National Collaborating Centre
for Determinants of Health

Centre de collaboration nationale
des déterminants de la santé

A Report on the NCCs' 2nd Annual Summer Institute

Making Sense of It All

Conducting KSTE with Canadian Public Health

AUGUST 20–23, 2007
BADDECK, NOVA SCOTIA

National Collaborating Centre
for Determinants of Health

www.nccdh.ca

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Contact Information

National Collaborating Centre for Determinants of Health (NCCDH)
St. Francis Xavier University
Antigonish, NS B2G 2W5
nccdh@stfx.ca
tel: (902) 867-5406
fax: (902) 867-6130
www.nccdh.ca

Prepared by
Stacey Pineau, Latitude Communications

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Introduction

> *"We should never, never be afraid or ashamed about dreams. The dreams won't all come true; we won't always make it; but where there is no vision a people perish. Where people have no dreams and no hopes and aspirations, life becomes dull and a meaningless wilderness."*
>
> Tommy Douglas, from A.W. Johnson's *Dream No Little Dreams*, Introduction

Mi'kmaq elder Albert Marshall set the tone with a ceremonial opening to the Summer Institute accompanied by his remarks on the need for and the gift of "two-eyed seeing". The concept emphasizes the importance of individuals striving to see from more than just one perspective, and encourages us to learn from both Indigenous knowledge as well as mainstream scientific knowledge.

Throughout the three days of the institute, there were certainly many opportunities to engage in "two-eyed seeing", as a range of knowledge synthesis, translation and exchange (KSTE) definitions, ideas and case studies were contrasted and explored, and the information needs of researchers, public health practitioners and policymakers discussed.

The bar was set high by the theme of the conference - *Making sense of it all* - and presenters strove to meet the objective set out before them with a hearty exploration of how and how effectively we communicate with one another on critical public health topics.

In a recorded greeting from a concurrent event in India, Dr. John Frank, Senior Scientific Advisor to the National Collaborating Centres for Public Health Program and Scientific Director, CIHR, Institute of Population and Public Health, said the agenda for the Summer Institute was "a clear indication that we have cause for celebration," adding that the National Collaborating Centres are beginning to see real progress and stakeholders are well-engaged.

Dr. Frank's comments that sometimes effective KSTE requires a level of trial and error on the opening day of the Summer Institute proved to be insightful, as participants put significant effort into discussing what works and what doesn't over the course of the conference. Frank referenced an attempt at a research-oriented newsletter that hasn't panned out because the document's editors tried to make it "too

comprehensive", indicating that effective KSTE approaches aren't always achieved on the first try.

The event brought together representatives and stakeholders of all six National Collaborating Centres and the Public Health Agency of Canada with key policymakers, practitioners and researchers, allowing for an exchange of ideas and critical relationship building. A full list of all who participated in the conference is available in Appendix A.

The Summer Institute included discussions around the opportunities and challenges for KSTE as it relates to public health in Canada, debate around how to affect change in programs and policy, dialogue about what truly counts as evidence and how best to use it, and thoughts on the importance of managing health knowledge. The full workshop agenda is provided in Appendix B.

This document provides an overview of the three-day conference. Its purpose is to provide researchers, policymakers and practitioners with:

* An overview of the presentations and discussion which took place at the NCCs' second-annual Summer Institute; and,
* Ideas on how to increase and improve knowledge synthesis, translation and exchange.

SUMMER INSTITUTE OBJECTIVES

* Explore "what's new" and "what works" in knowledge synthesis, translation, and exchange (KSTE) to inform public health policy and practice and research.
* Highlight "what's happening" in the National Collaborating Centres and other organizations involved in knowledge translation.
* Network with innovative thinkers in knowledge translation and public health.
* Provide practical "how-to" opportunities related to KSTE

A detailed overview of the presentations made during the conference is available in Appendix C.

Defining KSTE: Moving Ahead with a Common Understanding

"There is nothing a government hates more than to be well-informed; it makes the process of arriving at decisions much more complicated and difficult."

John Maynard Keynes

Earl Nowgesic of the CIHR Institute of Aboriginal Peoples' Health called knowledge synthesis, translation and exchange (KSTE) an "evolving area that is receiving a growing level of attention." Improving KSTE, said Nowgesic, could help to "address the knowledge-to-action gap, improve health outcomes, and improve efficiencies of health care."

In considering KSTE, Nowgesic offered two contrasting definitions of knowledge translation (KT) used by different agencies. The UK Office of Science and Technology, for example, says that: "Knowledge translation is about transferring good ideas, research results and skills between universities, other research organizations, business and the wider community to enable innovative new products and services to be developed."

Meanwhile, Nowgesic said, the Canadian Institutes for Health Research defines KT as: "The exchange, synthesis and ethically-sound application of knowledge – within a complex system of interactions among researchers and users – to accelerate the capture of the benefits of research for Canadians through improved health, more effective services and products, and a strengthened health care system."

Variations in how the same terms are defined and understood were often considered during the Summer Institute. The concept of a glossary of terms for use by researchers, practitioners and policymakers so that everyone is able to work from the same foundation was raised multiple times as being potentially beneficial for improved KSTE.

Different Considerations for KT with Indigenous Communities

Nowgesic went on to speak about the disproportionate burden of ill health carried by the aboriginal community and the large "know-do" gap as factors which make KT research particularly relevant for members of this population, saying that present conceptualizations of KT may not be relevant or useful for aboriginals. "Understanding knowledge transfer in aboriginal health requires understanding, research ethics and 'two-eyed seeing'," said Nowgesic.

Dalhousie researcher Charlotte Loppie shared Nowgesic's perspective, saying, "When we're looking at engaging in KT within an indigenous culture we need to consider a holistic perspective of health. A community is a holistic, integrated organism. The whole notion of different elements of health has to be balanced. Another important element of KT is around knowledge and mutual, reciprocal learning." She went on to say that one of the principles of doing "really good KT" amongst indigenous peoples is to actually "know about those peoples…and to use knowledge and principles in a way that is well-suited."

Loppie said that when it comes to KT with indigenous communities, residents need to be "active participants, not the passive vessels through which academic researchers pass information." She said, "There are lots of different ways of knowing so there have to be lots of different ways of communicating information" that take into consideration different ways of learning and different literacy levels. "We have to write or speak to those ways of knowing," she said.

Principles of Better KT

Charlotte Loppie offered a number of suggestions for improving KT, among them tailoring the delivery of information to meet the information needs of particular groups – like youth or elders. She also mentioned the need for messages tailored specifically to the audience, and suggested that providing information through small group meetings can allow people to engage in a co-learning process. She said that in indigenous communities, social events are often incorporated into KT activities, and said that it is critical to get to know the people who are the knowledge holders, like the

elders. She also said that in order to communicate information effectively, it's useful "to tell a story that helps people relate to what we're trying to tell them."

Loppie's remarks were supported in a later presentation by Sean Rourke, Scientific and Executive Director for the Ontario HIV Treatment Network, who referenced the five KT principles of Jonathan Lomas, recent CEO of CHSRF:

* KT and exchange is a contact sport and a team game;
* Written materials in whatever form are not enough to consistently transfer knowledge;
* KT is about coordinating three teams – those who create knowledge, those who disseminate it and those who can use it;
* The best form of KT is co-production of the research; and,
* It is as important to develop the tools to use the research as it is to create the research itself.

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What is Evidence?

> *"...there are known knowns. There are things we know that we know. There are known unknowns. That is to say there are things that we now know we don't know. But there are also unknown unknowns. There are things we do not know we don't know. And each year we discover a few more of those unknown unknowns."*
>
> Donald Rumsfeld, February 12, 2002, Department of Defense News Briefing

The questions of what evidence is comprised of and when we can deem there is enough evidence to base decisions upon were given in-depth consideration during the Summer Institute.

Daniel Weinstock

In his keynote address, speaker Daniel Weinstock, Université de Montréal, offered his thoughts on evidence, saying that, "the most salient contrast…for evidence is proof. Evidence is not proof. If the premises are true, there is no way, logically, the conclusion can be false. That is the gold standard of proof. Evidence is something different. You gather evidence in cases where you have no way of generating proof. You have this abstract proposition that cannot be proven…you gather evidence. Evidence generates not proof, not certainty; it generates conviction, confidence, probabilistic knowledge. Evidence is something that yields relative confidence…"

Weinstock also spoke about how we get evidence, saying that, "Evidence is the result of conscious, deliberate, institutionalized human activity." In making this point, he said, "Evidence is something produced by us rather than something that jumps out at us. It is set up through conscious human design, it is set up through institutions. Evidence is not something we get for free simply by opening our eyes. Evidence is something that has to be actively searched for and it is something the search for which will only succeed if we set up the right design."

Weinstock asked the audience to consider 'At what point do we decide we have enough evidence?' saying, "Is there some kind of law written into nature that says

once you have X number of subjects then a magical line has been passed? Is there an X and a Y that is given to us by nature that determines once and for all thresholds of significance?" Later, he added, "At every point from upstream to downstream in this exercise of human evidence production, we are faced with evidence questions. Evidence is intrinsically an ethical and political question. But because we think this is science and therefore value-free, these questions play themselves out without debate."

