has an objective targeted at encouraging intersectoral collaboration in health. The National Collaborating Centres share these objectives as

described above and as articulated in the RMAF / Logic Model previously described in section *Logic Model for National Collaborating Centre Program.*

Treasury Board (TB) Submission

Contribution funding for this initiative was approved at $9,150,000 ongoing starting in 2005-06 through TB Submission (#831577). As a condition of that submission, the funds were placed in a frozen allotment pending the approval of the program design and the RMAF/Risk Assessment. This TB Submission sought to release these frozen funds and approve the program design and the RMAF/Risk Assessment.

The program will be delivered through contribution agreements with six National Collaborating Centres. To support the establishment of the National Collaborating Centres and allow them to conduct developmental activities, in February 2005, a Request for Proposal (RFP) process was conducted through the Population Health Fund to provide grants to National Collaborating Centres that would enable the National Collaborating Centres to get established. Within the TB Submissions the National Collaborating Centre program identified three core functions that support evidence-based decision making across the public health system: Knowledge Translation; Knowledge Gap Identification; and Networking. Each National Collaborating Centre will pursue these core functions while ensuring that amongst themselves and all public health stakeholders, there is an ongoing effort to connect, communicate, co-ordinate and collaborate.

Identified as one component in achieving this priority is PHAC's role in facilitating the establishment of, and providing ongoing support to, the National Collaborating Centres for Public Health. To this end, $225,000 in salaries for three FTEs and $550,750 in Operating & Management funds will be engaged.

TB Submission was approved in August of 2005.

3.0 National Collaborating Centres

3.1 National Collaborating Centre ABORIGINAL HEALTH

Located in north-central British Columbia, a region with 17 Indigenous groups speaking at least 27 distinct languages and dialects, the vision of the National Collaborating Centre on Aboriginal Health (NCCAH) is to ensure the current and future health and well-being of Aboriginal peoples across Canada.

This vision will be mobilized through activities focused on strengthening linkages between (to name a few) the Canadian Institute for Health Information (CIHI), the Canadian Institute for Health Research (CIHR), the Public Health Agency of Canada (PHAC) international organization such as the World Health Organization (WHO) and myriad of Indigenous health agencies, policy-makers, decision-makers, service providers, service recipients and the community at large.

Ultimately, through the development and strengthening of these linkages, the NCCAH will ensure the synthesis and translation of leading contemporary health research and circulation of that knowledge to Aboriginal communities, health practitioners, policy makers and researchers.

For this year (2005-2006), specific activities associated with these broad goals are developmental in nature and include: planning and implementation of a multi-year consultation process, development of a national and international advisory committee, preparation of short and long term communication and evaluation strategies, and the pilot implementation of `knowledge, synthesis, translation, and exchange' projects. Additionally, other activities will be undertaken in partnership and collaboration with the other national collaborating centres.

Taken together, the vision and goals and requisite activities of the NCCAH are ultimately accountable and will form the foundation for future funding requests that will ensure a sustainable centre for Aboriginal peoples in Canada.

3.2 National Collaborating Centre ENVIRONMENTAL HEALTH

The host agency for the National Collaborating Centre - Environmental Health (NCCEH) is the British Columbia Centre for Disease Control (BCCDC) in Vancouver, BC. The function of the NCCEH revolves around knowledge translation (KT), gap identification, and network development in environmental health. KT for the Centre's purposes includes performing environmental scans, and knowledge exchange and synthesis leading to translation products.

The Centre's partners include other National Collaborating Centres across Canada as well as public health organizations and academic institutions. At present, these links are strongest within British Columbia but are being expanded across Canada and abroad as discussions are conducted across the country. This will strengthen Canada's ability to protect and promote the health of its citizens by building a coalition of practitioners, policy makers, and researchers committed to discovering and using an evidence-based approach to policy and practice. This will improve Canada's ability to prevent and/or mitigate the potentially harmful effects of the environment on human health.

