



APHEO

Association of Public Health Epidemiologists in Ontario

"To advance and promote the discipline and professional practice of epidemiology in Ontario public health units."

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APHEO: Core Indicators Project Strategic Direction Session

Session held on December 5th, 2008

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On Behalf of the:

Association of Public Health Epidemiologist in Ontario:

Core Indicators Project Strategic Direction Session

February 2009

Version 1.0

Acknowledgements

Special thanks to:

Harleen Sahota and Mary-Anne Pietrusiak for their guidance in planning the session and to Alicia Tyson, an Associate Consultant at Building Better Business for her excellent note taking and assistance in developing this report.

The Public Health Agency of Canada for their financial contribution. The opinions expressed in this report are those of the participants who attend the roundtable or the authors and do not necessarily reflect the official views of the Public Health Agency of Canada.

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Example of how to source: Bergeron, K. (2008) APHEO: Core Indicators Project Strategic Direction Session, *Association of Public Health Epidemiologists in Ontario*, Toronto, Ontario.

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Executive Summary

The Association of Public Health Epidemiologists in Ontario-Core Indicators for Public Health in Ontario (Core Indicators Project) was formed in 1998. During the past eleven years, this project has developed key initiatives, indicators and accomplished many milestones. The Core Indicators Work Group (CIWG) identified the need to engage in a strategic planning process. It was decided to host a one-day session for the CIWG and interested APHEO members to retain the services of an outside facilitator to lead the day.

On December 5, 2008 the CIWG hosted a meeting in Toronto, Ontario with its members and interested APHEO members to confirm and develop a strategic direction (not a strategic plan), identify challenges and solutions, create one vision for desired accomplishments by 2011 and generate information so the Core Indicators Work Group could create a strategic plan. Twenty-five members participated in the session. The Public Health Agency of Canada provided financial support and the Ministry of Health Promotion generously provided teleconference technology so interested participants could also participate in the session off-site.

This report provides an overview of the presentations, activities and recommendations that were developed at this meeting. The agenda for the day included an overview of the project; the current lay of the land in which the project is situated by inviting presentations from other organizations or work groups and engaging in facilitated discussion to develop a strategic direction for the Core Indicators Project.

Building on the knowledge shared throughout the day, four recommendations were developed by the consultant, reviewed by the Planning Committee and confirmed by the participants via email after the meeting on December 5, 2008. The four recommendations were:

Recommendation #1

1. **Work in partnership with the APHEO Executive to develop the rationale and position descriptions for paid staff and include how these paid positions could contribute to the functionality of the CIWG.**
2. **Once this is accomplished, develop a list of possible options for support (financial and in-kind) from the Ontario Agency for Health Protection and Promotion (OAHP).**
3. **Request a meeting with OAHP to present and discuss possible options developed.**

Recommendation #2

1. **Request a joint meeting with APHEO Executive members and Chairs of APHEO Core Indicators Work Groups to develop an operational plan to expand the APHEO membership.**
2. **Include the development of a recruitment plan for all APHEO CIWGs within the membership operational plan.**

Recommendation #3

1. **For the CIWG to provide leadership and coordination to ensure that promotion of the Core Indicators project is included at the annual APHEO conference.**

Recommendation #4

1. **For the CIWG to use this report as a guide for the development of a three year (2009-2011) operational plan.**

Action steps for consideration by the APHEO-Core Indicators Work Group to achieve each of these recommendations were also included in the report.

1.0 Background

The APHEO Core Indicators for Public Health in Ontario (Core Indicators Project) was formed in 1998. During the past eleven years, this project has developed key initiatives, indicators and accomplished many milestones. The Core Indicators Work Group (Work Group) identified the need to engage in a strategic planning process. It was determined that hosting a one-day session with an external facilitator would be beneficial for the Work Group and interested APHEO members.

The purpose of this session was:

1. To confirm and develop a strategic direction (not a strategic plan);
2. Identify challenges and solutions;
3. Create one vision for desired accomplishments by 2011;
4. