Final Report

2002-2004
Sectoral Involvement in Departmental Policy Development

Chronic Disease Prevention
Alliance of Canada

April 2004

1.0 Background

1.1 Project Title:

Integrated Chronic Disease Prevention System

1.2 Sponsor Name:

Canadian Cancer Society on behalf of the Chronic Disease Prevention Alliance of Canada

1.3 Report Approved by:

Cheryl Moyer
Director, Cancer Control Programs
Canadian Cancer Society

1.4 Description of Sponsoring Organization

The Chronic Disease Prevention Alliance of Canada (CDPAC) was constituted in 2001 to strengthen linkages among established, new, and emerging chronic disease prevention initiatives in Canada. The national alliance emerged from other successful initiatives that include the Canadian Heart Health Initiative, Canadian Cancer Strategy, Canadian Diabetes Strategy and the Tobacco Strategy as well as international success, and from recognition of the impact that organizations can have from working together.

Participants in the alliance include national, provincial, voluntary and public sector organizations, alliances and individuals.

CDPAC's vision is for Canadians to have access to a comprehensive, sufficiently resourced, sustainable, and integrated system of research, policies, and programs for maintaining health and for the prevention of chronic disease.

The system will:

- Link together and build upon existing initiatives in a co-ordinated and synergistic way
- Involve more than the health sector, it would include among others, transportation, education, social services, and recreation
- Reflect a Canadian society that values health as a fundamental goal and right

The mission of CDPAC is to foster and help sustain a co-ordinated, countrywide movement for an integrated, population health approach to chronic disease prevention through collaborative leadership, advocacy and capacity building.

CDPAC Steering Committee

CDPAC is supported by a Steering Committee (SC). SC member organizations appoint a representative to the Steering Committee. SC members are:

- **Canadian Cancer Society**
  Cheryl Moyer, Director – Cancer Control Programs

10 Alcorn Avenue, Suite 200, Toronto ON M4V 3B1

- **Canadian Council for Tobacco Control**

  Robert Walsh, Executive Director
  75 Albert Street, Ottawa ON K1P 5E7

- **Canadian Diabetes Association**

  Donna Lillie, Vice-President – Research and Professional Education

  522 University Avenue, Suite 1400, Toronto ON M5G 2R5

- **Canadian Public Health Association**
  Elinor Wilson, Chief Executive Off icier

  400-1565 Carling Avenue, Ottawa ON K1Z 5E7

- **Coalition for Active Living**
  Nancy Dubois, Health Promotion Consultant

  P.O. Box 43, 12 Finaly Road, Scotland ON N0E 1N0

- **Dietitians of Canada**
  Marsha Sharp, Chief Executive Off icier

  480 University Avenue, Suite 604, Toronto ON M5G 1V2

- **Health Canada**
  Gregory Taylor, Director – Centre for Chronic Disease Prevention and Control
  Nancy Porteous, Senior Policy Analyst – Centre for Chronic Disease Prevention and Control

  120 Colonnade Road, Ottawa ON K1A 1B4

- **Heart and Stroke Foundation of Canada**
  Sally Brown, Chief Executive Off icier
  222 Queen Street, Suite 1402, Ottawa ON K1P 5V9

Of the Steering Committee members, the Canadian Cancer Society (CCS) is the sponsoring organization for CDPAC. CCS agreed to be financially accountable for the alliance's grants and contributions. As well, the Canadian Cancer Society hosted the Secretariat and provided in-kind services such as Human Resources, IT support and Finance and Administration services.

Contributions from all Steering Committee members include:

- providing strategic direction to the Alliance
- sharing information with and seeking input from respective networks
- attending regular SC meetings and teleconferences,
- chairing or participating in CDPAC workgroups
- providing leadership and/or expertise on specific workgroup projects
- attending and presenting at conferences and meetings of other organizations on behalf of CDPAC to identify and encourage partnerships.

In addition to the time dedicated to meetings and other CDPAC activities, SC organizations have also made significant in-kind contributions, such as:

- dedicated staff time for finance, accounting and human resources support, project management, legal advice and consultant services for website content development.

- dedicated staff time for CDPAC projects like the first national conference
- airfare and accommodations costs for meeting attendance
- donation of meeting space or teleconferencing facilities
- media tracking services
- communications expertise for press releases as well as acting as spokespersons.

See the attached list of In-Kind Contributions from partner organizations for roll-up data on Steering Committee volunteer hours.

2.0 Project Description

2.1 Project Summary from Original Workplan – Submitted June 2002

The needs identified by the target group

The national voluntary sector organizations involved in chronic disease had previously committed to primary prevention and articulated the advantages and necessity of working from an integrated approach. They recognized the importance of developing common key messages, identifying action for policy change and common research needs. They also identified the need to build internal capacity as well as link with other government and non-government partners to build a chronic disease primary prevention system that was broad and accessible to communities across the country.

Project objectives

This project has 2 main objectives:

1. To identify and engage key stakeholders in the work of the Chronic Disease Prevention Alliance of Canada (CDPAC); and
2. To build a national integrated chronic disease prevention system in collaboration with key national and provincial stakeholders.

Several key activities contained in our original proposal dated June 30th, 2002 were designed to strengthen the Chronic Disease Prevention Alliance of Canada (CDPAC) by establishing new partnerships, building linkages across and between sectors and engaging key stakeholder groups. The activities included:

- stakeholder engagement with federal/provincial/territorial governments, national/provincial/regional NGOs and coalitions; and
- creation of a network supported by a comprehensive communication strategy, web-based tools and electronic database, and stakeholders forum.

The CDPAC is fundamentally guided by a population health approach to chronic disease prevention. For this reason, we define stakeholders broadly, to include: governments (federal/provincial/territorial/municipal); government departments including health, recreation, social services, environment and others; coalitions involved at the local, provincial or national levels in chronic disease prevention, public health, tobacco control, physical activity and nutrition; professional associations; health charities; research agencies; policy developers; and academia.

Workplan and timetable

The followingchart outlines our original workplan.

Objectives What do you propose to do?	**Activities** How do you propose to do it?	**Timetable** How long will it take?	**Expected Outcomes** What do you expect to change/achieve?
1) To identify and engage key stakeholders in the work of the Chronic Disease Prevention Alliance of Canada	a) Environmental scan of existing chronic disease prevention work	2 months	Clear identification of the key national and provincial pieces of work in primary prevention, and the key stakeholders
	b) Development of a database of key contacts of the Alliance, and a website to facilitate information sharing	6 months	Stakeholder population is enumerated and reachable through various mechanisms of communication, including web-communications
	c) Social marketing and advocacy plans, which includes the development of a business case with economic analytical information	6 months	Increased awareness among key stakeholders about the importance of the work of the Alliance, and evidence of their level of engagement in it.
	d) Large Stakeholders' forum and ongoing smaller meetings with key stakeholders from different sectors	2 years for all meetings	Evidence of stakeholder engagement in the work of the Alliance, including commitment to specific action in a national plan.
2) To build a national integrated chronic disease prevention system in collaboration with key national and provincial stakeholders	a) Environmental scan completed that summarizes existing pieces of work in chronic disease prevention at the national and provincial levels	2 months	Information available to guide the development of the model for the national system (e.g. what the gaps on, and what needs to built on or supported)
	b) A stakeholder needs assessment of what elements of a national system are needed to support their work	6 months	Information available to guide the development of the model for the national system
	c) The development of a clear and easy to understand model for the national integrated prevention system, that has broad buy-in from key provincial and national agencies or	1 year	A clearly articulated model for a national integrated prevention system that has wide buy-in from stakeholders.

	organizations d) A national action plan for the next 5 years for the implementation of a national integrated prevention system	2 years	A national action plan (document) with clearly identified timelines and responsibilities laid out. The plan will have evidence of strong buy-in from the implicated stakeholders. The stakeholders responsible will have signed commitments to what parts of the plan they agree to undertake, and to provide regular progress report.

3.0 Project Activities and Results

3.1 Collaboration

CDPAC's network continues to grow. There are currently 39 Member Organizations and over 250 Active Participants[1].

One objective of the SIDPD grant was the identification and engagement of key stakeholders in the field of chronic disease prevention and health promotion. In this first year of operation CDPAC was clearly in a developmental and emergent phase, creating relationships with stakeholders while working on current public policy priorities for chronic disease prevention.

Engagement of Stakeholders

Description of Membership and Participation

Given the scope of CDPAC, its emphasis on relationship building, and its general population health approach, it was imperative that it reach out to engage a broad range of stakeholders.

"Active Participants" in CDPAC are individuals with interest, experience and/or knowledge in population health approaches to chronic disease prevention. Those who register as Active Participants are called upon to provide input on key initiatives and gain access to a rich network of resources that can help build personal and organizational capacity and create opportunities for collaboration. As of March 31, 2004 there were 237 Active Participants in CDPAC, a number that increased about 20 % each quarter over the course of the fiscal year. Active participants came from all regions of Canada.

In addition to Active Participants there are also CDPAC "Member Organizations". Members are national/provincial/territorial alliances, and other organizations whose work supports the mission and goals of CDPAC (see Attachment for a full list, as of April 22, 2004). As of April 22, 2004 there were 39 member organizations of CDPAC; 29 of which identify as national organizations or alliances, and 10 of which are provincial in scope. Membership in CDPAC increased by about 35% from the first to second quarter, 52% between quarters three and four, and at a rate of about 20 % at the end of fiscal year 2003-04.

[1] Members are organizations whose work supports the mission, vision and goals of CDPAC. Active Participants are individuals with experience, interest or knowledge in chronic disease prevention. They may or may not be affiliated with a Member Organization. This data was gathered on April 22, 2004.

"Subscribers" are important but comparatively passive CDPAC participants who have signed up to receive the six annual CDPAC newsletters and other email bulletins. As of March 31, 2004 there were 351 web-based Subscribers to these CDPAC materials. This number grew quickly from the start of CDPAC's development.

CDPAC's Evaluation Report, (accompanying this report as a separate document) dated April 2004 provides a detailed account of Active Participant and Member Organization's reasons for joining CDPAC and their satisfaction with CDPAC services and activities. CDPAC is pleased with these results, which provide both recognition of successes and concrete direction for future work.

3.1.1. Activities: Collaboration

Workgroup and Committee Participation

CDPAC has successfully engaged 45 NGOs at the national level in its strategic planning process. It has also successfully engaged 12 provincial and territorial alliances in its activities and, inmutual support, CDPAC has participated actively in the development of these alliances at the provincial/territorial level.

CDPAC partners have made significant contributions to the Alliance by providing guidance and leadership on various workgroups and committees. The following section provides more information.

A. Provincial and Territorial Alliance Network

All ten provinces now have some type of partnership (formal or informal) focused on preventing chronic disease and promoting healthy living. This network is involved in regular information exchange and has also given significant input to CDPAC's strategic directions. CDPAC has in turn provided support to the structure and development of some of the provincial alliances, especially British Columbia, Saskatchewan, Ontario and Québec. All of the following are members of *CDPAC's Provincial/Territorial Network* formed after the Provincial/Territorial Consultations in November 2002.

- Provincial Wellness Advisory Council of Newfoundland and Labrador
- Nova Scotia Alliance for Health Eating and Physical Activity
- Prince Edward Island Strategy for Healthy Living Steering Committee
- Healthy Eating Physical Activity Coalition of New Brunswick
- Working Group for Chronic Disease Prevention of Québec
- Ontario Chronic Disease Prevention Alliance
- Alliance for the Prevention of Chronic Disease
- Chronic Disease Prevention Alliance of Saskatchewan
- Alberta Healthy Living Network,
- British Columbia Healthy Living Alliance

The Provincial/Territorial Network also includes representation from the Governments of Nunavut and the Yukon. The North West Territories is not yet engaged.

