

**ANNEX B**

**RESULTS-BASED MANAGEMENT AND ACCOUNTABILITY FRAMEWORK  
and  
RISK ASSESSMENT  
for the  
NATIONAL COLLABORATING CENTRES**

**Centre for Surveillance Co-ordination  
Public Health Agency of Canada**

**12 July 2005**

## TABLE OF CONTENTS

1.0	Introduction	3
2.0	Program Profile	
2.1	Context	3
2.2	Objectives	4
2.3	Key Stakeholders and Beneficiaries	4
2.4	Resources	5
2.5	Stacking Provisions	5
3.0	Expected Results and Information Requirements	6
3.1	Expected Results	6
3.2	Logic Model	6
3.3	Accountabilities	12
4.0	Risk Assessment and Management Summary	14
4.1	Monitoring	14
4.2	Risk Assessment against PPH – Ten Key Risk Factors	14
4.3	Risk Assessment Summary Chart	15
5.0	Monitoring and Evaluation	18
5.1	Performance Measurement Plan	18
5.2	Program Evaluation	18
5.3	Reporting Commitments	23
5.4	Costing	23
	Table A – Performance Measurement Plan	24

## **1.0 Introduction**

This document presents a Results-based Management and Accountability Framework (RMAF) and Risk Assessment for the National Collaborating Centres Contribution Program of the Public Health Agency of Canada. The RMAF supplies all levels of management with a concise overview of the rationale, design, delivery, program risks and expected outcomes. As such, this document shows how the performance measurement and evaluation strategies meet all the requirements for federal policy with respect to:

- ▶ reporting on Results for Canadians
- ▶ modern comptrollership
- ▶ the Policy on Transfer Payments
- ▶ plans for data collection and evaluation.

It should be noted that the National Collaborating Centres Program will report to Treasury Board through the umbrella RMAF that has been established for the Promotion of Population Health (PPH) Program, because, as described fully in the Treasury Board Submission, the NCC Program will use the Terms and Conditions for Promotion of Population Health Contributions.

## **2.0 Program Profile**

### **2.1 Context**

Public health is the science and art of preventing disease, prolonging life and promoting health through the organized efforts of society. Public health covers a wide range of topics, including research, disease surveillance and detection, emergency preparedness, risk communication, disease control/containment, and immunization. It also demands internal co-operation given the rapid and constant movement of people around the world.

In Canada, public health is a responsibility shared between the federal, provincial/territorial and municipal governments. At the federal level, the Minister of Health is expected to provide leadership, to encourage collaboration among the different levels of government and to manage key international relationships (including the Pan-American Health Organization, the U.S. Centre for Disease Control, the World Health Organization and European Union agencies) In recent years, there have been concerns about the capacity of Canada's public health system to anticipate and respond effectively to public health threats such as SARS, West Nile virus and possible bio-terrorism.

Like many countries, Canada is taking steps to strengthen its public health capacity. The recent outbreaks of infectious diseases highlighted Canada's difficulties in gathering existing relevant research must stimulate more focus on specific priorities within Canada, therefore better collaboration is required that builds on existing strengths while reducing duplication. The Naylor Report<sup>1</sup> concluded that there have been insufficient investments in Canada's public health infrastructure which has resulted in Canada having an inadequate knowledge base to inform the development of public health Programs and policies.

---

<sup>1</sup> Learning from SARS: Renewal of Public Health in Canada, (2003).

The Government of Canada has responded to the need for a more integrated public health system that is effectively managed and adequately resourced. There is a clear need to strengthen public health capacity and to develop and rapidly transfer public health knowledge among all levels of governments, academia and relevant non-governmental organizations. In September 2004, the Public Health Agency of Canada (PHAC) was created to strengthen Canada's public health and emergency response capacity, and to develop national strategies for managing infectious and chronic diseases. Its creation was the result of wide consultation with the provinces, territories, stakeholders and Canadians.

One of the priorities for the PHAC in strengthening public health includes the establishment of six (6) National Collaborating Centres (NCCs) in regions across the country with each Centre specializing in a different priority area. Priority areas are: environmental health (British Columbia); infectious disease (Winnipeg); public health methodologies and tools (Ontario); public policy and risk assessment (Quebec) health determinants (Atlantic); and Aboriginal health (British Columbia). The NCCs will play an important role in promoting the use of evidence in public health practice. They will establish the necessary collaborative processes to analyze priority health issues and provide evidence and expertise for the development of mechanisms and tools to improve public health.

## **2.2 Objectives**

The National Collaborating Centres Program has been designed to create linkages and foster collaboration among researchers, the public health community and other stakeholders to analyse priority population health issues and to provide evidence and expertise for the development of mechanisms and tools to improve public health across Canada.

This objective supports the Program Activity Architecture of:

“Healthier population by promoting health and preventing disease and injury”

## **2.3 Key Stakeholders and Beneficiaries**

Public Health Agency  
of Canada:

PHAC is a key stakeholder in this Program and will benefit from the collaborative processes established that will improve readiness capacity of public health practitioners across Canada in delivering on its mandate.

National Collaborating  
Centres:

National collaborating centres are the recipients of contributions under this Program, and will draw on regional, national and international expertise and will complement the contributions of other organizations in the public health system to facilitate the sharing and translation of knowledge into policy and practice at all levels of the public health system in Canada.

**Public Health Practitioners:** The Program will benefit public health practitioners working in federal, provincial and municipal levels of government by improved translation of public health knowledge, increased availability of knowledge and the improved processes for collaboration and co-operation among all public health practitioners.

**Canadians:** Canadians benefit from the improved collaboration among the different levels of government and the increased use of knowledge to inform public health policy and practices.

## 2.4 Resources

Funding for the Program is delivered through Contribution Agreements.