The NCCEH will identify and make available existing KT products in environmental health. NCCEH will produce new products using the results of existing and new research findings in areas that are a priority to the practitioner and policy maker community. Gaps in the research literature in areas relevant to policy makers and practitioners will be identified and brought to the attention of researchers and research funding agencies. NCCEH will work to build capacity in environmental health through offering secondments, courses and other training opportunities. NCCEH initial work plan includes a pilot KT project and additional work with other National Collaborating Centres in developing common approaches to KT.

NCCEH activities in these areas will result in the development of networks in environmental health that include environmental health practitioners, policy makers and researchers across the country. NCCEH activities in KT, gap analysis and network building will strengthen Canada's capacity in environmental health and result in more effective and efficient protection of the Canadian public from environmental hazards. NCCEH work will contribute to public understanding of environmental health and the steps we as a society and individuals can take to reduce risk, prevent illness and promote health.

Evaluation will be a key component of NCCEH activities; the Centre will solicit regular feedback on the KT products developed as well as on the other activities undertaken to fulfil the Centre's mission. NCCEH will evaluate its success through the following indicators:

- awareness, uptake and use of our KT products by practitioners and policy makers,
- changes in policy and practice in environmental health resulting from our products and activities,
- expansion of Canadian capacity in environmental health,
- our ability to engage and sustain the collaboration of partners from across the country, and
- research undertaken as a result of our identification of knowledge gaps in environmental health.

The work outlined in this proposal is the first piece of the Centre's three-year work plan. During this stage NCCEH will look for opportunities to expand its KT and related activities through funding from other sources to further increase Canada's capacity in this area.

3.3 National Collaborating Centre DETERMINANTS OF HEALTH

The Atlantic National Collaborating Centre for the Social Determinants of Health is a collaborative partnership among the Departments of Health (Public Health) of New Brunswick, Newfoundland and Labrador, Nova Scotia and Prince Edward Island together with the Public Health Agency of Canada. The Centre is located in Halifax, Nova Scotia until a more permanent host agency, acceptable to the Deputy Ministers of all 4 Atlantic Provinces, can be identified through a Request for Proposal (RFP) competition. During its initial developmental stage, the Centre is receiving generous in-kind support from the Nova Scotia Health Research Foundation, its interim host organization.

The Centre seeks to increase the knowledge base for program and policy development: relating to the social determinants of health through conducting environmental scans, initiating effective opportunities for transferring this knowledge, consulting with key informants and establishing linkages and knowledge webs with other national and international organizations working on similar issues. Through its work, the Centre strives (l) to increase the knowledge base for program and policy development *on* population health and public health and (2) to increase partnerships and develop inter-sectoral collaboration to address specific determinants of health, or combinations of determinants.

A comprehensive, initial evaluation framework, together with a number of planned joint initiatives with the 5 other National Collaborating Centres, will assist the Atlantic National Collaborating Centre in identifying realistic, specific, measurable and achievable results, outcomes, and indicators of success.

3.4 National Collaborating Centre INFECTIOUS DISEASE

National Collaborating Centre for Infectious Diseases, located in Manitoba, contributes by carrying out the tasks involved in helping integrate Canada's infectious diseases capabilities and organizations into the evolving national public health structure. The National Collaborating Centre for Infectious Diseases will fulfill the particular need that has been identified in fostering knowledge synthesis and translation, and contribute to the development of coherence and contacts through networks, joint projects and mutually beneficial activities across the spectrum of infectious diseases and public health disciplines and organizations.

The International Centre for Infectious Diseases Inc. (ICID) proposes to serve as the organizational support (host organization) to help the National Collaborating Centre

Infectious Diseases build on the initial work undertaken since April 2005. This work will strengthen the linkages among infectious diseases institutions and specialists in support of effective public health practice, and to fashion a more coherent and productive connection with Canada's public health community, with a particular focus on front-line public health care delivery.

The National Collaborating Centre Infectious Diseases will operate for administrative purposes in association with the ICID, drawing the benefits from that relationship in terms of its organizational apparatus, facilities and infrastructure.