B. Workgroups Supporting CDPAC Activity

Policy Development Working Group

Description: Provides resources and organizational support and expertise to achieve the following goals: i) increased awareness of need for chronic disease prevention (CDP) policy change; ii) increased policy oriented action and commitment; iii) increased visibility of the Alliance and CDP agenda; iv) increased media coverage on CDP; and v) increased awareness of need for surveillance and accountability mechanisms for system change

Composition:

Canadian Cancer Society
Heart and Stroke Foundation of Canada
Canadian Association for Health Physical Education, Recreation and Dance (CAHPERD)
Canadian Coalition for Public Health
Canadian Diabetes Association

Outputs: Submissions to the Naylor Public Health Task Group, the Romanow Report, two Kirby reports on Health and Public Health; input into the Health Living Strategy process; submission to the House of Commons Standing Committee on Finance.

Evaluation Working Group

Description: Assessment on progress and improvement of CDPAC for SIDPD funding.

Composition:

Coalition for Active Living
Health Canada
Alberta Healthy Living Network
Canadian Heart Health Dissemination Project
Coalition of Health Professionals for Preventative Practice

Output: CDPAC Logic Model
CDPAC Evaluation Plan
Evaluation survey
CDPAC Evaluation Report

Business Case Working Group

Description : The purpose of this report is to identify the scope and magnitude of chronic disease in Canada.. The report will focus on the current costs of chronic diseases, and the costs of the common risk factors..

Composition: Canadian Diabetes Association
Output: Costs of Chronic Disease in Canada

Website Development and Communications Workgroup

Description: Development of a communications and website development plan
Composition: Dietitians of Canada

Output: CDPAC Website www.cdpac.ca or www.apmcc.ca and private Work Area for Active Participants and Members Organization representatives

C. Event Planning Committees (see Workshops and Consultations below for more information)

- Think Tank on Systems for Integrated Chronic Disease Prevention Planning Committee – Sep 26, 2002
- Provincial/Territorial Consultation Planning Committee – Nov 17-18, 2002
- National Stakeholders Meeting Planning Committee – Apr 9, 2003
- National Nutrition Strategy Development Planning Committee – Mar 17, 2004

D. Projects with Partners

1) First CDPAC National Conference: *Getting it Together*

- This will be a state of the art conference that will be held in Ottawa in November 2004. Planning for this conference started in September 2003. This conference will focus on the science, policy and practice of integrated chronic disease prevention in the areas of community, education and health

2) WHO Global Forum and Conference Coordination Team

- CDPAC is a member of the coordination team ensuring that there are enhanced linkages between the WHO Global Forum and the CDPAC conference. Linkages may include a showcase day for international delegates and CDPAC members to exchange and learn about strategies and actions

3) Healthy Living Strategy recommendations

- CDPAC worked with several partnering research and practice organizations to develop recommendations to the Healthy Living framework as presented to stakeholders in June 2003

4) Support to and participation in CAL's Physical Activity Strategy

- Physical activity is a risk factor common for many chronic diseases. The Coalition for Active Living has led the development of an inter-sectoral strategy. CDPAC is a member of CAL (CAL is also a member of CDPAC) and CDPAC promotes this strategy to all of our members

5) Best Practices Interim Steering Committee

- CDPAC is a member of this committee that has undertaken an environmental scan and planning for a Best Practices Consortium in chronic disease prevention and health promotion

6) Coalition for Public Health in 21st Century

- In 2003 CDPAC became a member of this coalition, which advocates for Public Health strategies and infrastructure. CDPAC brings the message of the importance of having chronic disease prevention as a strong part of a Public Health mandate for reform in Canada

E. Consultations and Workshops

CDPAC has brought stakeholders together to consult on strategic direction and planning. The following consultations provided a forum for stakeholders to meet and discuss common ground and to offer advice on strategic planning issues and next steps. The following consultations and workshops were hosted by CDPAC:

1. Think Tank on System for Integrated Chronic Disease Prevention

September 26, 2002 – Toronto, Ontario

- The purpose of the Think Tank was to identify the elements required to develop and implement an integrated chronic disease prevention system across Canada. The purpose of the discussion was to assist CDPAC in identifying priority changes required to create an integrated chronic disease prevention system.
- Participants were selected based on expertise and national representation from multiple sectors.
- Output: Discussion Paper - Towards Integrated Chronic Disease Prevention: Model for Discussion

2. Provincial and Territorial Consultation Workshop

November 17-18, 2002 – Aylmer, Québec

- The purpose of the workshop was to consult with key stakeholders in chronic disease prevention across the country on how CDPAC can provide support for related initiatives in the provinces and territories.
- CDPAC invited small teams of chronic disease stakeholders from each province/territory. Invitations were extended to a representative group of key leaders who had a mandate for chronic disease prevention. Invitations were specifically extended to the provincial Canadian Cancer Societies, Diabetes Associations and Heart and Stroke Foundations as well to the provincial/territorial departments of health and one other key champion identified in the province and territory, for a total of 5 representatives from each province or territory. This consultation was the catalyst for the creation of CDPAC's Provincial and Territorial Network (see workgroups below) and for priorities for action at the national level.
- Output: Consultation Workshop Report - November 17-18

3. Website Consultation

September 2002 – Telephone Consultations

- Marketlink Solutions Corporation contacted representatives from provincial and national organizations and governments to identify the needs of stakeholders for the development of a communications plan for the CDPAC website.
- Output: Development plan for CDPAC Website

4. National Stakeholders Meeting

April 9, 2003 – Ottawa, Ontario

- The purpose of this workshop was to consult and receive commitment from key national stakeholders working in the area of chronic disease prevention in Canada on CDPAC's mission, structure and action plan.
- CDPAC invited representatives from national stakeholder organizations, including voluntary sector organizations, professional associations and provincial alliances.
- Output: National Stakeholders' Meeting Report