What's Being Done with Existing Evidence?

"For every complex human problem there is a neat simple solution, it's just that it's wrong."

H.L. Mencken

In his remarks on the first day of the Summer Institute, Sean Rourke, Scientific and Executive Director for the Ontario HIV Treatment Network, introduced what would become a common theme in presentations throughout the duration of the conference. Rourke raised the fact that there are already huge volumes of research literature in existence, and asked "how much are we looking at what we can apply from that?" He went on to say that there seems to be "a lot more studying of the problem than actually looking at solutions."

The need to make evidence easily accessible to decision and policy-makers was also a frequent topic of discussion throughout the conference. Duff Montgomery, Deputy Minister of Nova Scotia's Department of Health Promotion and Protection, said, "We need your work to validate what we do and to help us set the agenda for what we can do. It is critical for us to find the best way to work together to achieve that." He added that, "Women and men in Cabinet work hard to do the right thing. They depend on evidence for that, and they make decisions based on what they hear from people and professionals."

Montgomery added that he has seen a maturity around decision-making in government that wasn't there 20 years ago. He said people in government are now saying, 'show me the evidence, but show me what the downsides are. What do other people think about what you're saying? Why do you think the way you do?' He said that having more and better data helps government make better decisions.

David Mowat

Speaker David Mowat, Medical Officer of Health, Region of Peel, Ontario, spoke about the need for complex interventions based on evidence, considering, for example, questions like 'what are we going to do about childhood obesity?' He said that groups of interventions that relate to each other are

required to solve such big problems. He went on to speak about the need for various programs and resources to network in order to achieve true KSTE.

Mowat said, "Simply put, the proper use of evidence can make our policies and programs more effective," in ways such as improving health status of population and reducing disparities. But, he said, "Unfortunately there's still a long way to go. We are still doing an awful lot of things that we have really little idea if they make any difference."

Mark Bisby

According to speaker Mark Bisby, information only becomes evidence when someone uses it, saying that funding agencies have a role to play in ensuring the research they support will be used. "Agencies are machines – they take taxpayers' money and convert it into information," he said. "The justification is that it will produce evidence that will drive evidence-based policy and practice." He added that if decision makers feel a sense of ownership for results they are more likely to accept and implement research. Appropriately, Bisby drew upon the fact that Baddeck, the site of the conference, was the summer home of famed inventor Alexander Graham Bell, who engaged in significant independent research. He also jokingly referred to a humorous listing of differences between researchers and policy-makers (Source: Choi et al 2005 "Can scientists and policy-makers work together?" J. Epidemiol. Community Health 59;632-637).

Philip Davies of the American Institutes for Research, who presented his thoughts on knowledge management in the conference's closing keynote presentation offered an interesting perspective on the critical need to manage data.

"I think knowledge management is probably our most important health technology," he said. "We need to have knowledge management to separate out what we know and what we don't know. It staggers me and it pleases me when I go around the world that very often the same questions are being asked. The questions are very similar – reducing teenage pregnancy, gun crime and knife crime, obesity, smoking." Davies later added, "It is important that we utilize knowledge as efficiently as possible, at the same time contextualizing it for the situation we are in."

Philip Davies

Engaging Communities

The need for the larger community to play a role in determining policy and making decisions related to public health was often raised during the Summer Institute.

An NCCID breakout group which gathered on the first afternoon of the conference discussed that people in communities impacted by policy decisions must be at the heart of design, implementation and ongoing monitoring. Strategies cannot be 'one size fits all' – they need to be customized for the population served, said the individual who reported on the group's behalf.

Carolyn Bennett

Later, remarks by Member of Parliament Carolyn Bennett offered further food for thought on the need to engage the public. She said, "My concern is that health care is this very powerful strong magnetic north pole that just pulls everything and what we need now is a strong opposing force for health," adding that, "The only way we're going to get there is by having civic society insist on healthy public policy that is evidence-based. Citizens have to get it – more health, less health care. As long as citizens think of the sickness care system whenever they hear the word health we are not going to be able to re-orient health systems."

She spoke about the importance of communicating effectively, saying, "We need simpler messages, plain language, myth-busting data…" She said that the way forward needs to include "evidence-informed practice, practice-informed evidence" and a focus on "re-orienting things with empowered citizens, enlightened leadership." Charlotte Loppie also commented on the important role for the general public in determining policy, saying, "It's no longer enough for researchers to be interacting with policy-makers in KT – we need to engage community as well."

Madonna MacDonald of the Guysborough Strait Antigonish Health Authority in Nova Scotia talked about her region's experience in engaging local residents, a role held to some degree by the provincially-mandated Community Health Boards in her area and other parts of Nova Scotia. MacDonald said, "Change needs to be consistent with the values that are part of our organization or community. We have to listen to resistance because resistance often comes from personal experience. We need to ensure that we value transparency and building relationships that are mutually respectful."

What are Policy-makers Looking for?

"Evidence is not enough. There has to be the desire, the political will for change. Given that will – a big given, but I am an optimist – the evidence of what works will be a great help."

Sir Michael Marmot

During the Summer Institute, there was significant discussion around the individual needs of policymakers and decision-makers as well as researchers and practitioners, and how they can best work together to achieve results.

Ted Bruce

As an individual in a decision-making role, speaker Ted Bruce, Executive Director of Population Health with the Vancouver Coastal Region Health Authority, offered his take on the 'characteristics of decision-making', saying that, "Sometimes decision-making involves thinking as much as choosing. Quite often there is no decision and the whole process has been to learn and elaborate the situation that the decision-maker is in." He also said that consideration needs to be given to: "…the complexity of the goals that the decision-makers have to deal with – we know that research tells us that often decision-makers will take the evidence until they get enough of it to achieve the goals they're working toward…but often the goals are very, very complex… I sometimes say that it would be better if the researchers tended to tell us what didn't work instead of what did work."

Bruce said that there are several key things that decisionmakers need to support evidence-based decisions, including:

* An understanding of the cost benefit and return on investment of the decision;
* Risk analysis – decision makers are highly risk averse and there are lots of long term implications to the decisions they make. There are risk tradeoffs.

* Better framing of the evidence, summarizing it, getting it into people's hands electronically;

* Better research for the type of decision-making we need to do.

He also added, "There need to be new models of relationship. Relationships require institutional models of how we relate – how the researchers relate to the decision-makers."

Speaker David Mowat said that just as much as there is a requirement to frame up research results in a way that is useful for decision-makers, there is also a strong need for easy access to evidence. "We've got to realize that we need to access evidence when we're making a decision. You all know that in government these decisions have enormous time pressure on them. I think the only way to make that happen is to build the electronic library on the desktop and to make that accessible," he said. "The more, better evidence we have the better the decisions we're going to make and the better we're going to do our jobs."

Ian Potter

Ian Potter, Assistant Deputy Minister for Health Canada's First Nations and Inuit Health Branch, spoke about what the policy-maker is looking for from his perspective as a longtime government representative. Potter said "the question for a policy-maker is not just 'do we do something?'... but 'what would you do about it?'"

Potter offered his suggestion for five things to think about when it comes to kinds of decisions likely to be made by government, saying that looking at these five things can help determine if the decision will be "yes, no, maybe or something else":

* Legitimacy and values – Do the people who are dealing with this consider it legitimate? Is it consistent with their values? Is this a legitimate role for the federal government?

* Feasibility – Does this intervention work? Could you actually deliver it?

- Support – Who supports this idea? Is it supported generally or by a few powerful people?
- Affordability – Both a technical and an appearance question. Often it's a view of whether it's affordable.
- The communicability of it – What's your communication line on this? How do I explain that? How do I 'spin' it?

Where do the NCCs Fit?

The role of the NCCs in shaping public health research, policy and practice was raised often during the conference, with presenters and participants alike offering their thoughts.

Speaker David Mowat considered where the NCCs fit from a 'big picture' point of view, saying, "The question we have to consider is 'what is it we want and by implication what can the NCC program do for us, the people on the front lines of public health?'"

The NCCs as evaluators of evidence

Mowat raised what he feels to be the need for the NCCs to play a role in evaluating and making available valid, useful evidence, and spoke about some of the challenges policymakers face with evidence. "It's not that if we don't have good evidence summarized that we have no evidence… very often we have wrong evidence. And of course we need evidence that's synthesized, that's comprehensive, that's quality assured," he said. "…I realize it's very complicated - but that's one of the challenges that was given to the NCC program when it was set up."

The NCCs as 'horizon scanners'

Presenter André Corriveau, Chief Medical Health Officer, Northwest Territories, also talked about major issues that arise in public health, such as the problem of lead in toys made in China. He said he thinks there's a "horizon scanning role for agencies to foresee things and help us have a response ready. Bad policies occur from when we have to do something and we're dragged into the need to do the first thing that comes to mind." For some participants, that horizon-scanning role seemed readymade for the NCCs.