At the same time, the National Collaborating Centre Infectious Diseases will operate independently, directed entirely in its work plan development, project selection and implementation management by the Advisory Board. This arrangement is to establish a clear arms-length relationship for the National Collaborating Centre Infectious Diseases from the board of directors of the ICID that includes members who might otherwise be perceived to be in a potential conflict of interest.

In essence, the ICID will act as the proponent and administrative delivery mechanism for the National Collaborating Centre Infectious Diseases, while the selection and direction of projects is the responsibility of the Advisory Board.

The initial research question chosen for the National Collaborating Centre Infectious Diseases reflects the views of a wide array of participants in the process of the past six months to identify knowledge synthesis needs and determine what would bring together the disparate interests of Canada's infectious diseases community.

The overall purpose of the National Collaborating Centre Infectious Diseases is to fulfill its assigned role to facilitate the sharing of knowledge and help translate knowledge into practice at all levels of the public health system across Canada, through the development of collaboration across institutions, disciplines and jurisdictions.

3.5 National Collaborating Centre METHODOLOGIES AND TOOLS

The need for stronger links between public health research, policies and practice has become increasingly important as the field of public health moves forward in the 21" century. To this end, there have been various efforts to support and foster these links in public health. The Methodologies and Tools National Collaborating Centre (NCCMT) is based in Ontario and was initially hosted within the Ministry of Health and Long-Term Care (MOHLTC), Public Health Division, for the short-term, with the vision to move to the Public Health Agency of Ontario when it comes into fruition.

The mission of the NCCMT is to support and collaborate with individuals, organizations, and communities in sharing existing and developing new knowledge on public health methodologies and tools to support development, implementation, and evaluation of public health programs and policies. In particular, the NCCMT will be responsible for knowledge translation, knowledge gap identification and networking to promote the use of evidence-based public health methodologies and tools for public health practice. To this end, it is expected that the NCCMT will contribute to:

- Increasing the knowledge base of evidence-based public health methodologies and tools through the dissemination of knowledge products and the support towards the generation of applied research.

- Supporting the use of evidence-based public health tools and methodologies for programs and policy development.

- Increasing collaboration and supporting networks that increase and foster partnerships.

- Partnerships with stakeholders such as practitioners, academics, researchers, policy-makers and others across the country will be key to the success of the NCCMT. An important platform for such partnerships will be the Advisory Council. The Council will include representation from across the country as well as the diversity in stakeholders. The key vehicle to support and foster knowledge translation activities of the NCCMT will be a NCCMT specific network. This network will bring together stakeholders using multiple modalities (distance and face-to-face).

One of the first priorities of the NCCMT is to complete a detailed environmental scan to:

- Support the delineation of the parameters for the National Collaborating Centre;
- Identify existing knowledge and priorities in public health methodologies and tools to support knowledge translation and synthesis;
- Identify gaps in knowledge; knowledge translation and research in public health methodologies and tools;
- Identify key experts to support the establishment of the network as well as the Advisory Council; and
- Set priorities for the National Collaborating Centre within the areas of knowledge translation, development and networking.

Another important priority will be to work collaboratively with other National Collaborating Centres to develop a common framework for the National Collaborating Centre program – the "common look and feel" and approaches. Furthermore, specific joint projects may be undertaken with one or more National Collaborating Centres (i.e., synthesis of tools for health impact assessment – could be a collaborative project with Quebec and Atlantic National Collaborating Centres).

3.6 National Collaborating Centre POLICY AND RISK ASSESSMENT

Le Centre de collaboration nationale sur les politiques publiques et l'évaluation des risques (CCN-PPER) fera partie du réseau des six centres d'expertise identifies par l'Agence de santé publique du Canada. L'Institut national de santé publique du Québec (INSPQ) a développé une expertise en politiques publiques favorables a la santé et propose d'héberger et de gérer ce centre de collaboration.