5. Provincial and Territorial Alliance Meeting

December 12-13, 2003 – Ottawa, Ontario

- The purpose of this meeting was to bring together again representatives from provincial/territorial alliances and partnerships to share past and current activities, consolidate the network of provincial/territorial partners and to refine priorities for collaborative action.
- One representative from each provincial/territorial alliance or partnership was invited to take part in a one and a half day meeting.
- Output: Provincial/Territorial Meeting Report – December 12-13, 2003
  CDPAC Provincial and Territorial Network Update – French and English

6. CDPAC Evaluation Consultation

February 5 to March 4, 2004 – Online Survey

- The objective of the evaluation was to identify the status of engagement of key stakeholders, particularly the evidence for the development or strengthening of partnerships/networks and collect contributions to specific policy options and recommendations.
- The evaluation survey was distributed to the Primary Contact of Member Organizations and to Active Participants as of February 4, 2004.
- Output: CDPAC Evaluation Survey responses

7. Nutrition Strategy Development Meeting

March 17, 2004 – Ottawa, Ontario

- The Primary Prevention Action Group of the Canadian Strategy for Cancer Control and the Chronic Disease Prevention Alliance of Canada (CDPAC) co-hosted a meeting of government and NGO representatives to take part in a full-day meeting to discuss the development of a Nutrition Plan for Canada.
- The outcomes were:
  - Agreement on the need for a national nutrition strategy
  - Expression of commitment of organizations, both in-kind and financial investment to this process
- Output: Meeting Report – National Nutrition Strategy Meeting

Participation: The following is a list of organizations that participated in CDPAC consultations and workshops in addition to Steering Committee members:

Health Specific Organizations

- Alzheimer Society of Canada
- Arthritis Society
- Canadian Cancer Society
- Canadian Diabetes Association
- Canadian Lung Association
- Canadian Mental Health Association
- Canadian Public Health Association
- Fondation Lucie et André Chagnon
- Heart and Stroke Foundation of Canada
- Kidney Foundation of Canada
- Muscular Dystrophy Association of Canada
- Osteoporosis Society of Canada

Risk-Factor Specific Organizations

- Canadian Association for Health Physical Education, Recreation and Dance (CAHPERD)
- Canadian Association for the Advancement of Women and Sport and Physical Activity (CAAWS)
- Canadian Council for Health and Active Living at Work (CCHALW)
- Canadian Council for Tobacco Control
- Canadian Institute for Health Information
- Coalition for Active Living
- Dietitians of Canada
- Physicians for a Smoke-Free Canada

Other Health Coalitions

- Active Living Alliance for Canadians with a Disability (ALACD
- Active Living Coalition for Older Adults
- Canadian Alliance on Mental Illness and Mental Health
- Canadian Cancer Advocacy Network
- Canadian Coalition for Public Health
- Canadian COPD Alliance
- Canadian Food Information Council
- Canadian Heart Health Network
- Canadian Network for Asthma Care
- Canadian Strategy for Cancer Control
- Coalition of Health Professionals for Preventive Practice
- Health Charities Council of Canada

Research and Information Organizationss

- Canadian Fitness and Lifestyle Research Institute (CFLRI)
- Canadian Heart Health Dissemination Project

- Canadian Institute for Health Information – Population and Public Health Initiative
- Centre for Behavioural Research and Program Evaluation
- Institute of Nutrition, Metabolism and Diabetes – CIHR
- Institute of Population and Public Health - CIHR

Professional Associations

- Canadian Medical Association
- Canadian Nurses Association
- Coalition of Health Professionals for Preventative Practice
- College of Family Physicians of Canada

Organizations Outside Health Sector

- Breakfast for Learning - Canadian Living Foundation
- Canadian Association for School Health
- Sport Matters Group
- Canadian Parks and Recreation
- Centre for Science in the Public Interest
- Federation of Canadian Municipalities
- Food and Consumer Products Manufacturers of Canada
- Go for Green
- Inuit Tapiriit Kanatami

3.1.2 Results: Collaboration

To measure CDPAC's effectiveness in collaborating with stakeholders we asked three evaluation questions:

1. Is CDPAC a healthy partnership?
2. Is CDPAC a worthwhile alliance to join?, and,
3. Is CDPAC's structure conducive to participation?

Please refer to the CDPAC Evaluation Plan and Detailed Evaluation Report for information on indicators, as well as detailed data used to determine the following results:

1. Is CDPAC a healthy partnership?
On the basis of several of our indicators of success for this question we would conclude that "yes", CDPAC has evolved into a healthy partnership over its relatively short history. The evaluation data, however, also show room for improvement in specific areas unsurprisingly considering the current stage in CDPAC development and offers concrete suggestions for moving forward in the coming year.

CDPAC has successfully engaged 45 NGOs at the national level in its strategic planning process. It has also successfully engaged 12 provincial and territorial alliances in its activities and, in return, CDPAC has participated actively in the development of these alliances at the provincial/territorial level. Some suggestions for improvement were offered, including more timely and routine updates. Suggestions were also made for more outreach from the Steering Committee to Members and Active Participants. to respond. Others desired to learn more and

have CDPAC to improve communication. The one area where the latter seemed to be clearest in the data was with respect to the communication of CDPAC activities.

We also considered sustainability of CDPAC as an indicator of a "healthy" collaboration. In this early stage of CDPAC development we are cautiously optimistic of the Alliance's long term prospects since it has recently confirmed a collaborative funding model and expanded its funding sources to include core funding from NGO's. CDPAC has been successful in securing commitments for Secretariat support and project grants for this upcoming fiscal year.

CDPAC has successfully engaged the interest and engagement of national, provincial and many regional/local organizations and individuals who work in the general area of "integrated chronic disease prevention". This has become unquestionably the CDPAC domain. There continues, however, to be important questions around this domain definition, and specifically how the broader concept of "health promotion" fits into the CDPAC scheme of things. A small number of participants in the evaluation survey were concerned about the apparent limited focus of CDPAC on lifestyle issues and chronic "disease", to the potential neglect of wider health promotion issues and strategies (e.g., social determinants, mental health). Given the potential selection bias among those choosing to participate in the evaluation survey, it is not clear to what extent this small minority of evaluation participants may actually reflect a larger concern among people not yet engaged in CDPAC or who did not participate in the survey. The key current stakeholders perceive their commitment to the prevention of chronic disease to be congruent with and supportive of a health promotion and population health approach.

2. Is CDPAC a worthwhile alliance to join?

This question overlaps considerably with the first evaluation question about the overall health of the CDPAC partnership. Our summary response to the question is "yes", while acknowledging that at this the early stage in the CDPAC collaborative process there is room for improvement in key areas.

We are certainly encouraged by the success of CDPAC in recruiting people and organizations into the three levels of Subscribers (n=351), Active Participants (n=237) and Members (n=35) over its first full year of operation. The enrolment data show a solid rate of growth in all levels of participation, and, particularly for Active Participants and Members, there is no sign that the rate of growth has levelled off. The Alliance has also involved people and organizations from virtually all parts of the country. Since the Secretariat has a small operating budget and only two FTEs it is important that these recruitment rates be viewed in the context of the full range of activities in which the Secretariat has been engaged; recruitment being only one aspect of the day-to-day work.

Notwithstanding, we see three potential early warning signs in the recruitment and participation data. Firstly, the number of web-based Subscribers grew very rapidly in the first quarter of 2003 but then tailed off dramatically to a growth rate of only 14% over the remainder of the year. We are uncertain of the factors behind the comparatively slow rate of growth in this group compared, for example, to the group of Active Participants that continues to increase at about 20% each quarter. Secondly, although the recruitment of 237 Active Participants and 35 Member organizations is laudable in the context of the short history of the Alliance and its limited resource base, the numbers remain low compared to the potential hundreds, if not thousands, of people engaged in chronic disease prevention and health promotion across Canada. Thus, we see

considerable room for growth. However, we do not know how many are , in turn, communicating information to a wider range of people within their own networks. Thirdly, although we did not formally compare participation and membership rates according to population size in each province and territory, the comparatively high involvement of people from Ontario is obvious (45% of Active Participants), and the significantly lower participation rates from Quebec (8 or 3.4% of Active Participants) and some other provinces/territories are matters of some concern.

The high rate of involvement of Ontarians is likely due to two factors – one being the many national-level CDPAC Members and Participants who live and work in Ontario; the second being that a key Ontario-based planning and evaluation consultant actively promoted CDPAC through the province over the course of the year. At the same time, Ontario was in the early days of building their own CDP Alliance at which time the support of CDPAC was very timely. The Evaluation Committee discussed several hypotheses about the much lower involvement in CDPAC from Quebec. Possibilities include: the public health infrastructure already being greater for non-communicable disease and public health issues in that province (i.e., higher capacity and less need for CDPAC services and supports); and potential language barriers. The CDPAC Secretariat conveyed to the Evaluation Committee that they are working with several people in Quebec and have never experienced language being a barrier. For whatever reason, however, these formal and informal engagements have not yet translated into full partnership participation.

A key indicator for our evaluation question "*Is CDPAC a worthwhile alliance to join?"* was the collective response to the perceived "value added" of CDPAC to the work of Active Participants and Members. For this question, and other supplementary items about more specific areas of impact, the results were influenced considerably by a large percentage of respondents who indicated "don't know" (ranging from 10% to about 40% depending on the item). The independent evaluators considered that while responses are important, they may indicate that it is too early in the respondent's individual or organizational relationship with CDPAC to have an opinion on the potential gains. Therefore, in our interpretation we focused more specifically on those participants who felt able to provide the impact ratings. Following this approach, to the "don't know" respondents, the target percentage of 85% being satisfied with the value added by CDPAC was exceeded for both Active Participants (87%) and Members (89%). However, we will carefully monitor this factor in the future.

Participants and Members also rated their agreement with several potential benefits of being engaged with CDPAC and these data also generally attest to the perceived "value added" of CDPAC (e.g., reduced duplication of effort, accomplished things that wouldn't have been accomplished otherwise) (Members: 55-70% agreement; Active Participants: 50-80% agreement depending on the item). Importantly, when asked in an open-ended fashion to comment on how CDPAC had helped them ortheir organization, the results were consistent with the three major aims and strategic directions of CDPAC – *capacity building* (e.g., improved access to information; coordinated resources and enhanced knowledge); *collaborative leadership* (e.g., networking and connectivity); and *advocacy* (e.g., the value of common message and evidence of the effectiveness of prevention initiatives).

These positive findings, notwithstanding, it is important that the CDPAC Steering Committee and Secretariat also acknowledge the flip side of these results, namely that there is a significant percentage of respondents who are not yet able to report a positive impact from their involvement. As summarized in Figure 14 and excluding the "don't know" respondents, this

percentage ranged from 20% to 50% depending on the items (e.g., prevented duplication of effort (30%); accomplished things that wouldn't have been otherwise (30%); helped make work more credible (30-35%).

In summary, we conclude from the membership and recruitment data that CDPAC is generally viewed as worthwhile in terms of adding value and making a positive and unique contribution to the work of a significant number of individuals, organizations and coalitions working in the area of chronic disease prevention. We add the caveat, however,
thatthere remains room for improvement in organizational and individual impact.