Andre Corriveau

Corriveau also used coverage in a current edition of *Maclean's* magazine to cite the current controversy around the HPV vaccine as an example of variations in opinion amongst even public health professionals, saying "we are all working from the same basket of evidence, but drawing different conclusions. Now we are vulnerable… it stains any claims we might want to make about vaccines in the future."

Several individuals mentioned the fact that the NCCs have a three-year funding mandate in which to achieve results. The group seemed to agree that the NCCs need to quickly find ways to become indispensable from a public health perspective.

Beginning to produce

Lesley Poirier

Lesley Poirier spoke about two streams of activities being pursued by the NCCDH – with stream one focusing on health literacy. She mentioned a number of health literacy activities "coming to fruition", including scans, workshops and processes, and said, "We are developing expert and user working groups and review processes to provide guidance and feedback on products and deliverables in KSTE and the determinants of health." She said that stream two of the Centre's activities is focused on priority and agenda setting, and that so far the group has been conducting scans and workshops, mentioning a recent invitational workshop for policy managers, directors and several researchers with a topic of 'What counts as evidence?' "We also hosted another workshop with public and population health directors from across Canada to identify gaps in KSTE and the determinants of health," said Poirier.

In offering his update on the progress to date of the NCCEH, Ray Copes said, "All NCCs need to move now to the production phase. "This time next year I hope to have a much greater emphasis on what the NCCs have done and produced." Copes also said there are starting to be more cross-NCC deliverables, offering the example of next year's Summer Institute being co-hosted by two NCCs, and expressing the hope there are more of such initiatives to come.

Margo Greenwood said that the NCCAH's major accomplishments to date include developing relationships, creating knowledge and producing deliverables, mentioning that "these accomplishments have been done in a context where there is very little research that is aboriginal-specific." Greenwood added, "There is lots of other research that is very beneficial to us and we know that. We've spent a lot of energy identifying gaps… we only have to look at stats in this country to see where some of those are."

Ted Bruce commented on the role for the NCCs in sorting through research results, saying, "Evidence is national/international – synthesis should be the same way. The NCCs can bring researchers together and design large research programs that are longitudinal in nature… Civil society has to have the evidence in their hands, and the NCCs have a role to play in that."

Donna Ciliska of the NCCMT mentioned that her group will be working on a knowledge management paper, and that they are also involved in devising a search strategy for how to define KT articles that will ultimately become a tool. "It will be an exciting way for us to get very quickly the very best information about KT," she said.

James Blanchard spoke about the NCCID's progress to date, commenting on the group's planned future directions, including developing an agenda to promote the concept of program science in infectious disease and creating topical knowledge synthesis forums. He said the NCCID's objectives include synthesizing knowledge and producing recommendations for public health policy and practice. "We will continue to engage participants and recruit new ones," he said, "and to maintain a focused agenda."

Denise Kouri of the NCCHPP spoke about several projects the group has underway, including a health impact assessment tool, the creation of multi-sectoral/multilevel strategies for healthy public policy, papers on topics such as government policy approaches and Article 54, and the creation of interactive electronic tools.

The status updates on the individual NCCs resulted in a number of comments and questions from attendees. Session chair Noni MacDonald, member of the National Advisory Council for PHAC for the NCC Program, Professor, Paediatrics and Microbiology, Pediatric Infectious Diseases, Canadian Centre for Vaccinology, Halifax, and Head, Health Policy and Public Health Group Dalhousie University, asked, "How can the NCCs collaborate to help universities understand the diversity

of training opportunities that we need?" There was discussion around the need for a strong focus on the criteria around new schools of public health that are being established at universities across the country, and to try to encourage collaboration across schools offering programming relevant to public health and the NCCs.

James Blanchard also commented as part of the discussion period following the NCC presentations, "One of the challenges we have is if you're trying to tackle a health issue at a community level, whether it's an urban area or health region, everyone starts thinking about things in terms of their particular responsibilities. How do those people start working together? It means doing business differently in public health. There is some danger in having KT processes that focus on particular types of interventions. We need to start looking at a more holistic approach of how you merge knowledge together." There seemed to be some agreement that the NCCs might have a role to play in making this happen.

Conclusion

"We will be known forever by the tracks we leave."

Dakota Elder

Over the three days of the Summer Institute, representatives of the six NCCs across the country joined with researchers, practitioners, policy-makers and decisionmakers to discuss how best to improve knowledge synthesis, translation and exchange in public health in Canada. The event offered an opportunity for members of each of these groups to improve their understanding of the others, with perspectives presented from all sides and ample opportunity for discussion, debate and consideration.

Ron Bourgeois

The goals of the National Collaborating Centres for Public Health of translating existing knowledge into useful evidence, remaining cognisant of knowledge and research gaps when developing programs, policies and practice, creating cross-disciplinary networks of expertise across regions, the country and the world to manage public health priorities and using evidence to support the creation of public health mechanisms and interventions were all well-reflected in the presentations and discussion of the Summer Institute.

Conference chair Lesley Poirier of the NCCDH offered closing remarks to attendees saying she felt that the group had 'come full circle' during the course of the event. Though her comment was made partly in jest as she referenced some of the Summer Institute's lighter moments, the sentiment certainly rang true. KSTE was given in-depth consideration and the starting point set to improve communication and information exchange between key public health players as well as the NCCs.

Participants gave careful consideration to the potential of the National Collaborating Centres and the important role they have to play in public health in Canada, with the Summer Institute serving to build and expand understanding and buy-in for the objectives the program is working to achieve.

Continuing to keep the NCCs 'top of mind' and visible as public health resources and advisors in Canada will be key as the program continues into its three-year mandate, as will building upon the lessons learned, ideas shared and discussions initiated at the Baddeck Summer Institute in future NCC initiatives. Certainly food for thought to take forward as plans are made for the NCCs 2008 Summer Institute in Kelowna.

National Collaborating Centre for Determinants of Health
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Appendix A: About the National Collaborating Centres for Public Health

As part of the federal government's commitment to renew and strengthen public health across Canada, six National Collaborating Centres for Public Health (NCCs) have been established. Their purpose is to make research on public health more relevant and understandable for individuals and organizations that could use this information in their day-today practices and in policy-making.

The central function of the NCCs is to conduct environmental scans and synthesize scientific evidence into structured reviews and other summaries of current knowledge and best or promising practices. The NCCs' activities support increased effectiveness of public health programs and policies; contribute to the training and mentoring of the public health workforce; facilitate the exchange of knowledge between experts and practitioners in public health; and ensure that this knowledge is more widely available for use by public health policymakers, program managers and practitioners.

The NCCs produce information to help public health professionals improve their response to public health threats, chronic disease and injury, infectious diseases and health disparities. The Centres also identify gaps in public health knowledge that need to be addressed by academia, governments, public health practitioners, nongovernment organizations and research-funding agencies.

Each NCC is drawing upon regional, national and international expertise. Each also collaborates with, and complements the contributions of, other organizations in the Pan-Canadian Public Health Network. This formal network links all 13 provincial/ territorial governments with PHAC and reports to the Conference of Federal/ Provincial/ Territorial Deputy Ministers of Health. By focusing on the needs of public health practice, the NCCs facilitate knowledge sharing and help translate knowledge into practice at all levels of Canada's public health system.

As with the second annual Summer Institute, the NCCs also bring together networks of relevant stakeholders to facilitate and support the use of evidence informed decision-making by public health professionals, policymakers and the

various governance structures for public health in Canada. Over time, this work will contribute to an improved capacity of our national public health infrastructure to address its priorities and achieve its goals.

Overview of National Collaborating Centres' role and relationship with the Public Health Agency of Canada (PHAC)

NATIONAL COLLABORATING CENTRE FOR DETERMINANTS OF HEALTH (NCCDH)

St. Francis Xavier University, Antigonish
Lars Hallström (lhallstr@stfx.ca)

Mandate: The NCCDH focuses on the social and economic factors that influence the health of Canadians. Our mission is to engage researchers, policy-makers, health practitioners, and the public so as to better include knowledge about the broad determinants of health in policy and practice decisions that will achieve social justice and health for all.

GOALS OF THE NATIONAL COLLABORATING CENTRES FOR PUBLIC HEALTH

* Existing knowledge will be translated into useful evidence for public health.
* Gaps in knowledge and relevant applied research will inform the development of programs, policies and practice.
* Networks of regional, national and international expertise and practice across the domains of public health will address and facilitate the management of public health priorities.
* Evidence will be used to support the development of mechanisms and interventions which improve the quality of public health programs, policies and practices.

NATIONAL COLLABORATING CENTRE FOR ABORIGINAL HEALTH (NCCAH)

University of Northern British Columbia, Prince George
Margo Greenwood (greenwom@unbc.ca)

Mandate: The NCCAH supports Aboriginal communities across Canada in realizing their health goals. The centre builds bridges between Aboriginal peoples' approaches to public health and health research centres, service delivery agencies, and policy-makers at the federal, provincial and regional levels.

NATIONAL COLLABORATING CENTRE FOR ENVIRONMENTAL HEALTH (NCCEH)

British Columbia Centre for Disease Control, Vancouver
Ray Copes (ray.copes@bccdc.ca)

Mandate: The NCCEH focuses on how environmental factors such as drinking water, food, air, and shelter can affect human health, and identifies evidence-based interventions to reduce risks from environmental hazards.