Le CCN-PPER aura pour mission d'accroître l'expertise des agents et partenaires en santé publique au Canada en matière de politiques publiques favorables à la santé par le développement, le partage et l'utilisation de connaissances fondées sur des données fiables et pertinentes.

La programmation d'ensemble du CCN-PPER s'articulera autour de quatre grandes fonctions principales : la **veille** qui donnera lieu notamment a des documents d'analyse scientifique et conjoncturelle et a une banque de connaissances et de ressources; la **synthèse** et l'interpretation des connaissances qui produiront des outils et méthodes d'application générale ainsi que des analyses de politiques appliquées a des priorités de santé publique ; le **transfert** des connaissances qui s'appuiera sur

des stratégies informationnelles comme des bulletins électroniques ou un portail Internet et des stratégies interactives telles des tables rondes, séminaires, formation, etc. ; la promotion et le développement de la **recherche** par le soutien technique et financier à des projets permettant de combler les lacunes identifiées. Des activités d'implantation de ces quatre fonctions sont prévues au cours des premiers mois d'implantation du Centre.

Le projet pilote vise à identifier les options de politiques publiques ayant les meilleures chances de succès pour lutter contre l'obésité dans les contextes québécois et canadien. La démarche proposée fera l'objet d'une validation préalable auprès d'experts en méthodologie et en transfert des connaissances. Elle comporte trois phases. La première vise à apprécier les fondements scientifiques des différentes options de politiques proposées pour lutter contre l'obesite et a identifier les instruments de politiques les plus pertinents qui en découlent. La deuxième étape permettra de dégager les contextes et les stratégies favorables à l'adoption de ces instruments. La troisième phase consistera à soumettre les connaissances issues des deux premières étapes a un groupe compose de décideurs, de scientifiques et d'intervenants de saute publique afin d'en dégager un autre type de savoir, davantage ancre dans le contexte d'application pratique. Chacune de ces phases donnera lieu a une synthèse de connaissances. Les synthèses issues des phases un et deux seront diffusées en 2006-2007, alors que la synthèse des informations provenant de l'ensemble de la démarche fera 1'objet d'activités interactives de transfert au cours de l'annee 2007-2008.

Les agents et partenaires en saute publique concernés par la lutte a l'obesite par des politiques publiques au Canada constitueront le public cible par le projet pilote.

4.0 Linkages within Canada and internationally

4.1 Public Health Network

In the initial year of inception and implementation the main foci of the National Collaborating Program and the individual National Collaborating Centres have been to establish themselves as arm's-length entities to the federal government, yet remain linked through workplan development to develop initial priorities by conducting environmental scans for initial projects, connecting with key stakeholders to identify priorities in their thematic areas, communicating with the multiple sectors of public health professionals to establish links into those networks and submit the required documentations to access funding through the federal government contribution agreement mechanism.

The Public Health Network (PHN) is currently within its inception and implementation developmental phase during this time period. Although there are potential linkages between the two federal government sponsored activities, projects have not been identified to date by the PHN whereby potential connectivity to the work of the National Collaborating Centres demonstrates mutual benefits. It is anticipated that there will be many opportunities for the PHN and the NCCs to collaborate on projects of mutual interest in the future. Once the PHN Council approves workplans for the various Expert Groups (6) that support the PHN opportunities will arise for these collaborative project to begin.

4.2 WHO Collaborating Centres

Expressions of interest have been made to the NCC for Determinants of Health to potentially partner in areas of mutual interest (i.e. literacy and health). Due to the close proximity of the WHO Centre and the Determinants of Health Collaborating Centre there is a natural alignment of personnel, enthusiasm and resources to move common projects forward. Once the NCC Determinants of Health is established there will be opportunities for more fruitful discussions and project/activity planning.

During a recent meeting in Winnipeg at the PHAC Research Forum the National Collaborating Centre was approached to open connections between work with EVIPNet (Africa)[5] and the NCCs, specifically the Infectious Disease, Determinants of Health and the Methodology and Tools. Additionally a representative of WHO, Geneva inquired into NCC Methodology and Tools interest in co-developing a web-based tool for mining common definitions in knowledge translation, cataloging globally recognized experts in KT for access by others, creating a list of KT sites that can be easily accessed by all nations seeking to find expertise in a particular subject matter or interested in developing their own capacity and seeking expert advice on the 'how-to's'.