<b>In Dollars</b>	<b>2004-2005</b>	<b>2005-2006</b>	<b>2006-2007</b>	<b>2007-2008</b>	<b>2008-2009 and ongoing</b>
Vote 35	3,000,000	9,150,000	9,150,000	9,150,000	9,150,000
<b>Total</b>	<b>3,000,000</b>	<b>9,150,000</b>	<b>9,150,000</b>	<b>9,150,000</b>	<b>9,150,000</b>

The estimated cost for ongoing performance measurement is included in the operating costs for the Program. The estimated cost for evaluation activities is \$100,000 per annum.

## 2.5 Stacking Provisions

Assistance is provided for projects only at the minimum level to further the attainment of stated Program objectives and expected results.

The maximum level (stacking limit) of Total Government Assistance (federal, provincial and municipal assistance for the same eligible expenditures) for this Program will not exceed 100% of eligible expenditures.

This stacking limit must be respected when assistance is provided.

In the event that actual Total Government Assistance to a recipient exceeds the stacking limit, the Agency will adjust its level of assistance and seek reimbursement so that the stacking limit is not exceeded. This repayment provision applies only to projects that exceed \$100,000.

The Program requires proposals to disclose all additional sources of funding, i.e. funds from other Agency Programs and branches, other federal departments, other levels of government, charitable foundations, etc. In the course of the project, the recipients are required to report to PHAC any additional funds received to support the approved project or to augment activities of the project from any and all sources.

### 3.0 Expected Results and Information Requirements

#### 3.1 Expected Results

	Planned Result	Timeframe
<b>Immediate</b>	<ul style="list-style-type: none"> <li>Increased opportunities for collaboration with health portfolio and NCCs</li> <li><b>Knowledge Translation:</b> the exchange, synthesis and application of scan and research findings disseminated among researchers and knowledge users</li> <li><b>Knowledge Gap identification:</b> gaps are identified and act as catalysts for applied or new research</li> <li><b>Networking:</b> Increased collaboration with NCCs occurs among and across public health at all levels</li> </ul>	1 to 3 years
<b>Intermediate</b>	<ul style="list-style-type: none"> <li>Increased availability of knowledge for evidence-based decision making in public health</li> <li>Increased use of evidence to inform public health programs, policies and practices</li> <li>Partnerships developed with external organizations</li> <li>Mechanisms and processes in place to access knowledge</li> </ul>	3 - 5 years
<b>Final Outcome</b>	<ul style="list-style-type: none"> <li>Improved public health Programs and policies</li> </ul>	5 -8 years

#### 3.2 Logic Model

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:

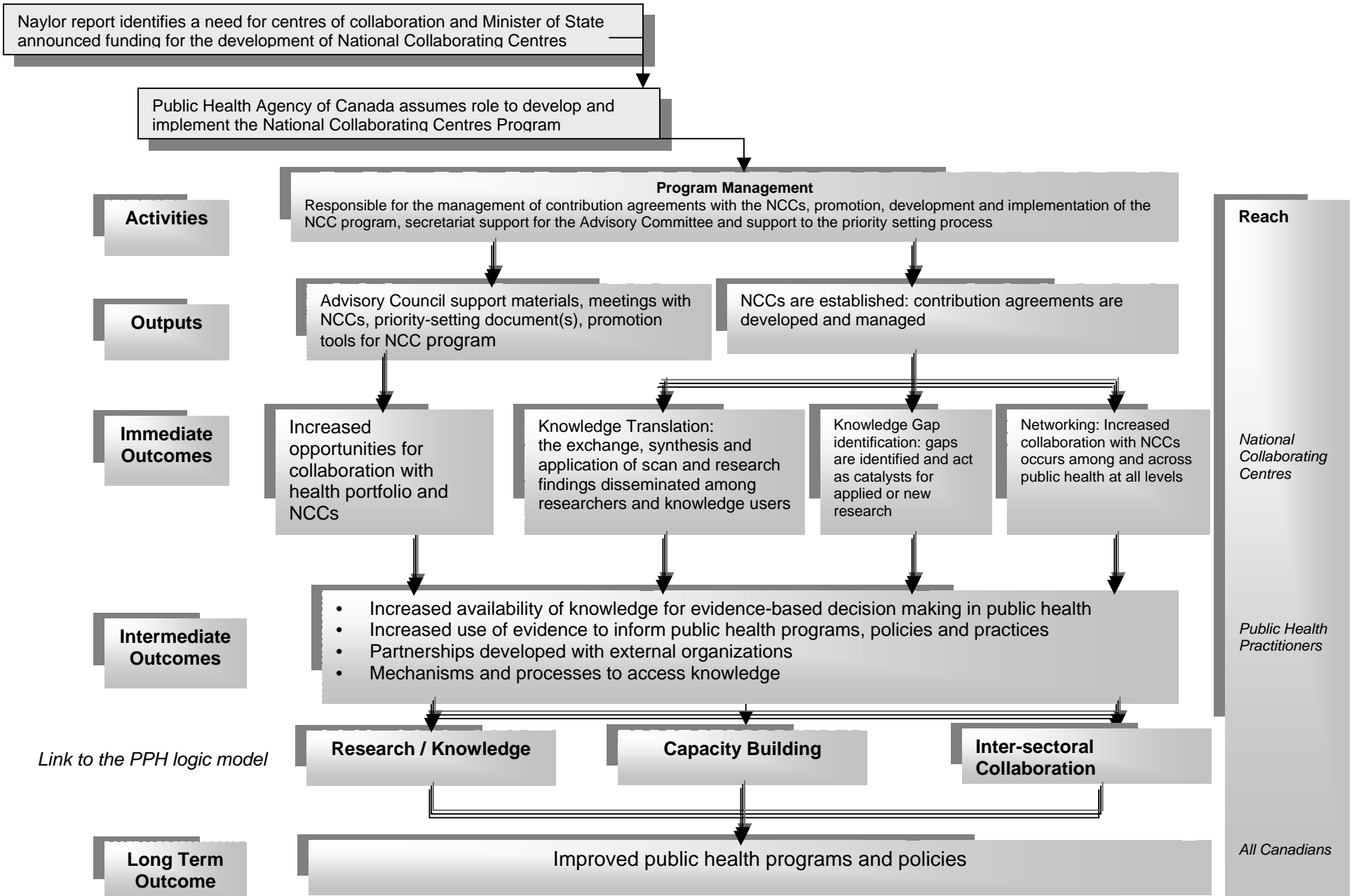
- Activity areas 1: Knowledge Development
- Activity areas 4: Capacity Building
- Activity areas 3: Intersectoral Collaboration

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 NCC Program supports knowledge development through the entire knowledge translation process as defined fully below.