NATIONAL COLLABORATING CENTRE FOR HEALTHY PUBLIC POLICY (NCCHPP)

Institut national de santé publique du Québec, Québec
François Benoit (Francois.Benoit@inspq.qc.ca)

Mandate: The NCCHPP supports the efforts of the Canadian public health community in promoting healthy public policy through more informed strategies. Our focus is public policy with a potential impact on social, economic, and environmental determinants of health. We provide public health actors and partners with relevant research-based information and tools in English and French about the potential health impact of policies and about public policy processes themselves, to increase their ability to contribute to these processes and improve the public's health across Canada.

NATIONAL COLLABORATING CENTRE FOR INFECTIOUS DISEASES (NCCID)

International Centre for Infectious Diseases, Winnipeg
James Blanchard (james_blanchard@umanitoba.ca)

Mandate: The NCCID serves to bridge the ongoing research and evidence in emerging and re-emerging infectious diseases with the program and policy questions of front-line public health practitioners and policy-makers.

NATIONAL COLLABORATING CENTRE FOR METHODS AND TOOLS (NCCMT)

McMaster University, Hamilton
Donna Ciliska (ciliska@mcmaster.ca)
Helen Thomas (thomash@mcmaster.ca)

Mandate: The NCCMT focuses on improving access to and use of evidence-based methods and tools for stakeholders involved in policy-making, program decision-making, practice and research in Canada.

National Collaborating Centre for Determinants of Health
Centre de collaboration nationale des déterminants de la santé

Appendix B: List of Participants

Fowsia Abdulkadir PHAC fowsia_abdulkadir@phac-aspc.gc.ca

Lina Al-Karkhi PHAC lina_al-Karkhi@phac-aspc.gc.ca

Elsa Arbuthnot St. Francis Xavier University earbuthn@stfx.ca

Donna Atkinson NCCAH datkinson@unbc.ca

Kim Barker NCCAH kbarker@afn.ca

The Honourable Carolyn Bennett, M.P. Government of Canada bennec7@parl.gc.ca

François Benoit NCCHPP Francois.Benoit@inspq.qc.ca

Mark Bisby mbisby@sympatico.ca

Stephanie Bishop PHAC stephanie_bishop@phac-aspc.gc.ca

Cindy Blackstock NCCAH cblackst@fncfcs.com

James Blanchard University of Manitoba james_blanchard@umanitoba.ca

Kimberly Brake NCCDH kbrake@stfx.ca

Ted Bruce Vancouver Coastal Health ted.bruce@vch.ca

Sarah Carriere Inuit Tapiriit Kanatami (ITK) carriere@itk.ca

Maria Carvalho PHAC maria_carvalho@hc-sc.gc.ca

Ann Casebeer Health Sciences Centre, University of Calgary alcasebe@ucalgary.ca

Christina Chociolko NCCEH christina.chociolko@bccdc.ca

Donna Ciliska NCCMT ciliska@mcmaster.ca

Kathie Clark NCCMT kclark@mcmaster.ca

Connie Clement ON Prevention Clearning House c.clement@opc.on.ca

Ray Copes NCCEH ray.copes@bccdc.ca

André Corriveau Government of the Northwest Territories, Health & Social Services andre_corriveau@gov.nt.ca

Philip Davies AIR UK PDavies@air.org

Kara DeCorby NCCMT decorbk@mcmaster.ca

Sylvie Desjardins WHO Collaborating Centre sylvie_desjardins@phac-aspc.gc.ca

Lydia Drasic NCCMT ldrasic@phsa.ca & cherrero@phsa.ca

Elsabe du Plessis NCCID jvesely@icid.com

Tanya Merke Epp NCCID tmerkeepp@icid.com

Sylvia Fanjoy CPHA sfanjoy@cpha.ca

Nelson Fok NCCEH nelson.fok@capitalhealth.ca

Mary Beth Fry PHAC mary_elizabeth_fry@phac-aspc.gc.ca

François-Pierre Gauvin NCCHPP francois-pierre.gauvin@inspq.qc.ca

Doris Gillis St. Francis Xavier University dgillis@stfx.ca

Jo Anne Gin joanne.gin@bccdc.ca

Stefane Gravelle NCCMT & MB Health/CIPHI stefane.gravelle@gov.mb.ca

Margo Greenwood NCCAH greenwom@unbc.ca

Larry Hershfield The Health Communication Unit (THCU) hershfield.larry@utoronto.ca

Joel Kettner NCCID joel.kettner@gov.mb.ca

Denise Kouri NCCHPP denise.kouri@inspq.qc.ca

Faith Layden NCCDH flayden@stfx.ca

Felix Li PHAC felix_li@phac-aspc.gc.ca

Charlotte Loppie Aboriginal Health Research Program, Dalhousie University charlotte.loppie@dal.ca

Jean-François Luc PHAC jean-francois_luc@phac-aspc.gc.ca

Rhoda MacCormick Cape Breton Health Research Centre Rhoda_maccormick@cbu.ca

Madonna MacDonald Guysborough Antigonish Strait Health Authority mmacdonald@gasha.nshealth.ca

Noni MacDonald Dalhousie University noni.macdonald@dal.ca

Heather Mack Health Canada heather_mack@hc-sc.gc.ca

Jack MacKinnon NCCEH jack_mackinnon@gov.nt.ca

Jenny Marrone NCCMT marrone@mcmaster.ca

Albert Marshall Unamiki Institute of Natural Resources albertmarshall@ns.sympatico.ca

Elizabeth McGibbon St. Francis Xavier University emcgibbo@stfx.ca

Wayne McGill PHAC wayne_mcgill@phac-aspc.gc.ca

Barbara Medlar PHAC barbara_medlar@phac-aspc.gc.ca

Amanda Moir PHAC amanda_moir@phac-aspc.gc.ca

Jane Moseley St Francis Xavier University jmoseley@stfx.ca

David Mowat Peel Regional Authority and NCCMT david.mowat@peelregion.ca

Donna Murnaghan University of Prince Edward Island dmurnaghan@upei.ca

Bosire Mwebi St. Francis Xavier University bmwebi@stfx.ca

Lindsay Noad PHAC lindsay_noad@phac-aspc.gc.ca

Earl Nowgesic Canadian Institutes of Health Research, Institute of Aboriginal People's Health nowgesic@uvic.ca

Michael Pacey NCCAH mike.pacey@gmail.com

Andrew Papadopoulos NCCEH papadopo@ryerson.ca

Laurie Parton Yellowknife Public Health Unit and NCCMT laurie_parton@gov.nt.ca

Lesley Poirier NCCDH lpoirier@stfx.ca

Ian Potter First Nations and Inuit Health Natasha.Mozes@hc-sc.gc.ca

Heather Ramsay PHAC Heather_G_Ramsay@phac-aspc.gc.ca

Susan Read PHAC Susan_Read@phac-aspc.gc.ca

Kimberley Resch PHAC Kimberley_Resch@phac-aspc.ga.ca

Timothy Rogers CATIE trogers@catie.ca

Lorie Root PHAC lorie_root@phac-aspc.gc.ca

Sean Rourke Ontario HIV Treatment Network sean.rourke@utoronto.ca

Sheila Sears Guysborough Antigonish Strait Health Authority sheila.sears@gasha.nshealth.ca

Loretta Secco Cape Breton University loretta_secco@cbu.ca

Louise St.-Pierre NCCHPP louise.st-pierre@inspq.qc.ca

Jo-Anne Stead PHAC Jo-Anne_Stead@phac-aspc.gc.ca

David Strong Calgary Health Region david.strong@calgaryhealthregion.ca

Ginette Thomas NCCAH thomasg@unbc.ca

Nancy Thornton PHAC nancy_thornton@phac-aspc.gc.ca

Vincent Turgeon PHAC vincent_turgeon@phac-aspc.gc.ca

Gail Turner NCCAH gail_turner@nunatsiavut.com

Karen Vokey NCCDH nccdh@stfx.ca

Daniel Weinstock Université de Montréal danielweins@gmail.com

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Appendix C:
Summer Institute agenda

MONDAY, AUGUST 20

5:00pm–9:00pm **Registration and Check-In**
Posters and displays available for viewing

7:00pm–9:00pm **OPENING RECEPTION**
Brief welcome, opening comments by **Lesley Poirier**, NCCDH, and **Duff Montgomery**, Nova Scotia Health Promotion and Protection; Featured PerFormer: **Bette MacDonald**; Facilitator: **Ron Bourgeois**

TUESDAY, AUGUST 21

8:45am–9:30am Welcome and opening remarks by **Lesley Poirier**, NCCDH
CEREMONIAL INSTITUTE OPENING
Albert Marshall, Unamiki Institute of Natural Resources
Facilitator: **Ron Bourgeois**

9:30am–10:30am **KEYNOTE** – ***Opportunities and Challenges for Knowledge Synthesis, Translation and Exchange and Public Health in Canada***
Speaker: **Earl Nowgesic**, CIHR Institute of Aboriginal Peoples' Health; Chair: **Denise Kouri**, NCCHPP