Interest to connect and explore opportunities with EVIPNet was expressed by the Director's of the NCCs. Opportunities to link will be discussed during the upcoming Summer Institute program in July 2006.

4.3 Additional linkages

Interest has been expressed from a multitude of sources within Canada and internally in the context of projects, linkages and potential opportunities for the future. To respond over the course of the past year as NCCs were developing was difficult and frustrating for the NCC leads as they had little to offer in the way of actual products as yet. It is anticipated that in 2006-2007 and beyond these limitations will dissipate as expertise in environmental scanning capability, networking contacts, projects for completion (Stream One) reach a maturation stage. Among their individual capacities and the building of a common service capacity the NCCS anticipate being more responsive to outside interests. To this end a common KTSE strategy will be developed early in the new fiscal year.

5 EVIPNet (Evidence-informed Policy Networks) is an innovative program to decrease the gap between health research and policy and practice. The concept for EVIPNet arose from the culmination of over two years of consultations and work in this area and builds upon one of the key recommendations from the WHO's Ministerial Summit on Health Research in November, 2004 "to establish mechanisms to transfer knowledge in support of evidence-based public health and health-care delivery systems, and evidence-based health-related policies".

2005-2006 Fiscal Activity

National Collaborating Centre	PHF - 2005	Contribution Agreement Funds		Other	
		2005	2006-projected	2005	2006
Program	0	O	775K		
Aboriginal Health	250K	575K	1.5M		7.45M
Environmental Health	250K	575K	1.5M		1.5M
Infectious Disease	250K	575K	1.5M	40K	
Methodologies & Tools*	250K	0K	1.5M		
Policy & Risk	250K	425K	1.5M		
Determinants of Health*, **	250K	200K	.3M		
Overall	1.5M	2.6M	8.6M		

* No contribution currently exists; therefore no funds can flow although they have submitted workplans for $1.5M. (as of March 24, 2006)

** Workplan submitted but will need to address new priorities or expanded priorities once National Collaborating Centre has been given a substantive home. Only partial costs were submitted at this time. A revised estimate is anticipated once their RFP process is complete.

Objectives for 2006-2007

A) Workplan and Activities of National Collaborating Centre Program

- ❏ Item 1: *Implementation of remaining Contribution Agreements* – Fall 2006
- ❏ Item 2: *Development of a KT Strategy for PHAC and NCC* – March 2007

  Includes:
  - Strategic Overview
  - Best Practice existing for Collaborating Centres (national and global perspective)

- Communication/Marketing plan
- Risk Management Plan
- Dissemination Framework for KSTE activities
- Internal Communication plan for connectivity to PHN, PHAC
- Newsletter
- Website maintenance

❑ Item 3: *Completion of Evaluation Plan* - December 2006

❑ Item 4: *Implementation of SI for support and advice* – Spring 2006

❑ Item 5: *Monitoring and Evaluation of NCC Workplans, Deliverables and Financial Accountabilities* – March 2007

B) Workplans and Activities of National Collaborating Centres

❑ Item 1: *Completion of Reporting Requirements for Contribution Agreements (6)* – Bi-annual

❑ Item 2: *Develop further 'Common Services" concept amongst NCC* – March 2007

Includes

- Website development
- Translation services for publications, tools, products for distribution for NCCs with no current connection
- Coordination of joint activities
- Convening of regular meetings includes minutes, ToR, management of action items.