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 NCC Program supports capacity building through knowledge translation and knowledge gap identification that 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 NCC Program supports intersectoral collaboration through its network-building activities among each of 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. The knowledge products and research papers produced will be shared using the networks that have been established. Collaboration across myriad networks will enable the uptake of public health knowledge through a variety of mechanisms and processes. The National Collaborating Centre Program supports a dynamic construct that will build increasingly on the activities of each stream to ensure the success of the entire Program.

The Logic Model identifies the following key activity for the National Collaborating Centres Program:

1. Program Management

The NCC secretariat is responsible for the day-to-day management of the NCC Program.

The NCC Secretariat will: engage in secretariat support activities; assist in the generation or development of background information; support collaboration across PHAC and with other federal departments; promote, develop and implement the NCC Program; support the uptake of NCC knowledge products between provincial/territorial and international partners; and provide policy support to the Advisory Council<sup>2</sup>. The NCC Secretariat will also plan and conduct activities to support the operational requirements of the Advisory Council, organize and conduct meetings with the NCCs, lead priority setting exercises and facilitate connections across and among the NCCs, PHAC and the broader public health community.

**Outputs:**

- Advisory Council support material
- Meetings with NCCs
- Priority setting document(s)
- Promotion setting tools for NCC Program
- Contribution Agreements in place to fund the National Collaborating Centres

**Immediate Outcomes:**

**Increased opportunities for collaboration with Health Portfolio<sup>3</sup> and NCCs**

With the mechanisms in place to increase the opportunities and formalize the methods for intra-and cross-sectoral interaction, it is expected that there will be a significant level of collaboration between the health portfolio Programs and the NCCs. The secretariat will have put into place the infrastructure necessary for NCCs to connect, communicate, collaborate and co-operate.

---

<sup>2</sup> The Advisory Council will be composed of people representing the diversity of expertise in public health and include recognized public health academics, practitioners and policy makers across relevant government and non-government sectors. Members will be nominated by each Centre and other key stakeholders. PHAC will review all nominations and make the final selection.

<sup>3</sup> The 'Health Portfolio' refers to all programs carried out with the authority of the Minister of Health, e.g., PHAC, Health Canada, CIHR, etc.

## **Knowledge Translation**

NCCs are designed to engage in Knowledge Translation, which includes the exchange, synthesis, and ethically sound application of scans and research findings within a complex system of relationships that exists among researchers and knowledge users and also includes the incorporation of research knowledge into policies and practice.

For example, NCCs will synthesize existing global public health knowledge that is relevant to addressing health-related issues of importance or relevance to Canada. Existing information will be drawn together from its various sources and be used to create knowledge products that are usable by front line workers and by policy makers in fields relevant to public health. Knowledge Translation also includes identifying the most effective means through which knowledge will be translated and/or exchanged.

Knowledge products that draw together existing knowledge from various sources for use by public health practitioners will serve as tools to increase their awareness of existing public health knowledge and how it is applicable to the Canadian health environment. Research papers produced through this synthesis activity will also contribute to increasing an awareness of current public health knowledge and potentially act as a catalyst for the development of applied or new research.

Conferences, meetings, symposiums, internet-based solutions, and other mechanisms, will support or increase the translation and/or exchange among all levels of public health. A 'one-size-fits-all' approach will not be the most effective approach given the diverse environments in which public health practitioners function. Therefore, specific mechanisms will be developed to respond to the identified preferred pathways for sharing information and will serve as the means to exchange knowledge products and research papers generated through the knowledge translation process.

## **Knowledge Gap Identification**

Several reports examining public health in Canada<sup>4</sup> have identified gaps in the public health environment. In addition, knowledge synthesis activities will likely reveal additional gaps in knowledge, research or the evidence needed for decision-making purposes. In such cases, the NCCs will act as a catalyst to stimulate the development of new applied research to address these gaps.

## **Networking**

By establishing networks, there will be improved collaboration among public health practitioners, researchers, and those setting policy and designing Programs. As the networks establish, stakeholders will be able to access the most current knowledge available, share their knowledge across the networks and interact with other public health practitioners in a manner that best suits their needs and working environments.

---

<sup>4</sup> The Krever Report (Commission of Inquiry on the Blood System in Canada 1997); the Naylor Report (Learning from SARS: Renewal of Public Health in Canada, 2003); the Kirby Report (The Health of Canadians – The Federal Role , 2002)

## **Intermediate Outcomes**

The logic model identifies several intermediate outcomes expected to occur through the achievement of the immediate outcomes:

- Increased availability of knowledge for evidence-based decision making<sup>5</sup> in public health
- Increased use of evidence to inform public health programs, policies and practices
- Partnerships developed with external organizations
- Mechanisms and processes in place to access knowledge

With the ongoing knowledge translation that will occur in the NCCs, it is expected that there will be an increased availability of the most current knowledge in public health. The knowledge that the NCCs are able to translate will be made available to public health practitioners in a variety of formats and through a variety of means, which will increase their access of this knowledge.

It is also expected, given the increased availability of this knowledge, that this knowledge will influence the decision making process of public health policymakers and practitioners. With the understanding that the NCCs are a key source of public health knowledge, public health policymakers and practitioners will be able to place confidence in the knowledge and will be secure in its reliability to have this knowledge inform their decisions.