10:30am–11:00am **Nutrition Break**

11:00am–12:30pm **PANEL** – ***Knowledge Translation***
Speakers: **Charlotte Loppie**, Dalhousie University; **Sean Rourke**, Ontario HIV Treatment Network; **Duff Montgomery**, Nova Scotia Health Promotion and Protection; Chair: **Ray Copes**, NCCEH

12:30pm–1:30pm **Lunch**

1:30pm–3:30pm **PANEL** – ***How to Effect Change in Programs and Policy: Perspectives from Practice, Policy and Organizational Change***
Speakers: **Ann Casebeer**, University of Calgary; **Madonna MacDonald**, Guysborough Antigonish Strait Health Authority; Chair: **James Blanchard**, NCCID

3:30pm–3:40pm **Nutrition Break and concurrent BREAKOUTS**
NCCs KSTE Case Studies: ***Challenges and Opportunities for Public Health***

3:40pm–5:10pm **NCCDH PANEL** – ***Collaborating on the Determinants of Health***
Speakers: **Lesley Poirier**; **Faith Layden**; **Sylvia Fanjoy**, Canadian Public Health Association

3:40pm–5:10pm **NCCEH** – ***KSTE Products – Engaging our ClientGroup***
Speaker: **Christina Chociolko**, NCCEH

3:40pm–5:10pm **NCCHPP** – ***Health Impact Assessment***
Speaker: **Louise St-Pierre**, NCCHPP

3:40pm–5:10pm **NCCAH** – ***Fetal Alcohol Spectrum Disorder***
Speaker: **Mike Pacey**, NCCAH

3:40pm–5:10pm **NCCMT** – ***How to decide if this good evidence can be applied in this context: using criteria to assess applicability and transferability***
Speaker: **Donna Ciliska**, NCCMT

3:40pm–5:10pm **NCCID** – ***Lessons from Knowledge Translation, The HIV Experience***
Speakers: **James Blanchard**, NCCID; **Tim Rogers**, Canadian AIDS Treatment Information Exchange; **Sean Rourke**, Ontario HIV Treatment Network

5:10pm–5:40pm **REPORT BACK** – ***Opportunities and Challenges***
Facilitator: **Ron Bourgeois**

5:40pm–6:30pm **Leisure time (optional activities)**

6:30pm–9:00pm **Dinner**

WEDNESDAY, AUGUST 22

8:45am–9:00am **MORNING MESSAGE**
Speaker: **Tanya Merke Epp**, NCCID; Facilitator: **Ron Bourgeois**

9:00am–10:00am **KEYNOTE – *What is Evidence?***
Speaker: **Daniel Weinstock**, Université de Montréal; Chair: **Christina Chociolko**, NCCEH

10:00am–10:30am **Nutrition Break**

10:30am–12:15pm **PANEL – *What are the Policy Maker and Practitioner Looking For?***
Panelists: **David Mowat**, Medical Officer of Health, Region of Peel, Ontario; **Ted Bruce**, Executive Director of Population Health, Vancouver Coastal Region Health Authority; Chair: **Ian Potter**, Health Canada

12:15pm–1:00pm **Lunch**

1:10pm–3:00pm **INTERACTIVE SESSION – *Dissemination: Your Thinking, Their Thinking, What is the Best Thinking?***
Chairs: **François Benoit**, NCCHPP; **Ginette Thomas**, NCCAH

3:00pm–3:10pm **Nutrition Break**

3:10pm–6:10pm **CONCURRENT OPTIONALS**
Workshop: Critiquing Systematic Reviews (NCCMT)
Small Working Group Discussions

6:10pm–7:00pm **Leisure time (optional activities)**

7:00pm–10:00pm **CAPE BRETON CEILIDH**

FRANÇOIS BENOIT

THURSDAY, AUGUST 23

8:45am–9:00am **MORNING MESSAGE**
Speaker: **Lorie Root**, PHAC; Facilitator: **Ron Bourgeois**

9:00am–9:30am **REPORT BACK – *Opportunities and Challenges in Evidence***
Evaluation Door Prize

9:30am–10:30am **PANEL – *What Counts as Evidence in the Public Health Arena?***
Speakers: **Mark Bisby**; **André Corriveau**, Government of the Northwest Territories – Health and Social Services

Q&A SESSION Chair: **Sandra Griffin**, NCCAH

10:30am–10:50am **Nutrition Break**

10:50am–11:40am **HOT TOPIC TABLE DISCUSSIONS**

11:45am–1:15pm **LUNCH and KEYNOTE ADDRESS**
Speaker: **The Honourable Dr. Carolyn Bennett, MP**
Chair: **Kathie Clark**, NCCMT

1:15pm–3:15pm **NCCs' FEATURE PRESENTATIONS**
Chairs: **André Corriveau** and **Noni MacDonald**, PHAC NCC Advisory Council
- NCCDH – Lesley Poirier and Faith Layden
- NCCEH – Ray Copes
- NCCAH – Margo Greenwood
- NCCMT – Donna Ciliska
- NCCID – James Blanchard and Tanya Merke Epp
- NCCHPP – Denise Kouri

Q&A SESSION

3:15pm–3:30pm **Nutrition Break**

3:30pm–4:30pm **CLOSING KEYNOTE – *Knowledge Management: The Most Important Health Technology?***
Speaker: **Philip Davies**, American Institutes for Research; Chair: **Donna Ciliska**, NCCMT

4:30pm–4:45pm **CLOSING**
Evaluation Door Prize
Facilitator: **Ron Bourgeois**

6:00pm–8:00pm **Barbecue**

Appendix D: Summary of Presentations

KEYNOTE: Opportunities and Challenges for Knowledge Synthesis, Translation and Exchange and Public Health in Canada

Speaker: Earl Nowgesic, CIHR Institute of Aboriginal Peoples' Health
Chair: Denis Kouri, NCCHPP

Nowgesic's keynote address was an appropriate opening presentation at a conference which asked and sought to answer many questions in the area of KSTE. With the creation of the Public Health Agency of Canada and the National Collaborating Centres, he said, we have the opportunity to "strengthen the public health system".

He said that KSTE is an evolving area that is receiving a growing level of attention. Improving KSTE, said Nowgesic, could help to "address the knowledge-toaction gap, improve health outcomes, and improve efficiencies of health care".

In considering the area of KSTE, Nowgesic offered several different definitions of knowledge exchange and knowledge transfer for the audience's consideration. "Each snowflake is unique, as are populations, people and issues," he said, in referring to the background motif of his slides – a particularly relevant comment given his perspective on the differences to be considered with regard to knowledge transfer and knowledge exchange in the area of aboriginal health.

Nowgesic said that in his role with CIHR's Institute of Aboriginal Peoples' Health, he pursues a KT strategy of promoting legitimization of traditional aboriginal knowledge, enhancing opportunities to facilitate knowledge sharing, evaluating methods of KT used in aboriginal communities and sharing best practices. He said an important focus of his work is helping the non-aboriginal health care system to better understand the aboriginal community.

PANEL: Knowledge Translation

Speakers: Charlotte Loppie, Dalhousie University; Sean Rourke, Ontario HIV Treatment Network; Duff Montgomery, Nova Scotia Health Promotion and Protection
Chair: Ray Copes, NCCEH

Charlotte Loppie of Dalhousie University was the first member of the panel to speak, with her presentation focusing on the main principles of engaging in KT with and for indigenous people.

Loppie mentioned that, "Researchers learn from each other, and that's KT as well. The approach has to be flexible, every community is different and every community is an integrated system." She also shared the benefits and challenges of four different knowledge translation models:

Model A - Mono-culture

Based on one system of knowing – assumes particular values, ethics, assumes a Western paradigm. Creates all kinds of problems. Even when ethics are questioned, they're questioned based on a particular philosophy.

Model B - Colonial model

Includes indigenous communities as well, but now displacing indigenous ways of knowing with a colonial or western model so that indigenous ways are not funded, are not researched. Detrimental to opportunities for selfdetermination.

Model C - Appropriation model

Synthesized and applied by mainstream researchers. Indigenous knowledge is being taken out of communities and appropriated.

Model D - Indigenous framework

Uses an indigenous knowledge basis and applied to indigenous communities. Reclaiming indigenous health knowledge, facilitates self-determination.

Next, Sean Rourke, Scientific and Executive Director for the Ontario HIV Treatment Network shared some lessons from his work with the HIV network.

Rourke said, "Interpersonal links, spread through the life of a given study, are the key to research use. They allow non-researchers to find their niche…" He also referred to

communities of research and practice, saying "how people interact and who interacts are at least as important as what they interact about."

Rourke spoke about KT and exchange through social networks, asking "How do people connect and who's connecting?" He mentioned that "AIDS Service Organizations (ASOs) already have a knowledge culture. They are interested in using knowledge…" Rourke also cautioned against promoting KT without developing a strategy to assess its impact.