❑ Item 3: *Development of a KT Strategy for PHAC and NCC* – March 2007

  ❑ As described for PHAC NCC Program above, linked to but relevant for each individual NCC

❑ Item 4: *Completion of Evaluation Plan* - December 2006

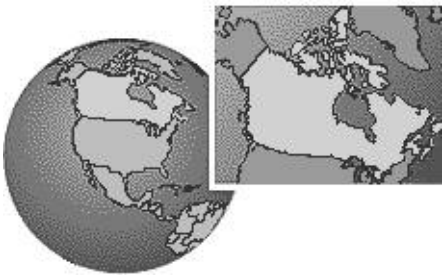
❑ Item 5: *Development of All NCC Advisory Boards which reflect a national membership* – Fall 2006

Issues and Recommendations

Highlighted within this section are areas for improvement. It is recognized by PHAC and its Advisory Council that this is the first attempt at bringing together the multiple sectors of public health in a manner that support health practitioners and policy makers. There will be successes and failures as this program evolves but the long-term gains from these activities and networking interactions are the end goal. As noted by one of PHAC's Advisory Council members

"The real benefits on NCCs will come in 5 to 10 years through solid relationships across sectors, linked across country, better sharing info and access to evidence in formats able to be translated...better able to develop evidence based policy regionally and locally and hopefully better health outcomes"

Noni MacDonald MD MSc FRCPc



Issue 1: National Collaborating Centres are national in scope. Located regionally and at arms-length has created some visionary difficulties for the leads of each Centre in the development of National Collaborating Centre Advisory Boards, and in the functional benefits that these boards can be to the individual Centres. The National Collaborating Centre Boards should **not** function as figureheads, but provide operational advice and guidance of the development of the Collaborating Centres workplans. This means consultation and approval at the point of inception of the workplan by the Advisory Board, prior to submission to PHAC.

Recommendation 1-1: To provide strength to the deliberations between the National Collaborating Centre Director and the Centres Advisory Board, the Advisory Board should be comprised of individuals who represent national leadership in the Centre's thematic area. This expertise can be used to advise and guide the National Collaborating Centre in networking, prioritizing key areas of concern in public health, developing the Centre's knowledge synthesis, translation and exchange capacity, developing dissemination approaches, and marketing and communicating the activities, products and capabilities of each and all the National Collaborating Centres.

Costs allocated to a National Collaborating Centre Advisory Board will be reflected in their workplans associated costs for travel and meetings.

Recommendation 1-2: All National Collaborating Centres will forward annually in their workplan their current list of Advisory Board members with contact information.

Recommendation 1-3: Once a year PHACs Advisory Council should meet with chairs and co-chairs of the National Collaborating Centre Advisory Boards to discuss public health priorities, approaches and methodologies to KSTE, status of current workplan,

communication processes and create an network of open dialogue between all aspects of the National Collaborating Centre program.

Issue 2: Projects within workplans are often ambiguous or too large and create a risk to the individual National Collaborating Centre to complete successfully or engage appropriate others in their work activities.

Recommendation 2-1: Taking advantage of aforementioned recommendation may mediate this issue.

Recommendation2-2: Training in developing the questions, participatory partnership and conducting appropriate environmental scans are potential methods to reduce the large ambitions within a Centre's workplan. As National Collaborating Centre staff skills improve in project development, it is anticipated that this issue will be minimized over time.

Recommendation 2-3: PHAC's Advisory Council continue to review and evaluate all National Collaborating Centres workplans and deliverables for appropriateness and sound approaches and methodologies within their thematic areas.

Issue 3: Knowledge Synthesis, translation and exchange are relatively new to public health practitioners and policy makers, just as conducting these activities are new for many of the National Collaborating centre staff. The NCCs are taking an initiative in 2006 to plan and hold a Summer Institute to develop skills in this area. Since this is a NCC activity PHAC cannot directly contribute to this initiative, which might limits its growth and capacity to bring in learned speakers in the future.

Recommendation 3-1: All Advisory Boards and PHACs Advisory Council should encourage a continuance of this Summer Institute and overtime open its availability to public health practitioners and policy makers at large.