With the interaction required to gather and disseminate public health knowledge, and as the profile of the NCCs grows, it is expected that partnerships will develop among the NCCs, public health practitioners, and other organizations that have an interest in the area of public health.

Finally, through increased collaboration, it is expected that mechanisms and processes will evolve to enable public health practitioners to access needed knowledge as required and in an appropriate, usable format. With the establishment of effective networks to share current knowledge and build relationships across the public health domain, it is expected that the communications channels will be in place to gather and disseminate knowledge. Public Health practitioners will know where to go to access the necessary knowledge or information.

## **Final Outcome**

The intermediate outcomes are expected to contribute to the long term outcome of:

- Improved public health Programs and policies

With the establishment of networks across all jurisdictions that are sharing and communicating the most current knowledge in public health information, the mechanisms are expected to be in place to address public health issues from a long term perspective and/or from a more urgent need.

---

<sup>5</sup> There are five steps in the evidence-based decision making process: converting information needs into answerable questions, tracking down the best evidence with which to answer them, critically appraising the evidence for its validity and usefulness, applying the results of this appraisal in policy and practice, and evaluating performance.

### 3.3 Accountabilities

The NCCs, which consist of a host organization that will provide secretariat support and an administrative office, will:

- establish a multi-discipline consortium of partners that will include regional, national and international subject matter experts, policy makers and other groups;
- in collaboration with the consortium, develop, monitor and evaluate the progress of the NCC's work plan;
- prepare a proposal for Ministerial approval that includes a work plan, evaluation requirements, and clarity of roles and responsibilities (*Note: this proposal will form the basis of the Contribution Agreements*);
- identify a single point of contact within the NCC who will manage the Contribution Agreement with PHAC;
- play a role in supporting and influencing the work of the Public Health Network through networking and providing supportive knowledge products;
- showcase and promote their Centres and any products developed;
- collaborate and consult with other FPT and PT structures; and
- be accountable to PHAC through the Contribution Agreement(s).

The NCC Program Secretariat, which sits in the Centre for Surveillance Co-ordination, will be responsible for overall Program accountability. Specifically the Program Secretariat will:

- solicit and review proposals;
- negotiate and manage Contribution Agreements;
- monitor the Program to ensure compliance with the Program's terms and conditions;
- establish Program-related policies and guidelines;
- undertake performance measurement activities as set out in this RMAF;
- act as the central point for communication for the Program – preparing briefing materials for the Minister and for the Chief Public Health Officer;
- develop Program materials for NCCs, which may include materials for public consumption such as newsletters, web site content, media kits, etc.;
- have a shared role in showcasing and promoting the NCC Program, both within and outside the federal government;
- provide secretariat support to the Advisory Council (e.g. organize meetings, develop meeting materials, etc.);
- promote collaboration among NCCs by facilitating the development of its network;
- promote the development of linkages within PHAC and between NCCs and the Agency;
- connect the work of the NCCs to other public health initiatives such as the Public Health Network and the Pan Canadian Public Health Strategy;
- identify recipients for audit using a risk-based approach;
- ensure evaluation is conducted; and
- provide required information to report on results and feed into the PPH RMAF.

PHAC's roles and responsibilities with respect to the management and implementation of the NCCs will be clearly set out in the Contribution Agreements. In addition, the PHAC will:

- establish the Program goals and objectives;

- be responsible for audit and evaluation strategies and other mechanisms to ensure Program accountability;
- provide a single point of contact for the management of the Contribution Agreements;
- develop mechanisms to ensure there is no duplication of the work of the NCCs; and
- play complementary knowledge translation function to ensure the mechanisms are in place within the Agency to promote the sharing and uptake of information for its Program and policy development.

The Advisory Council will provide ongoing advice and guidance to PHAC on certain issues pertaining to the NCCs. Specifically, the Advisory Council will advise on:

- priorities for the National Collaborating Program and the role of each Centre in addressing them;
- approaches to promote the co-ordination of the NCCs' work plans and their alignment with national public health goals and strategies;
- Program evaluation strategies and reports;
- the underlying science of NCC proposals and work plans; and
- the relevance of their proposed work to national priorities.

Audit and Accountability Bureau (AAB, Health Canada) will:

- be responsible for the Internal Audit function. AAB supports the Centre by assessing the management and accountability strategies established for the Program;
- employ risk-based methodologies in planning and conducting audits to provide assurance on the adequacy of integrated risk management practices; and
- manage control frameworks and information used for decision-making and report on the achievement of overall objectives.

Transfer payment Services and Accountability Division will:

- interpret Agency policies and guidelines as they relate to contributions;
- provide advice to Programs on overall administration of contributions;
- evaluate contributions project risk levels and ensure that adequate management controls are in place;
- coordinate and monitor contribution audit activities and ensure that results, as well as summaries of corrective actions are posted to the Agency's web site;
- develop and disseminate standard Program delivery tools;
- liaise with the Agency to ensure that activities are performed in an efficient and cost-effective manner; and
- advise on Program evaluation activities in order to assess the relevance, design and delivery, success and cost-effectiveness of and alternatives to the Program.

## **4.0 Risk Assessment and Management Summary**

### **4.1 Monitoring**

The extent to which Program staff engage in monitoring varies depending on the level of risk associated with a specific project (factors include: recipient organization history/structure, working relationship, level of funding, complexity of project, etc.). The benchmarks set in the Grants and Contributions Standard Operating Procedures (SOP) manual and in Section 5 of the PPH-RBAF, will make monitoring activities more uniform throughout the Program.

Programs will follow the Recipient Auditing Process as described in Section 5.6 of the PPH-RBAF when the need for an audit arises, to ensure that a project was properly managed and that Program funds were spent according to the terms of the Contribution Agreement.