As the panel's final speaker, Duff Montgomery shared his experiences in government. He spoke about the Province of Nova Scotia's creation of the first-ever Office of Health Promotion in 2000, saying that, "Governments have a responsibility to work with their citizens to help make them healthier and keep them safer."

He said that each day he asks himself, "What did I do today that helped make Nova Scotians healthier and helped keep them safer? What did I do today that helped show results?"

Montgomery said that he wanted to leave the group with a "hard reality". He said he knows as a Deputy Minister in the Nova Scotia Department of Health "the challenges we face in the delivery of health care." He spoke about the fact that the NCCs have three years of funding to achieve their mandates, saying, "We need you to succeed, we need you to make it tough for the government to say we aren't going to fund you."

During the discussion following the formal presentations, Rourke reiterated his point about the volume of research data that already exists, saying, "It would be nice if we could just stop the clock for a moment and look at all the evidence that's already there… and then start the ball rolling again."

PANEL: How to Effect Change in Programs and Policy: Perspectives from Practice, Policy and Organizational Change

Speakers: Ann Casebeer, University of Calgary; Madonna MacDonald, Guysborough Antigonish Strait Health Authority
Chair: James Blanchard, NCCID

Speaker Ann Casebeer told the audience her presentation would focus on three key messages:

* Policy making is messy;
* Policy implementation is even messier, and
* Policy can be an important instrument of change.

She said if attendees truly want to enhance healthy public policy, then she'd add one additional key message - learning is key.

Casebeer quoted former CHSRF CEO Jonathan Lomas as saying, "There are two things you should never watch being made - sausage and policy." She went on to say, "The one lesson about policy making and implementation is that if we decide not to make a policy, that is a policy. Deciding not to act is an action."

She encouraged the audience to plan and think about policy making differently and more creatively, and spoke about how policy can and has been an important instrument for change by helping to frame broad global health values and legislating significant health reforms.

Casebeer went on to say, "In health care systems if we take too many risks the argument is we'll kill people. I would argue if we don't take more risks we're going to continue to kill people or at least let people die. Maybe taking some action in good directions is what we need to do. We have to remember that change takes a long time. In public health we have very broad perspectives and timeframes and it takes a long time for us to show that something's going to make a difference."

She said attendees need to think about how they learn, and co-learn and collaborate in their everyday life and practice, adding that in complex health environments where capacity for learning is well-supported then capacity for change is greater. Casebeer closed her presentation by saying, "Policy really is worth working at, and learning networks can be an important part of that," adding that she would argue that the NCCs are a 'network of networks' of learning.

Presenter Madonna MacDonald next spoke about the structure of Nova Scotia's health care system, referencing the province's nine District Health Authorities and the role of Community Health Boards. She offered three local case studies about affecting program, policy and organizational change and spoke about the value of true community engagement.

Following the presentations, audience questions focused on the role of research in guiding policy. One individual raised the issue of whether researchers should simply complete their research and leave it, or if they should offer suggestions as to how best to move forward. Another said, "Part of me feels 'why would you be conducting research if there wasn't a need, if you weren't going to take the results to the community?'" The need to translate data from researcher language to policymaker language was also raised, as was the need for an intermediary role of negotiation and mediation between the researcher and the user.

In referring to the importance of collaborative policymaking raised by a participant, MacDonald said, "We have to respect and value the wisdom that different sectors bring to the table. You have to be able to take risks to let go and be flexible in that safe space." Another individual, speaking from her perspective as a resident of a Northern community and referring to Casebeer's introductory analogy, said "I wonder sometimes if the sausages don't come out right because the person making them has never eaten sausage. When you live in remote areas very far removed from [the types of things] we're talking about, it's very different when it has never had the lens of the community or the culture applied to it."

BREAKOUT – NCCDH PANEL: Collaborating on the Determinants of Health

Speakers: Lesley Poirier, Faith Layden, NCCDH; Sylvia Fanjoy, Canadian Public Health Association

Lesley Poirier of the NCCDH reported back on this breakout group discussion. She said they discussed several points:

* Relationships are very important in terms of collaborating;
* A horizontal approach is essential
* Collaboration should be viewed as an art, and a science
* It's important for the National Collaborating Centres generally, and the NCCDH specifically, to package what we're doing for decision makers; and,
* Part of what we're doing is defining/redefining public health

BREAKOUT - NCCEH: KSTE Products – Engaging Our Client Group

Speaker: Christina Chociolko, NCCEH

This group determined that there is a "lack of clarity about what we mean by practitioners and community", even though these are often referenced as key stakeholders.

Participants in this breakout decided there are "lots of challenges for the NCCs and some opportunities", with the challenges including a limit on doing primary research in areas where there's often a lack of existing research coupled with an opportunity to take the significant expertise residing within the NCCs and using it and the centres themselves to offer credible advice.

BREAKOUT - NCCHPP: Health Impact Assessment

Speaker: Louise St-Pierre, NCCHPP

This group discussed a health impact assessment tool being used in Europe that the NCCHPP is attempting to bring to Canada for use in various applications. As part of the session, they heard a presentation on a community health assessment project taking place in Nova Scotia. It was reported that the NCCHPP plans to create a network on healthy public policy assessment.

BREAKOUT - NCCAH: Fetal Alcohol Spectrum Disorder

Speaker: Mike Pacey, NCCAH

Participants looked at knowledge synthesis and knowledge translation, and discussed findings from a scoping review of FASD in aboriginal communities. They reported that there is no evidence at this time to support the generally held view that FASD is more prevalent in aboriginal communities, referencing a lack of Canadian data. On the topic of KT, they discussed how the NCCAH adapted a webcast between a researcher and practitioner to start a discussion, with the speaker describing a network that resulted from webcast.

BREAKOUT - NCCMT: How to decide if this good evidence can be applied in this context: using criteria to assess applicability and transferability

Speaker: Donna Ciliska, NCCMT

Speaker Donna Ciliska said the group looked at whether or not good evidence can be applied in a particular context, using criteria to assess its applicability. They looked at a draft tool being considered for use for this purpose, mentioning that it has been designed initially for managers, but saying that practitioners and researchers were also part of their session. The group came to the conclusion that when using tools and checklists it's possible to lose sight of the big picture. They developed a list of things to think about when structuring summaries, and considered the pros and cons of weighting.

BREAKOUT - NCCID: Lessons from Knowledge Translation, The HIV Experience

Speakers: James Blanchard, NCCID; Tim Rogers, Canadian AIDS Treatment Information Exchange; Sean Rourke, Ontario HIV Treatment Network

This session included presentations by three individuals specializing in HIV/AIDS. Participants felt that patterns emerging from their discussions about 'lessons learned' were consistent with earlier presentations in the day.

The group's reporter said that they discussed that people in communities impacted by policy decisions must be at the heart of design, implementation and ongoing monitoring. Strategies cannot be 'one size fits all' - they need to be customized for the population served. They also discussed that one of the greatest challenges is finding the resources, time, skill and capacity to support policy change.

KEYNOTE: What is Evidence?

Speaker: Daniel Weinstock, Université de Montréal
Chair: Christina Chociolko, NCCEH

Keynote speaker Daniel Weinstock offered the audience significant food for thought around the question of 'what is evidence?'

Weinstock referred to the contrast concept, where, "very often you get a clearer concept of one thing by contrasting it against another." He spoke about how we get evidence, and also considered the role of values in evidence, saying, "Insofar as evidence is the product of deliberate, conscious, institutionalized design, it is

amenable to a whole host of questions. Evidence is not a value-free idea." Weinstock said that in producing evidence, "At every node there are value and political questions that arise. There are values that are written in to the way we do science," adding that it's critical to, "be aware of the extent to which values are present at every decision node in this human deliberate enterprise of evidence production we are involved in."

Weinstock spoke about what he referred to as the subject of 'justice in the area of health care'. "Given that people's health is impacted by so many things," he said, "…what does justice require, given that evidence is produced by deliberate, institutionalized human activity, what does justice require in the shaping of these activities?" He answered these questions by saying, "I think it requires justice in deliberative input… I'm leading you to what has become the ultimate truism of health ethics, public participation, public input."

In closing, Weinstock said, "I think that what we have to do… is start realizing how tenuous and fragile that line between fact and value is. Evidence is driven by choice and therefore like any choice it is driven by values. That needs to be recognized explicitly and not played out behind our backs as I believe happens far too often today."

Weinstock's presentation generated significant discussion amongst audience members. James Blanchard, NCCID, said, "Part of the role of experts is to look at… jarring scientific results and make sense of them… but we don't have a certain process to look at evidence that is contradictory and makes us stand back, and we probably need to start developing those processes…" Another audience member asked about the ethics of data presentation, saying "how do you avoid presenting the evidence in a way that is value-laden?"

One attendee said, "How do we balance getting input from the public when the public that's hardest to reach may be the least able to express themselves to provide the leadership that we are looking for to make progress?" Weinstock responded, "In these cases I am an unapologetic paternalist. We need to have offices, bodies within government that not only have as their function to receive the voice of the public, but to actively formulate it. We have instances of this in our institutional design already. In the case of people who can't speak for themselves they need to be actively spoken for."

PANEL: What are the Policy-maker and Practitioner Looking for?