Recommendation 3-2: PHAC National Collaborating Centre program investigate with Tresury Board and PHACs legal council on a process to allow contribution to this effort in order for it to expand to the larger audience. The benefits of knowledge sharing, lessons learned, bet practices, availability to multiple approaches and methods will be immeasurable, but indications will be evident through increased requests to access information, demand for better dissemination formats, quotes from NCC products as rationale for changes in policy and practice and many more benefits to be defined.

Recommendation 3-3: In the event that Recommendation 3-2 is not implementable, then PHAC should take the lead through its Office of Public Health Practice to conduct a yearly Summer Institute and partner with existing experts as CIHR's IPPH and Knowledge Translation, Commercialization and Industry Collaboration, McMaster School of Nursing, CPHA plus a plethora of other interested recognized institutions and experts in the field of knowledge translation.

Summary Notations

The National Collaborating Centres are moving forward with their 2006-2007 workplans and are engaging various networks of public health professionals within this work. Interest has been ongoing for potential collaborations as evidenced at the recent Canadian Public Health Association Conference in Vancouver May 2006 where attendance at their presentation to interested CPHA attendees was significant enough to pack a room and extend the workshop time requirements.

The remaining National Collaborating Centres are moving forward to fruition with the identification of St Francis Xavier in Antigonish, Nova Scotia as the host agency for the NCC Determinants of Health following the successful completion of the RFP competition and active consultations in Ontario for the implementation of a host agency for the NCC Methodology and Tools.

The National Collaborating Centres are working together collaboratively to put on a Summer Institute for Knowledge transfer in July 2006. Using their Common Services Group (collaborative entity) and a contractor they are organizing the Summer Institute independent from PHAC and using allocated workplan funds to support the cost.

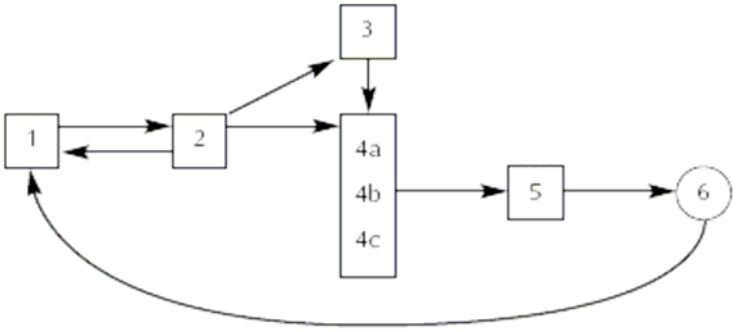
In May 2006, the National Collaborating Centre for Public Policy and Risk Assessment requested that its name be changed to National Collaborating Centre for Healthy Public Policy. This request was formally changed with an amendment to the Contribution Agreement.

Acknowledgements

Acknowledgements to Dr John Frank, NCC Advisory Council Chair and the visionary work at CIHR which Dr Frank brought with him, which provided a great deal of guidance and direction around best practices for KSTE and guided how the National Collaborating Centres might fit within this vision. One of the first conceptual pieces that were considered by the project team for the implementation of the National Collaborating Centres project is as follows:

Keifer et al. Fostering Evidence-based Decision-making in Canada illustrates in Figure 1 a proposed conceptual model and a framework of the knowledge exchange and uptake (KEU) process as applied to PPH.

Conceptual Model of successful, Sustainable PPH Knowledge Exchange and Uptake Process[6]



Several functions must be accomplished in an environment of sustainable funding:

1. Active collection, annotation and registration of existing and in-progress research
2. Solicitation and identification of evidence gaps
3. Prioritization, coordination and generation of new research evidence

4a. Dissemination of existing and new research ("producer push" and "user pull")

4b. Evaluation and redesign of knowledge exchange and dissemination strategies

4c. Capacity-building and training of users to facilitate uptake and use of research evidence

5. Uptake and utilization of research evidence
6. Iterative cycle of problem identification, policy/program development and/or decision-making, implementation, evaluation and redesign.