3. Is the CDPAC structure conducive to active participation?
For this evaluation question we return to an important internal, process issue that also touches on much of the data relevant to evaluation questions one and two -- questions about the "health" of the collaborative partnership and the degree to which involvement in CDPAC is "worthwhile". In answering this evaluation question, the Evaluation Committee agreed that it would be a fair expectation of both Members and Active Participants to be familiar enough with the structure of CDPAC to answer the question. Thus, it calculated the actual percentages in agreement after excluding rather than including those who responded "don't know". Following this strategy it determined that CDPAC had met its target level for its Member organizations (75% agreeing that the structure facilitated both their individual and organizational participation). However, the target was not reached for Active Participants, with only 63% agreeing that the CDPAC structure facilitated their individual participation.

Many Active Participants commented that they "knew all they needed to know", thus calling for caution in interpreting this indicator without a recognition of the actual low familiarity of many participants with CDPAC structure and parallel acceptance that many may not be interested in structure. Many others commented that they simply were too pressed for time to learn all the details, again suggesting that lack of familiarity was not due necessarily to poor communication on the part of the CDPAC Steering Committee or Secretariat. That said, there was a small group of evaluation participants (Members as well as Active Participants) who wanted to be more clear on the CDPAC structure. In some instances the multi-level nature of involvement was seen as a challenge to understanding how it all fit together, some suggested that the Secretariat could be more proactive in giving new participants an orientation. We reiterate here the comments made with respect to Question #1 (Is CDPAC a healthy partnership?), namely that some confusion and lack of clarity is inevitable in this early stage of CDPAC's evolution.

3.2 Capacity Building

A second key aspect of the SIDPD funding was to build a system of services and supports (e.g., consistent key messages, a centralized inventory of prevention activities, shared strategies).

Activities: Capacity Building.

Website Communications

CDPAC created a public website and an email notification subscription (for Subscribers) at www.cdpac.ca or www.apmcc.ca to provide general information to the public. CDPAC also

designed a private access web area for individuals with a specific interest in population health approaches to chronic disease prevention to share resources and information. Individuals (Active Participants, described above) from CDPAC member organizations or other organizations and individuals are given the opportunity to sign-up as Active Participants to access the following tools:

- *Resource Database:* Browse and add resources on chronic disease prevention such as research reports, websites, statistical data and others.
- *Discussion Forum:* Share and discuss information on topical issues like the Healthy Living Strategy or public health systems reform.
- *Events Update*: Browse a listing of current CDPAC and chronic disease prevention news and events.

Both Active Participants and Members were asked in an open-ended fashion to describe how their participation in CDPAC had helped them or, if appropriate, their organization. Two quite strong themes emerged for the Active Participants. The first was that CDPAC was seen as a source of information generally and more specifically that it increased knowledge of the national scene.

The second major theme was that CDPAC information and other services had supported local work by virtue of their linking Participants in to a national network; for example, through the use of common advocacy messages and an organizational model for an alliance.

Themes emerging from the Members' feedback on ways in which their participation had helped their organization reflected much the same themes as above: information/sharing of resource materials; added value through leadership on advocacy, increased awareness of the need for a more coordinated effort.

Finally, both Active Participants and Members were asked to comment on how CDPAC might best contribute to chronic disease prevention at the provincial/territorial level. For Active participants, the most predominant theme was around policy development and more concretely the value of common messages and evidence of the effectiveness of prevention initiatives. The second predominant theme reflected the perceived value of CDPAC being a valuable, coordinated source of information and resources. The final predominant theme was the enablement of connectivity across the risk factors/diseases and also increasing integration of activities between the national, provincial and community level actions.

Table 1 (this data has been extracted from the CDPAC Evaluation Report) below shows CDPAC's significant distribution of information and materials to its Members, Active Participants and Subscribers. The volume of these contacts is notable (1825 newsletters and 7767 bulletins) as well as the increasing rate and variety of contacts over the evaluation period. In addition, while many of the contacts are CDPAC-initiated (e.g., website launch, communication on the evaluation plan) over the course of the year CDPAC's distribution system was used increasingly by Members or Active Participants to facilitate one of their own data gathering or communication activities (e.g., Canadian Coalition for Public Health Survey; Tobacco Control Best Practices Train-the-Trainers Workshop; Canadian Tobacco Control Research Initiative RFP).

Table 1. Distribution of newsletters and bulletins - Jan. 2003 to Feb. 2004

	Jan–Mar 03	Apr-Jun 03	Jul-Sept 03	Oct-Dec-03	Jan-Feb 04[1]	Total
Number of newsletters distributed	Jan. -**110** Feb. - N/A	May.-**566** Jun. -**566**	-	Oct. -**583**	-	**1825**
CDPAC bulletins distributed	Website launch (**110** – no email distribution)	Work area launch (**566**) French website launch (**566**)	CCPH Public Health Survey (**617**)	Public Health Survey (reminder – **617)** Web survey for UBN (**494**) Manager posting for Ontario CPD Alliance (**515**) CDPAC Evaluation Plan (**185**) Tobacco Control BP Workshop (**515**) Happy Holidays (**526**)	CDPAC Member update (**215**) Canadian Coalition for Public Health (**219**) Canadian Tobacco Control Research Initiative (**219**) National Conference on CDP (**999**) March is Nutrition Month (**580**) CDPAC job posting (**593**) Coalition for Active Living (**231**)	**7767**

1 At the time the evaluation report was prepared the data were not yet available for March 2004

Table 2 presents statistics on CDPAC website usage. Particularly striking is the consistency in the usage statistics across the various quarters, as well as the overall volume over the evaluation

period. The total number of visits was 29,833. While a large number of visitors made a single visit in the same month (10,843), there were a substantial number of people who made repeat visits in the same month. This suggests a regular "customer base". This customer base is also reflected in the number of "returning" versus "new" visitors. Each quarter in the evaluation period saw a steady average number of visits per day (mean of 70), for an average duration of 10 minutes.