Speakers: David Mowat, Medical Officer of Health Region of Peel, Ontario; Ted Bruce, Executive Director of Population Health with the Vancouver Coastal Health Authority
Chair: Ian Potter, Assistant Deputy Minister, First Nations and Inuit Health Branch, Health Canada

In opening his remarks, speaker David Mowat commented on the role of the NCC in supporting public health decisions, and spoke about the importance of evidence in creating effective policies and programs.

He said there is an important need for various programs and resources to network in order to achieve true KSTE, saying, "To start out, the people who are doing the translation, need to find out about the needs and priorities of the public health system." Referring to communicating effectively, he said, "People talk about the one-page summary, and for many people the one-page summary is ideal, but you're dealing with a diverse group of stakeholders and they probably want their information in different forms."

Mowat also spoke about challenges policymakers face with evidence and the need for easy access to evidence.

Speaker Ted Bruce, Executive Director of Population Health with the Vancouver Coastal Health Authority, told the audience to try to have a little fun with knowledge transfer, and went on to describe his experience working with what is "probably the poster child of evidence-based decision making because we have the supervised injection site."

He said, "We have the two eyes, we have the community heavily involved telling us what is necessary and what works, and we have one of the NCCs doing what is important by helping to build capacity in research and evaluation. We have the counter evidence about supervised injection sites and we have a huge political discussion about where things should go with a hugely controversial intervention." Bruce spoke about the 'characteristics of decision making' and said there are several key things that decision makers need to support evidence-based decisions, including:

* An understanding of the cost benefit and return on investment of the decision;
* Risk analysis - decision makers are highly risk averse and there are lots of long term implications to the decisions they make. There are risk tradeoffs.

* Better framing of the evidence, summarizing it, getting it into people's hands electronically;

* Better research for the type of decision making we need to do.

Ian Potter, Assistant Deputy Minister with the First Nations and Inuit Health Branch of Health Canada spoke about what the policy-maker is looking for from his perspective as a longtime government representative.

Potter offered that government decisions are typically driven by some of the following factors:

* Legitimacy and values

* Feasibility

* Support

* Affordability

* Communicability

Potter said, "Research about public health issues really has to be big business. The analysis is so wide. Most of the issues of public health are like the issues of cracking the human genome - they require a huge apparatus."

INTERACTIVE SESSION Dissemination: Your Thinking, Their Thinking, What is the Best Thinking?

Chairs: Francois Benoit, NCCHPP; Ginette Thomas, NCCAH

This interactive afternoon session broke from the more traditional presentation format, with conference attendees voting on various questions asked of the group by moderators using electronic keypads at their tableS. The moderators described the session as "an opportunity for you to have your say about what knowledge dissemination is."

Among the questions discussed were:

* What is dissemination and why is it important for us?

* How much dissemination are we doing?

* What can we learn from the literature?

The majority of respondents (19) described dissemination as making "information accessible and useable, with a smaller number (3) saying it was to "make the target group use the knowledge and adopt the intended behaviour." When asked 'How would you label NCC Public Health?', the majority (18) chose "a knowledge brokering organization", with fewer respondents (4) calling it "a networking organization" and no one choosing the option of "a research organization."

The group was also asked, "Given the limited resources for dissemination, should we as knowledge broker:

* Disseminate to all groups and individuals? (4 respondents voted in favour)

* Concentrate on the groups or individuals that are more amenable to change? (17 respondents voted in favour)

The moderators offered their thinking on the topic of dissemination, saying it, "must be adapted to the context" and "we have to be as systematic in our dissemination as we are with our process around evidence." The session led to debate about the role of the NCCs generally, as well as their role in dissemination.

OPTIONAL WORKSHOP: Critiquing Systematic Reviews (NCCMT)

This optional workshop focused on a systematic reviews in the use of research evidence, with suggested questions for consideration including, "Are the results valid? What are the results? How can I apply the results in my practice?" The group discussed the need to consider the effectiveness of search strategies and literature searches, with recommended sources for systematic review including www.healthevidence.ca. Clinical queries in PubMed and how to help decision makers come up with results in three minutes or less were also discussed, and an example where a review was published in an international journal of obesity and the information was incorrect was presented for consideration.

PANEL: What Counts as Evidence in the Public Health Arena?

Speakers: Mark Bisby; André Corriveau, Chief Medical Health Officer, Northwest Territories
Chair: Sandra Griffin, NCCAH

Speaker Mark Bisby started off on a humorous note, saying that, "As a researcher, you get to know more and more about less and less, until finally knowing everything about nothing."

Bisby listed factors influencing the usefulness of research evidence for public health practice and policy, including:

* Ability of decision makers to access the evidence at the right time in the decision making cycle;
* Ability of decision makers to interpret the significance of the evidence presented;
* Degree of ownership by the decision makers of the process by which evidence was collected.

Bisby concluded his remarks by saying, "We know there are facilitators and barriers between production and uptake of research. It's all about personal relationships, building trust between the researchers and decision makers. Research agencies need to encourage researchers to think about engaging in KSTE and to cultivate space where researchers and decision makers can get together and build trust. They need to guide research and its translation into effective practice and policy."

Speaker André Corriveau focused his remarks on the topic of 'What counts as evidence?'

"In my world," he said, "you can think about a box with four corners - in one corner there's lots of evidence and lots of agreement. Another corner where we know there's a problem and there's no really good evidence and people are all over the map about what to do. There's a corner where there's lots of evidence and no agreement about what we should be doing. Also a corner where there's no evidence, but there's a will to do something." He went on to say that there's also a fifth scenario where there are people who are going to do something, but we have evidence it won't work, like the war on drugs.

Corriveau spoke about the challenges of dealing with large-scale public health-oriented problems, such as the recent issue with lead paint on toys produced in China. He also commented on the need to communicate in such a way that messages are effectively conveyed to different groups. "In Canada I think everybody has to understand there are communities with different beliefs and languages, and unless you can present evidence in such a way so as to communicate with them it's useless."

In making this point, he offered an example from early in his career about a Northern community where consumption of raw walrus meat was causing trichinosis. He did a radio interview in the community asking people not to eat the raw meat because of the risks it presented, but then the local elders went on the radio immediately after him telling people in the town not to listen to the young doctor and saying that eating old versus young walrus meat was riskier. Ultimately, he said, "we had to rethink our approach." He met with the elders, showed them the parasite under the microscope and created a program to check raw walrus meat, tag it and identify any possible risk of infection. The initial situation, he said, was a "good example of something that didn't work, even though it was evidence-based."

There were a number of participant comments following the presentation. One individual commented on what they termed "issue of social contract", saying, "Fundamentally, researchers have an obligation to produce research that's going to be useful to society."

In discussion following the panel presentations, Bisby said, "I just don't think it can be business as usual when people have access to so much unfiltered information. Not only can good information be spread but bad information, and it has a life and credibility through the internet."

KEYNOTE ADDRESS

Speaker: The Honourable Dr. Carolyn Bennett, PC, Member of Parliament for St. Paul's
Chair: Kathie Clark, NCCMT

Dr. Carolyn Bennett, who played an integral role in the formation of the National Collaborating Centres for Public Health began her remarks by saying, "I'm so proud to be here to cheer you on to keep going"

Bennett went on to say, "I'm pushing that unless we include the public in what we're doing we're never going to get there… We are going to have to be serious about this - we are going to have to decide what are the mechanisms that we need to put people in[to the process]." She added, "…public health is something that people really need to 'get'… and you can help me put the public back into public health and the evidence back into policy."

Bennett spoke about her "fantasy… that there would be some sort of reset button that we could push and go back over the years, and people would understand the difference between health and health care and the need for good evidence before going ahead and doing things."

Following Bennett's remarks there were a number of comments from participants. Attendee Noni MacDonald said, "There's a big need for social marketing, and most of us have never been trained on how to do it - we don't know how to package properly, et cetera," to which Bennett responded, "I think it's something where we just have to do a better job. I think one of the biggest things we did with tobacco was give the money to the kids to design their own programs."

NCCs' FEATURE PRESENTATIONS

Chairs: André Corriveau and Noni MacDonald, representatives of the PHAC NCC Advisory Council

As part of the closing day of the conference, each of the NCCs reported on their progress to date. Summaries of these presentations follow here.

NCCDH

Speakers: Lesley Poirier and Faith Layden, Leads Secretariat

Lesley Poirier reported that the NCCDH was initially housed by the Nova Scotia Health Research Foundation in Halifax, but that the group has been hosted by St. Francis Xavier University in Antigonish, Nova Scotia, since October 2006.

She spoke about two streams of activities being pursued by the NCCDH - with stream one focusing on health literacy. Lesley mentioned that there are a number of health literacy activities "coming to fruition", including scans, workshops and processes, and said, "We are developing expert and user working groups and review processes to provide guidance and feedback on products and deliverables in KSTE and the

determinants of health." She said that stream two of the Centre's activities is focused on priority and agenda setting, and that so far the group has been conducting scans and workshops, mentioning a recent invitational workshop for policy managers, directors and several researchers with a topic of "What counts as evidence?"