Decision-making in public health organizations is often a complex process and is necessarily subject to the specific organizational environments and political, economic, and socio-cultural contexts in which the decisions are made. Not only the types of decisions but also the nature of decision-making in these contexts likely differ in important ways from provider-patient clinical decision-making interactions regarding personal health-care decisions.

6 Keifer et al. Fostering Evidence-based Decision-making in Canada: Examining the Need for a Canadian Population and Public Health Evidence Centre and Research Network. Canadian Journal of Public Health, June 2005

Indeed, the iterative processes of knowledge generation, exchange, uptake and utilization may be specific to the organizational environment in which they occur.

The PPH model recognizes that all activities, including KEU development and evaluation, require adequate and sustained public-sector funding, in addition to funding of research projects proper. Second, the PPH model describes process to systematically and actively collect, appraise, annotate, and register relevant PPH research; in contrast, the generic model assumes that these activities occur through publication and the process of contextualizing research knowledge into current sociocultural realities. Third, the PPH model makes explicit that new research should address user-identified evidence gaps. Fourth, the PPH model recognizes the need to evaluate the effectiveness of KEU strategies. Fifth, the PPH model acknowledges the need for capacity building within PPH organizations to facilitate research evidence uptake and use. Sixth, the model emphasizes the ultimate incorporation of research evidence into the policy-design cycle.

This reference model is especially important for two different but complementary reasons. Often foremost in times of limited health funding public health policy makers and health practitioners must be informed with the best evidence to make fiscally responsible decisions on services, policies and practice based on the best evidence at hand. However most importantly in the mind of the practitioner, the best decisions in public health are those that are informed by the best available and real information. This means putting information created through research into a usable and easily accessible format for the practitioner to use and for the policy maker to understand the impact of creating well informed policies that can have far reaching effects on improving the health of all Canadians.

This is the mission of the National Collaborating Centres to provide usable research information to those who need to make those critical decisions in public health.

Additional notation must be made to Dr David Mowat, Deputy Chief Public Health Officer in the Public Health Agency of Canada for his guidance and advice in developing the program focus to provide clarity to the terminology within the realm of knowledge synthesis, translation and exchange and direction to the overall Public Health Agency of Canada National Collaborating Centre Program to ensure that public health practitioners, policy makers and program managers remained to focus of the overall work of the National Collaborating Centres. Dr Mowat's passion to ensure that public health is managed through informed decisions as a result of validated evidence in the hands of public health professionals acted as a catalyst for all NCC Directors to develop activities and project work.

Notwithstanding the aforementioned all NCC Directors and their staff need to be commended on the visions for the future of this work as a whole, their tireless efforts to understand and work with PHAC's vision and government processes, the visionary work related to their NCC and the development of workplans that include cross country consultations, developing national advisory boards, presentations to diverse sectors of public health and especially for their collaborative attitudes. It is the latter that will create a sustainable environment for the NCCs. This will be demonstrated in the outcomes of their initial Summer Institute for Knowledge Transfer, July 2006. Already there are demands for inclusion from various sectors of public health; their challenge will be in the Summer Institute of 2007 where many more participants are anticipated. This is an opportunity for PHAC, the NCCs and international interest to engage in a joint educational activity to improve the capacity of public health to understand and participate in the functions of knowledge transfer.

Special mention must go to PHAC National /international Advisory Council membership who provide us with visionary thinking, content support, active participation, and advice and guidance on the activities of the NCCs. Without this support the NCC program could not have implemented the program from a project or developed evaluation materials which will assist the NCCs in their growth and development. Each and every Advisory Council member's dedication to this program is outstanding and an asset to its sustainability.

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Acronyms

AC	Advisory Council
AB	Advisory Board
BCCDC	British Columbia Centre for Disease Control
CDC	Centre for Disease Control (Atlanta)
CIHR	Canadian Institute for Health Research
COECW	Centres of Excellence for Children's Wellbeing
CPHO	Chief Public Health Officer of Canada
IPPH	Institute for Population and Public Health
NCC	National Collaborating Centre
PHAC	Public Health Agency of Canada
WHO	World Health Organization