When asked in the evaluation survey what kinds of information they were looking for, the results were quite similar across both Members and Active Participants. About 70% accessed the web site to get information about CDPAC and a similar percentage were looking for "reports or other data". About 40% were looking for information about other organizations or coalitions and around 30% were looking for help with definitions or a glossary of terms. A very small percentage of Active Participants mentioned they were looking for "other" things in contrast to Members; 12% of whom cited other kinds of information. These other information items included looking for *"current thinking and initiatives","ideas, activities, resources", "best practice information"* as well as opportunities for *"dialogue and discussion"*.

Table 2. Statistics on CDPAC website usage January 2003 to end of February 2004[1].

	Jan–Mar 03	**Apr-Jun 03**	**July-Sept 03**	**Oct-Dec 03**	**Jan-Feb 04**[1]	**Total**
Total visits	5035	6361	6302	7417	4718	29833
Single visits in the same month	2344	2043	1929	2869	1658	10843
# visiting 2-5 times in the same month	554	554	461	587	335	2491
# visiting 6-9 times in the same month	52	63	48	58	27	248
New visitors	2069	1562	1090 [2]	2814	1130	8665
Returning visitors	999	1215	1012	1300	866	5692
Ave. visits per day	60	69	68	80	79	70
Ave. duration of visit (min)	7.5	11.5	12	9	12	10.5

1 data were not available to end of March 2004 at the time of preparing this evaluation report

[2] includes an imputed value of 363 for July/03 based on the average new visitors across the June-August period

Results: Capacity Building

The questions the Evaluation Committee asked to assess CDPAC's success in enhancing capacity are below as well as the summary of results:

4. Has CDPAC provided services to enhance the capacity of stakeholders to prevent chronic disease? and,

5. Has CDPAC supported the development of joint projects?

4. Has CDPAC provided services to enhance the capacity of stakeholders to prevent chronic disease?

In summary CDPAC has been successful in launching a comprehensive range of services in its first full year of operation. The indicators presented here are best considered as process rather than outcome indicators of capacity, and attest to the significant reach of CDPAC over the course of its brief history - over 29,000 website visits (including a significant number of repeat customers), 1825 Newsletters and 7767 Bulletins distributed and a total of 10 formal workshops/consultations each averaging 33 participants and 23 partners. The high level of support for electronic means of communication, and for the CDPAC website in particular, are further evidence of the success of CDPAC in both getting necessary information to its stakeholders as well as soliciting their input on key surveys and consultations. Several suggestions were also noted; for example, giving recipients and potential website users a 'heads up' electronically when key information is posted to the site, and exploring greater use of the website for provincial information and discussion forums.

More time will be needed to assess fully the relationship between the provision of these services and a measurable impact on actual capacity for work in the area of chronic disease prevention, including health promotion. For the present we are cautiously optimistic based on the scope of CDPAC's reach and the generally positive perspectives on customer satisfaction and impact.

4. Has CDPAC supported the development of joint projects?

The synthesis with respect to this evaluation question has similar characteristics to Question #4 above. CDPAC, with the support of its partner organizations, was successful in developing and implementing nine projects, each averaging 25 participants and nine partner organizations. We believe this is substantive evidence of the collaborative leadership of CDPAC, in particular considering limited resources. A total of $183,000 plus other in-kind resources were contributed by partners, providing further evidence of the success of CDPAC in establishing this collaborative leadership role.

3.3 Sector Involvement in Policy Development

Description and Activities of Sector Involvement in Policy Development

One of the key outcomes expected from CDPAC is an impact on policy, or at least laying the groundwork for policy development related to integrated chronic disease prevention, including health promotion. While it is too early in the development of CDPAC to point to specific policy "wins", we do see strong evidence of the collaborative foundation being developed for advocacy and policy change. Table 3 outlines the major strategies in which CDPAC was engaged since its inception, as well as the activities within each strategy, the number of collaborative partners, and the policy makers reached. Over the past year CDPAC worked on the policy front in two major areas. The first was the Healthy Living Strategy that received considerable attention through letters, a "fact sheet", and meetings with the Assistant Deputy Minister of Health. The second policy area was Health Reform which saw a range of briefings and submissions to the task forces and commissions reporting on the state of the national health care and public health systems, namely the Kirby and Romanow commissions and the Naylor Task Group. This work involved a number of critical partners in developing a consensus message. This information was used by

many small and large organizations across Canada in making presentations in their region. CDPAC also developed a brief to the House of Commons Finance Committee and met with the Assistant Deputy Minister of Health. Another important activity directed at Health Reform was the "Lifestyles Supplement" appearing on an ongoing basis in the Globe and Mail newspaper in March 2004.

In addition to capturing CDPAC's participation in these policy activities by the Secretariat's routine systems of documentation, we asked the participants in the evaluation survey to respond to questions about the "value added" of CDPAC to their work and, if appropriate, that of their organization/coalition. Results shows that CDPAC members were more likely than Active Participants to rate themselves as "very satisfied" with the "value add" to their work (30% compared to 10%). About 50% of both groups reported being "satisfied".

Table 3. Collaborative Policy Development Strategies and Activities

Strategy	Activities	Partners	Policy Makers Reached
Healthy Living Strategy	- Healthy Living Advocacy Fact Sheets - Healthy Living information letter distribution - Two letters to Min. McLellan on Healthy Living - Proposal to Minister McLellan, at her request, on how to work collaboratively with the Healthy Living Strategy - Two meetings with ADM of Health	6 15 (est.) n/a n/a	- Prov/Terr/Fed Ministry of Health - Est. is 8 Prov/Terr governments and one in Federal government - Minister of Health - Ass. Deputy Minister of Health

Health Reform	- Finance Committee Brief - Invited submission of names for Canada's Health Council - Submission to Kirby Comm. on Health Care October 2002 - Submission to Kirby Comm. on Public Health May 2003 - Naylor Report on Public Health Capacity in the wake of SARS - Romanow Submission - meetings with ADM of Health - Information supplement in the Globe and Mail Lifestyles - included in a speech by Minister McLellan as an alliance that is making a unique and valuable contribution to health reform - referred to as a valuable alliance in an address by Minister Bennett in a meeting with Public Health stakeholders	2 n/a 3 3 2 3 n/a 4	- House of Commons Permanent Standing Committee on Finance - Minister of Health - Senate Committee on Social Affairs, Science and Technology - Senate Committee on Social Affairs, Science and Technology - Naylor Task Group - Romanow Commission - Ass. Deputy Minister of Health - Ongoing – March 27th