Internal Auditing, as portrayed in the PPH-RBAF (section 6.0), is led by Health Canada's Audit and Accountability Bureau (AAB). Following policies and standards established by the Treasury Board Secretariat, audit engagements will be contained in AAB's Annual Internal Audit Plan and will be structured to fit the specific needs of the Agency, as determined through risk assessment analyses and consultation with senior management

### **4.2 Risk Assessment against PPH – Ten Key Risk Factors**

As the NCC Program falls under the ambit of the Promotion of Population Health's Terms and Conditions for contributions, and because its objectives align with those of the PPH Program, the NCC Program was advised to assess the NCC Program against the PPH – RBAF Ten Key Risk areas to identify possible risks and strategies to address those risks. Staff involved in the Program design was guided by input from the Management and Program Services Directorate with respect to what defines risks, the ten key risks and management/mitigation strategies.

#### 4.3 Risk Assessment Summary Chart

Nature of Risk	Areas of Concern	Management	Residual Risk /Mitigation Strategy
<b>Risk #1 Reporting on Results</b>	<ul style="list-style-type: none"> <li>• Results reporting is difficult because many of the Agency’s Program goals are long term, while most funded projects are short-term and therefore cannot provide long-term indicators.</li> <li>• Expectations for information that demonstrate achievement of results will be ever increasing.</li> </ul> <p><b>Assessed as Likelihood – Low / Impact – Minor</b></p>	<ul style="list-style-type: none"> <li>• A Results-based Management and Accountability Framework (RMAF) has been prepared which includes a Logic Model to clarify expected outcomes, and identify indicators that can demonstrate achievement of desired results.</li> </ul>	<ul style="list-style-type: none"> <li>• The Program will ensure partners and recipients understand the requirement for reporting on results and the importance of gathering the data to support future Programming.</li> </ul>
<b>Risk #2 Internal Communications</b>	<ul style="list-style-type: none"> <li>• Given the breadth of activity expected to be undertaken that is supported by PHAC and the activity undertaken by the organization hosting the NCCs, and the diversity of health priorities, there is the potential for competing priorities and inconsistent advice from within the PHAC and Health Portfolio.</li> <li>• There is a concern that the arm’s length relationship between the PHAC and NCCs will not be maintained, and that all statements emanating from the PHAC will be viewed as the federal government’s position.</li> </ul> <p><b>Assessed as Likelihood – Medium / Impact - Moderate</b></p>	<ul style="list-style-type: none"> <li>• An Internal Communications Strategy is being prepared to co-ordinate the Secretariat’s efforts and avoid duplication.</li> <li>• Part of the responsibilities of the Secretariat will be to provide consistent messaging.</li> <li>• Clarity of roles articulated in the Contribution Agreements will assist in ensuring that all stakeholders are aware of their roles and responsibilities.</li> <li>• Priority setting activities and preparation of work plans will support broad understanding of NCCs activities.</li> </ul>	<ul style="list-style-type: none"> <li>• Expand the use of focus groups to respond to issues.</li> </ul>
<b>Risk #3 Changing Environment</b>	<ul style="list-style-type: none"> <li>• It is possible that the federal government may change it priorities and directions and the commitment to NCCs is questioned.</li> </ul> <p><b>Assessed as Likelihood – Medium/ Impact – Moderate</b></p>	<ul style="list-style-type: none"> <li>• At the outset of this Program, it is clearly a priority for the federal government.</li> </ul>	<ul style="list-style-type: none"> <li>• Future improvements can be made based on evidence and information available through the Agency’s surveillance activities.</li> </ul>

<p><b>Risk #4 Capacity to Manage and Monitor</b></p>	<ul style="list-style-type: none"> <li>• The human and financial resources identified for the Program must be able to meet the requirements identified for the NCC Program's roles and responsibilities.</li> <li>• Challenges are likely when applying standardized management and monitoring procedures across 6 NCCs operating in unique host organizations.</li> <li>• O&amp;M may be insufficient to do the required work.</li> </ul> <p><b>Assessed as Likelihood – Medium / Impact - Moderate</b></p>	<ul style="list-style-type: none"> <li>• Program management will continue to establish this new Program within the allocated resources.</li> <li>• The Grants and Contributions Standard Operating Procedures manual sets out minimum standards for accountability.</li> </ul>	<ul style="list-style-type: none"> <li>• Additional resources will be sought as and when required.</li> </ul>
<p><b>Risk # 5 Focus on Particular Clients/ Projects/ Delivery Lines</b></p>	<ul style="list-style-type: none"> <li>• There is a concern that there may be too much focus on particular NCCs, projects or delivery lines.</li> <li>• Proposals may be manipulated to fit funding parameters and criteria but not meet the priorities of the NCC Program.</li> <li>• Lack of attention to target public health practices and policy makers.</li> </ul> <p><b>Assessed as Likelihood – Medium / Impact - Moderate</b></p>	<ul style="list-style-type: none"> <li>• The Secretariat will take the lead on organizing priority-setting exercises to ensure that there is consensus on what priorities will be addressed and following up on the progress made.</li> <li>• Proposals will be reviewed by the Advisory Council and by subject matter experts within PHAC to test for scientific soundness and relevance.</li> </ul>	<ul style="list-style-type: none"> <li>• Communications activities will have to be increased to address any imbalance in the NCCs' activities.</li> </ul>
<p><b>Risk #6 Bilingual Service</b></p>	<ul style="list-style-type: none"> <li>• The capacity to respond in both official languages may be inconsistent.</li> </ul> <p><b>Assessed as Likelihood – High/ Impact - Moderate</b></p>	<ul style="list-style-type: none"> <li>• Contribution Agreements will include, under roles and responsibilities, the requirement for bilingual service and the need for the capacity to respond in support of the vitality clauses of the <i>Official Languages Act</i>.</li> <li>• Work plans must include plans and strategies for dissemination of tools and products in both official languages.</li> <li>• Ensure that bilingual service funding is included as a</li> </ul>	<ul style="list-style-type: none"> <li>• Responding to Official Languages complaints</li> </ul>