Lesley said that as part of the NCCDH's agenda setting efforts, scans are being conducted on the topics of work insecurity, food insecurity, children and families. The NCCDH is currently considering working with regions to document success stories about what is working in terms of KSTE, the determinants of health and public health.

Faith Layden reported on her work with the NCC Leads Secretariat, which serves as a single point of contact for all the NCCs and PHAC and is intended to foster collaboration between the groups. Faith mentioned that some of the activities of the Secretariat to date include joint initiatives such as the Summer Institute and recently launched program website, while upcoming projects will include the dissemination of joint products and a structural program portal.

NCCEH

Speaker: Ray Copes

In his remarks, the NCCEH's Ray Copes spoke about some of his group's recent activities. He mentioned they had been, "Experiencing difficulties in identifying and recruiting staff with the right skills, but there's always 'plan B'." He said the organization has started contracting out some of its work.

He mentioned the NCCEH's new website available in English and French at www.ncceh.ca and www.ccnse.ca, and said that they had "used volunteers to come up with a format that would work best for users." Copes also mentioned that the NCCEH also now has a newsfeed in both English and French. He said they are now working on a second web contract to add additional features, and that as part of the next update of the site they will do a complete listing of all environmental training programs in Canada. He also mentioned that the NCCEH is in the early stages of an evaluation of its work to date.

NCCAH

Speaker: Margo Greenwood

Margo Greenwood of the NCCAH said that her group is located at the University of Northern British Columbia. She said the NCCAH is "guided by culturally-specific principles and goals" and "informed by a unique and multi-faceted advisory committee."

Greenwood went on to comment on "the whole notion of community and community involvement", saying, "The people we're serving must have voice in what we're doing. It must be meaningful to them. It must be useful. We take really seriously the notion of creating space for voice to come through because I don't rep all the aboriginal people in Canada and I know I never can. I think that's a really important part of the work that I do."

Greenwood reported that the NCCAH has so far developed 42 formal relationships, saying that she couldn't "emphasize enough how important it is to build those relationships and those networks." She also referred to the fact that her group's mandate, unlike the other NCCs, is population-based, and mentioned that specific projects are either in discussion or underway with each of the other NCCs.

She spoke about the NCCAH's work in the area of "creating knowledge", saying the group has developed a number of peer reviewed articles, scans, papers, reports and fact sheets. "Some of the activities we've engaged in have been to look at what is and what does KSTE mean to us," she said. "What is knowledge? What works in what cases and what doesn't? What do we lose in translation and how do we make that accessible to other groups? How am I going to give a message in a community so I know they will hear it?"

Greenwood closed by mentioning upcoming projects, including a project with the Pan-American Health Organization, an Ecuador/Canada environmental video, and dialogue circles on child and youth health.

NCCMT

Speaker: Donna Ciliska

Donna Ciliska of the NCCMT spoke about her group's work, saying that to date they have worked to establish their vision, mission, goals and principles, formally launch the NCCMT, and develop a number of background papers.

Ciliska said that her group's target audience is "the world, but because we have a short time left we defined our initial target audience as the collaborations [NCCs] themselves." She said that the NCCMT's environmental scan also identified managers as a key group to get to, along with people in knowledge broker roles. "I don't think there are many people who officially have that label," she said, "but there are many who work in public health who unofficially perform that role."

She said the NCCMT received a favourable response to its launch announcement, with 500 people responding to be on a list to receive updates. Another 250 want to be said they would like to be involved in testing products or getting products very early.

Participant Ann Casebeer commented that she was, "Really pleased to hear you say you're going to look for unofficial knowledge brokers - you need to think about who you're communicating with." Ciliska responded by speaking about how they have worked to identify potential 'knowledge brokers' based on their titles, speaking about a list of managers and synonyms of 25 other titles for people in that role that her group developed. "The other thing we're concerned about is messaging," she said, mentioning that they have reframed their contact away from the term 'knowledge broker', instead saying in their contact with these individuals that 'in your role you have the potential to help people find and use evidence.'

NCCID

Speakers: James Blanchard and Tanya Merke Epp

The NCCID's Tanya Merke Epp kicked off the presentation, reviewing the group's mandate and objectives and mentioning that Dr. James Blanchard has been appointed scientific director. She said they have so far generated 14 knowledge products which are in various stages of draft and external review, and that they are currently completing an environmental scan. She also said the NCCID is building

strong linkages with national organizations and is in the process of developing a dissemination strategy.

Merke Epp offered further details on the NCCID's environmental scan, saying that respondents included medical officers of health, communicable disease specialists and a number of others. The scan, she said, is seeking to understand the key information needs of these individuals in the area of infectious disease as they relate to public health.

James Blanchard spoke about the NCCID's progress to date, commenting on the group's planned future directions, including developing an agenda to promote the concept of program science in infectious disease and creating topical knowledge synthesis forums. He said the NCCID's objectives include synthesizing knowledge and producing recommendations for public health policy and practice. "We will continue to engage participants and recruit new ones," he said, "and to maintain a focused agenda."

NCCHPP

Speaker: Denise Kouri

The NCCHPP's Denise Kouri said that her group is based in Montreal in part as a way of allowing "the Quebec experience to be known to the rest of Canada," referencing Article 54 of the Public Health Law in that province. "The population health dichotomy is more seamless there," she said. Kouri said the NCCHPP has pan- Canadian involvement and experience, and employs staff who are are expert in research and communications.

Kouri mentioned that the NCCHPP's target audience includes public health officers, policy analysts from all three levels of government, researchers and non-governmental organizations. She said the group's target audiences will be defined more precisely depending on the particular activities the NCCHPP is engaging in.

She referred to an environmental scan the group completed in 2006 which involved consultations with stakeholders across the country on the importance of tools, frameworks and processes and knowledge synthesis. Kouri said that the NCCHPP has recently completed a website, saying, "We see it as not only providing information, but as teaching people about what healthy public policy is about."

KEYNOTE: Knowledge Management: The most important health technology?

Speaker: Philip Davies, American Institutes for Research
Chair: Donna Ciliska, NCCMT

The Summer Institute closed with a thought-provoking and at times humourous keynote address by Philip Davies of the American Institutes for Research, who presented his thoughts on knowledge management.

Davies said that seeing knowledge as a 'thing' is too narrow of a way of looking at it. "Knowledge is the act of coming to know something that involves a personal transformation. The knower and the known are indissolubly linked and changed in a fundamental way," he said, quoting F.D. Pleat from his book *Lighting the Seventh Fire*.

He spoke about both explicit knowledge - that which can be externalized, codified, stored and retrieved as an object - referring to it as the 'know that' of social competence, and tacit knowledge - knowledge that is closely tied to individuals and their experience and resides within them, calling it the 'know how' knowledge of social competence. Davies said, "It is hard to make explicit that which is implicit or tacit."

He described knowledge management as "any process or practice of creating, acquiring, capturing, sharing and using knowledge," (quoting Scarborough et al. 1999, *Knowledge Management: A Literature Review*. London, Institute of Personnel and Development), saying that "we don't just do it for fun, we do it for utilitarian value… our job is to bring that stuff to life and to find its significance." Knowledge management, he said, is "the way in which people can create new knowledge, share knowledge around the organization and use that knowledge to best effect." (NHS, 2006, Knowledge Management Specialist Library) He said that having active and integrated management systems is key to successful knowledge management.

Davies quoted David Eddy as saying that the stock and flow of information and knowledge, "exceeds the inherent limitations of the unaided human mind", and referred to a statistic he had read which claimed the average medical practitioner would need to read 19 journals and two textbooks a week to keep up with new developments. "You couldn't do it," said Davies. "That's why we need to have some form of knowledge management."

In closing, Davies offered his theorem that "evidencebased policy is no substitute for thinking-based policy", which he followed up with his second theorem, that "knowledge management is no substitute for thinking management."

There was a great deal of participant discussion following Davies' presentation. Attendee Noni MacDonald said that as a former medical school dean, she knows the hard work that goes into developing physicians who question, but she wonders what can be done about politicians who are making medical policy who come from all walks of life and have very different types of educational backgrounds. She asked Davies to speak about how the UK may have addressed this same issue.

He described a professional development session that was created for cabinet ministers on the topic of critical appraisal, but said it didn't work because of the length of time most ministers hold their post and the many different things vying for their attention. He said they now focus instead on policy advisors and civil servants, having them attend six-week courses. "It was a wise move," he said. Davies also referenced the "Magenta Book" which offers guidance for the British Cabinet on how to do policy evaluation.

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Resources

Publications

The Magenta Book
http://www.policyhub.gov.uk/magenta_book/

Lighting the Seventh Fire by F.D. Pleat

Health Evidence website

http://www.health-evidence.ca

PHAC website

http://www.phac-aspc.gc.ca

NCCs for Public Health

www.nccph.ca

NCCDH
http://www.nccdh.stfx.ca/

NCCEH
http://www.ncceh.ca

NCCHPP
http://www.healthypublicpolicy.ca

NCCAH
http://www.unbc.ca/nccah

NCCID and NCCMT websites are under development and will be launched soon.

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