Results: Sectoral Involvement in Policy Development

Below is the question that the Evaluation Committee used to determine the results of this area

Has CDPAC implemented collaborative policy development strategies?
One of the important indicators of success in terms of the SIDPD funding support to CDPAC was in policy development. In the short run, the minimum criteria for success in this regard would be evidence of significant engagement of stakeholders in the policy process and laying the foundation for future sectoral involvement in health, and public health, policy in Canada. We believe CDPAC has been highly successful in this area and point to its significant involvement in two broad collaborative advocacy strategies (Healthy Living and Health Reform), engaging a variety of specific activities and partners and targeting a range of federal and provincial/territorial Health Ministers, Commissions and Task Forces. We would also reiterate here our earlier points made in respect to the degree of CDPAC's "alignment" (external and internal) and "centrality" to the work of others and the national public health and chronic disease prevention "system". CDPAC's briefings and advocacy statements; its invitations to participate in important national developments (e.g., nominations for Canada's Health Council); and its increasing name recognition by important figures and policy makers, all attest to its position and potential influence as a strong voice for an integrated approach to chronic disease prevention.

In the area of communication and policy development we would also refer to the 45% of Members and 20% of Active Participants who reported adapting CDPAC messages for their own communication efforts as this signals the potential for impact beyond the national departmental

policy level. In the future, this will be a development area for CDPAC. The qualitative data concerning reasons for participation also reveale an important perception of the "power in numbers". This too suggests the future potential for CDPAC to advocate for integrated chronic disease prevention and impact the policy process at multiple levels.

Thus, in terms of CDPAC's success in the policy arena in its first full year of operation, we give it high marks in laying a foundation for the future and engaging in several important communication activities on a collaborative basis with its partners. Further gains in the recruitment of Members and Active Participants, particularly in Quebec as well as other areas of Canada, are also important to maximize and harness the full national potential for collective power for advocacy purposes. More time will be needed to assess real impact in terms of policy related outcomes.

4.0 Lessons Learned

We have reported here a wide range of information on the extent to which CDPAC has engaged its major stakeholders, provided helpful services and supports, and achieved a positive impact and added value to its partners. By way of conclusions and lessons learned we return again to the six evaluation questions that were used to guide the evaluation process. These questions were developed by the Evaluation Committee drawing upon the logic model and the research and evaluation literature on the effectiveness of partnerships targeted at community health-related outcomes; the SIDPD evaluation requirements; the CDPAC logic model; and the input of key stakeholders. The following questions guided us:

1. Is CDPAC a healthy partnership?
2. Is CDPAC a worthwhile alliance to join?
3. Has CDPAC provided programs and services to enhance the capacity of stakeholders to prevent chronic disease? (Enhancing Capacity)
4. Has CDPAC supported the development of joint projects? (Collaborative Leadership)
5. Has CDPAC implemented collaborative advocacy strategies?
6. Is the CDPAC structure conducive to active participation?

In reflection on our last year and a half on this project and using the results of the evaluation survey, we can conclude that it has been an exciting and successful time for CDPAC. Our success indicates that the timing was right in the Canadian health landscape to engage stakeholders with a focus on integrated prevention of chronic diseases. As well, organizations and individuals are ready for this style of alliance with the priorities of collaborative leadership, capacity building and advocacy. At the same time, the landscape has provided challenges to the stakeholders involved in CDPAC as the federal structures supporting the maintenance of good health have been rapidly changing. Federal, provincial and territorial commitments to a Healthy Living Strategy as well as federal commitment to improve Public Health services in Canada were two major shifts that occurred during the time of this project.

Examining the strategic directions and activities of the CDPAC we have identified some areas of consideration to ensure future success:

- Given the critical importance of domain clarity in the early stages of a collaborative alliance, CDPAC will continue to review the scope of its work and structure to ensure

that chronic disease prevention is interpreted broadly enough to engage those sectors required to implement fully a population health approach.

- Given CDPAC's proven ability to engage many stakeholders, CDPAC needs to ensure that these continued opportunities continue to exist and are fully utilized.. For example, the national website is a valuable tool for provincial and territorial partners and needs further development as their "own space" for information, discussion groups etc., so they will find itappropriate to their needs.
- The SIDPD project was valuable in demonstrating the necessity of providing an opportunity for the voluntary and public sector to work jointly on priority health policies. CDPAC's role will be to continue building the forum for meaningful policy engagement to improve the health of Canadians.

Conclusion

The results of the in-depth evaluation indicates that CDPAC is a young, successful, collaborative organization in a complex and rapidly evolving policy and program environment. The results provide considerable practical direction on what is needed to improve CDPAC structure and processes. CDPAC is moving in a "healthy" fashion though a critical developmental phase.

3.0 List of Attachments

Please note that the following list of attachments is the outputs for the last quarter of the SIDPD funded project. For earlier outputs, please see list of attachment for previous reports.

CDPAC Logic Model
CDPAC Evaluation Plan
CDPAC Summary Evaluation Report
CDPAC Detailed Evaluation Report
Investing in Our Future: Submission to the House of Commons Standing Committee on Finance
Costs of Chronic Disease in Canada
Provincial/Territorial Meeting Report – December 12-13, 2003
CDPAC Provincial and Territorial Network Update – French and English
Prospectus for the First National Conference on Integrated Chronic Disease Prevention
Call for Abstracts, First National Conference on Integrated Chronic Disease Prevention
Meeting Report – National Nutrition Strategy Meeting, March 17, 2004