		<p>component of Program development</p> <ul style="list-style-type: none"> <li>French language training is available for PHAC staff.</li> </ul>	
<p><b>Risk #9 Addressing Short Term need</b></p>	<ul style="list-style-type: none"> <li>There are concerns that the NCCs will receive short term funding from other external sources that will take the attention away from the long-term projects supported by federal funding.</li> </ul> <p><b>Assessed as Likelihood – Medium / Impact - Moderate</b></p>	<ul style="list-style-type: none"> <li>NCCs are required to submit detailed work plans for their projects that are agreed upon by PHAC and the NCC work plans will be evaluated and monitored to ensure progress is being made and milestones achieved.</li> <li>Stacking limits will be articulated in the Contribution Agreements.</li> </ul>	<ul style="list-style-type: none"> <li>Re-communicate the goals and objectives of the NCC Program.</li> </ul>
<p><b>Risk # 10 Potential for Surprise</b></p>	<ul style="list-style-type: none"> <li>There are high expectations for the NCCs, but there are also many different views of what the NCCs should do and how they should operate.</li> <li>If there is not a mind set that keeps an awareness about the potential for surprise, then there will likely be significant impacts to the Program that could include all aspects of damages, operational effects and reputational loss.</li> </ul> <p><b>Assessed as Likelihood – High / Impact - Moderate</b></p>	<ul style="list-style-type: none"> <li>The Program designers have consulted extensively and prepared numerous iterations of the Program design to develop the best design possible.</li> <li>The Program secretariat will make managing expectations a priority.</li> <li>Communications will be key in ensuring the clarity of roles and responsibilities; as indicated, an internal communications strategy is being developed.</li> </ul>	<ul style="list-style-type: none"> <li>Given events that have occurred in recent years, there has been an increased awareness of the need to have effective contingency planning.</li> </ul>
<p><b>Risk # 11: Inappropriate Use of Funds</b></p>	<ul style="list-style-type: none"> <li>As with any Contribution Program, there is a risk of inappropriate use of funds.</li> </ul> <p><b>Assessed as Likelihood – Low / Impact - Moderate</b></p>	<ul style="list-style-type: none"> <li>Program is using well established Terms and Conditions.</li> <li>Expenses will be reviewed against Program guidelines.</li> <li>NCC work plans will be monitored.</li> </ul>	<ul style="list-style-type: none"> <li>A Recipient audit will be undertaken should evidence suggest that funds are being used inappropriately.</li> </ul>

Note: PPH Key Risk #7 (A-Base- Funding Level) and Risk #8 (Shift of Program Responsibility) were deemed not applicable to this Program.

## 5.0 Monitoring and Evaluation

### 5.1 Performance Measurement Plan

The Performance Measurement Plan is based on active monitoring of the progress made towards the achievement of results, based on the performance indicators. The NCC Secretariat will monitor the work plans submitted by the NCCs to ensure identified milestones are reached within the agreed upon timelines. Ongoing communications between the Secretariat and the NCCs will serve as an additional mechanism to discuss issues as they arise and ensure performance measurement data is being gathered.

The following performance measurement sources are identified:

**Administrative Files:** The Program will retain on file, notes and minutes from meetings with NCCs, copies of Ministerial letters received by the Agency in connection with the NCC Program, copies of Contribution Agreements, reports from recipients, correspondence from recipients and other related documentation.

**Performance Reports:** Recipients will collect the information specified in the Contribution Agreements and produce a report for the Agency containing this information. The report will include the indicators set out in Table A of the Performance Measurement Plan. Recipients will be required to provide one (1) report annually.

### 5.2 Program Evaluation

#### Formative Evaluation

A formative evaluation is not recommended for this Program; however, the issues that are typically examined in the formative evaluation, such as Program design and delivery, the quality and reliability of administrative data collected, and early indicators of Program success, will be monitored on an ongoing basis by the Program Secretariat as part of the Performance Measurement Plan. Given the Program's emphasis on networking and the underlying need for relationship building, communications will be ongoing and adjustments can be made to the Program as and when required.

#### Progress Evaluation

In order to address the issues and questions involved in a credible summative evaluation, information gathered on an ongoing basis through the performance management strategy and experience gained through the management of the Program cannot be realized as the National Collaborating Centres are at various stages of inception as a result of the complex and diverse environments within public health at present. However, there will be a progress evaluation, supplemented with additional lines of inquiry. A summative evaluation of the National Collaborating Centres Program will be conducted in 2008-09 for the internal purposes of the Agency. The evaluation will examine the issues and questions set out in the Evaluation Strategy below. It should be noted that as each NCC will likely evolve at a

different rate, there will be substantive differences in evaluation outcomes for each NCC, and thus evaluation activities will canvass for immediate outcomes as well as long term outcomes to acknowledge this potential disparity in terms of progress toward overall Program objectives.

The following methodologies will be employed:

### **Document and File Review**

Relevant files and documentation, including the performance reports produced annually and other performance measurement data, summaries of Ministerial correspondence, minutes from meetings with recipients, relevant Government of Canada policy positions (such as Speeches from the Throne, PHAC Strategic plans), and other documents of relevance will be reviewed with both a qualitative and quantitative focus in order to gather information on Program relevance, success, and cost effectiveness.

### **Quantitative Analysis**

Evaluation activities will include a quantitative analysis of data produced by the Performance Measurement Plan, a literature review, provincial/territorial sources and Agency data. Such an analysis will be able to assess the effectiveness of the NCC in creating linkages, fostering collaboration, preparing knowledge products and other indications of progress toward the attainment of expected outcomes.

### **Key Informant Interviews**

Key informant interviews will serve as an additional line of inquiry for the evaluation of the National Collaborating Centres Program. Program managers and recipients will be asked for their experiences in delivering the Program. A sample of public health practitioners will be interviewed to determine their views on the impact of the NCCs on the Canadian public health system.

### **Literature Review**

The most recent information relevant to public health in Canada will be reviewed at the time of the progress evaluation to assess the extent to which the National Collaborating Centres Program continues to address current and evolving needs. The literature review will include an environmental scan of how public health research and co-ordination is addressed in other countries, a review of third party assessments or research dealing with public health in Canada, any specific analysis of NCCs by third parties, evaluation reports of other PHAC Programming focused on public health and any other relevant assessments of the public health system in Canada.

### **Case Studies**

Case studies may be undertaken to provide an in-depth profile of situations where the NCCs were required to assemble and disseminate information quickly. Issues to examine would include effectiveness of mechanisms and processes in place, timeliness of information, and ease of access.

## Evaluation Strategy

Evaluation Issue	Indicator	Responsibility for Collection	Source
<b>Rationale / Relevance</b>			
1. Do the objectives of the National Collaborating Centres Program continue to be consistent with Government of Canada priorities? With the Agency's strategic objectives?	<ul style="list-style-type: none"> <li>Alignment of Program's objectives with current federal priorities and the Agency's strategic objectives.</li> </ul>	Evaluators	Document and File Review (Program Activity Architecture (PAA))  Key informant interviews
2. Does there continue to be a need to build and support public health networks? What changes, if any, would make the Program more relevant?	<ul style="list-style-type: none"> <li>Information from other countries on how they address similar issues.</li> <li>Proportion of stakeholders who believe continued support is necessary to achieving objectives.</li> </ul>	Evaluators  Program Secretariat	Quantitative Analysis  Key Informant interviews  Literature Review  Administrative files
3. Does the Program continue to serve the public interest? Is there value to Canadians in having this Program? *	<ul style="list-style-type: none"> <li>Level of satisfaction demonstrated by Canadians in public health environment in Canada.</li> </ul>	Evaluators	Key Informant interviews  Literature Review
<b>Success / Impact</b>			
4. To what extent has the Program achieved its <b>immediate</b> outcomes?	<ul style="list-style-type: none"> <li>Evidence of knowledge translation.</li> <li>Evidence that gaps in knowledge are identified and plans exist to address the gaps.</li> <li>Evidence that NCCs are collaborating with each other and with the Agency.</li> </ul>	Performance Reports	Document and File Review  Key Informant interviews  Quantitative Analysis
5. To what extent has the Program achieved its objectives and its expected outcomes?  <ul style="list-style-type: none"> <li>Has the Program contributed to the establishment of collaborative processes that help synthesize and analyze population health issues?</li> <li>To what extent has there been an increase in the availability of knowledge for evidence-based decision making by public health practitioners?</li> </ul>	<ul style="list-style-type: none"> <li>Please refer to the indicators identified in the performance measurement strategy, Appendix A.</li> </ul>	Evaluators	Document and File Review  Key Informant interviews  Quantitative Analysis

\* These questions are policy test questions used by the Expenditure Review Committee when assessing existing programs and government spending.

<ul style="list-style-type: none"> <li>• Has there been an increase in the use of evidence attributable to the NCC functions to inform public health Programs?</li> <li>• How many partnerships have been developed with external organizations?</li> <li>• Are there effective linkages between the NCCs and public health practitioners?</li> <li>• Are the mechanisms and processes in place to access knowledge effective and efficient? What improvements are warranted?</li> <li>• To what extent has the Program contributed to improving the public health Programs and policies in Canada?</li> </ul>			
<b>Cost Effectiveness / Alternatives</b>			
<p>6. Is the delivery model for the NCC Program a cost effective and efficient way to achieve these objectives and outcomes? What worked well with this model and what did not work? What could be improved?</p> <p>Are there other more cost efficient ways of delivering this Program? What changes, if any, would make the Program more effective?</p>	<ul style="list-style-type: none"> <li>• Soundness of delivery model as revealed through performance measurement (in the absence of a formative evaluation).</li> <li>• Number of dollars leveraged through Program.</li> </ul>	<p>Evaluators Program Secretariat</p>	<p>Key Informant interviews Performance Reports Administrative files</p>
<p>7. Does the Program overlap with any other Programs or services provided by the Government of Canada or the provinces or the territories? *</p>	<ul style="list-style-type: none"> <li>• Evidence of overlap.</li> </ul>	<p>Evaluators</p>	<p>Key Informant interviews Literature Review</p>
<p>8. Are Canadians getting value for their tax dollars with this Program?*</p>	<ul style="list-style-type: none"> <li>• Number of dollars leveraged through Program.</li> </ul>	<p>Evaluators</p>	<p>Key Informant interviews Quantitative Analysis</p>
<p>9. Is the involvement of the federal government legitimate in delivering this Program's activities? Should</p>	<ul style="list-style-type: none"> <li>• Federal government mandate.</li> </ul>	<p>Evaluators</p>	<p>Key Informant interviews</p>

\* These questions are policy test questions used by the Expenditure Review Committee when assessing existing programs and government spending.

the Program be devolved to the provinces and territories?*	<ul style="list-style-type: none"> <li>Provincial government mandate</li> </ul>		Literature Review
<b>Design and Delivery</b>			
10. Is the model established for the NCCs effective in terms of supporting and achieving the Program's objectives? Are there any operational constraints that limit the ability of the NCCs to achieve their objectives? Are changes warranted?	<ul style="list-style-type: none"> <li>Number of operational constraints identified (either through performance reporting, raised to NCC secretariat, raised to Advisory Council, etc.).</li> <li>Level of satisfaction articulated by stakeholders.</li> </ul>	Evaluators	Key Informant interviews  Administrative files
11. Does the Program have appropriate performance measurement and reporting strategies? Are recipients reporting on results?	<ul style="list-style-type: none"> <li>Existence of performance measurement reports from recipients.</li> <li>Quality of results gathered through performance measurement plan.</li> </ul>	Evaluators  NCC secretariat	Administrative files  Key Informant interviews
12. Are the reporting relationships clear? Are Program materials (funding criteria, processes, guidelines, information pathways, etc.) clear and well communicated?	<ul style="list-style-type: none"> <li>Views of key informants.</li> </ul>	Evaluators	Key Informant interviews

\* These questions are policy test questions used by the Expenditure Review Committee when assessing existing programs and government spending.

### 5.3 Reporting Commitments

The NCC Program Secretariat will participate directly or indirectly in the production of different types of reports such as final project reports provided by recipients, annual reports, plans and priorities, etc. The NCC Program will provide input to the RMAF of the PPH Program to inform the renewal of the PPH Terms and Conditions scheduled for 2008-09.

The following table provides the complete list of reporting activities, types of reports, responsibility centres, audiences, reporting frequencies and relative costs.

Report	Responsibility	Prepared for:	Reporting Frequency
Performance Report	Recipients	NCC Program Secretariat	Annually
Report to Parliament	PHAC	Parliament	Annually
Departmental Adherence Report - Internal Audit	Audit and Accountability Bureau (HC)	PHAC	If identified in the Annual Internal Audit Plan
Summative Evaluation	NCC Program Secretariat	PHAC General Public	By 31 December 2008

### 5.4 Costing

The Program will dedicate resources to both evaluation and performance measurement. The costs for the implementation of the Performance Measurement Strategy and the Evaluation Strategy will be borne by the Program. Funds have been identified for contracting services (e.g. research and analysis) and database management in support of performance measurement and evaluation activities. See Annex A of the Treasury Board Submission for details.

	2004-05	2005-06	2006-07	2007-08	2008-09	Total
Ongoing Performance Measurement	1.5 FTEs	1.5 FTEs	1.5 FTEs	1.5 FTEs	1.5 FTEs	
Summative Evaluation	n/a	\$100,000	\$100,000	\$100,000	\$100,000	\$400,000

## PERFORMANCE MEASUREMENT PLAN

### Key Activity: Program Management

Element	Description	Performance Indicator	Data Source / Collection Method	Responsibility for Collection	Timing / Frequency of Measurement	
					Performance Measurement	Evaluation
<b>Outputs</b>	Advisory Council support material, meetings with NCCs, priority setting document(s), promotion tools for NCC Program.	<ul style="list-style-type: none"> <li>Protocol / Terms of Reference for Advisory Council.</li> <li>Record of interactions with NCCs (e.g. minutes of meetings, breakdown of tele-call discussions etc).</li> <li>Priority setting document developed from Priority setting exercises facilitated between PHAC, AC and NCCs.</li> </ul>	Administrative files	NCC Program Secretariat	Annually	
	NCCs are established: Contribution Agreements are developed and managed.	<ul style="list-style-type: none"> <li>Signed Contribution Agreements.</li> </ul>	Gs and Cs database	NCC Program Secretariat		
<b>Immediate Outcomes</b>	Increased opportunity for collaboration with Health Portfolio and NCCs.	<ul style="list-style-type: none"> <li>Number, type and variety of connections among PHAC, health portfolio and NCCs.</li> </ul>	Performance Reports	NCC Program Secretariat	Annually	<b>2008</b>
	Knowledge Translation: the exchange, synthesis and application of scan and research findings disseminated among researchers and knowledge users.	<ul style="list-style-type: none"> <li>Number and examples of knowledge products (e.g. publications, research papers, scans etc.).</li> <li>Number of preferred pathways through which knowledge is translated (e.g. conferences, meetings, symposiums, internet-based solutions, and other mechanisms).</li> <li>Number of scans used to identify gaps.</li> </ul>	Reports from NCCs	NCCs	Annually	<b>2008</b>
<b>Immediate Outcomes (continued)</b>	Knowledge Gap identification: gaps are identified and act as catalysts for applied or new research.	<ul style="list-style-type: none"> <li>Number and type of collaborative exercises.</li> </ul>	Reports from NCCs	NCCs	Annually	<b>2008</b>
	Networking: Increased collaboration with NCCs occurs among and across public health at all levels.	<ul style="list-style-type: none"> <li>Number and type of organizations participating in collaborative exercises.</li> </ul>				<b>2008</b>



Table A

Element	Description	Performance Indicator	Data Source / Collection Method	Responsibility for Collection	Timing / Frequency of Measurement	
					Performance Measurement	Evaluation
<b>Intermediate Outcomes</b>	Increased availability of knowledge for evidence-based decision making in public health.	<ul style="list-style-type: none"> <li>Number of knowledge products available</li> <li>Number of requests for information (telephone requests, web site downloads).</li> <li>Number of preferred pathways through which knowledge is translated (e.g. conferences, meetings, symposiums, internet-based solutions, and other mechanisms).</li> <li>Number and duration of website hits.</li> </ul>	Reports from NCCs	NCCs	Annually	2008
	Increased use of evidence to inform public health Programs, policies and practices.	<ul style="list-style-type: none"> <li>Perception of key informants that evidence-based decisions are informing public health (Evaluation question).</li> <li>Number of occasions where NCC evidence is incorporated in professional public health forums.</li> <li>Number of website users that are repeat users.</li> </ul>	Reports from NCCs	NCCs	Annually	2008
	Partnerships developed with external organizations.	<ul style="list-style-type: none"> <li>Number of partnerships with external organizations (e.g. protocols, agreements, number of external people working with NCCs, etc).</li> <li>Amounts of cash and in-kind contributions leveraged by each NCC.</li> </ul>	Reports from NCCs	NCCs	Annually	2008
	Mechanisms and processes to access knowledge.	<ul style="list-style-type: none"> <li>Established mechanisms / processes in place.</li> <li>Number of organizations participating in collaborative product development.</li> <li>Case studies of occasions where NCC knowledge products were required to be assembled quickly (Evaluation question).</li> </ul>	Reports from NCCs	NCCs	Annually	2008 2008
<b>Long Term Outcome</b>	Improved public health Programs and policies.	<ul style="list-style-type: none"> <li>Case studies of public health [Programs and policies that were based on NCC knowledge products.</li> </ul>	Evaluation	Evaluators		2008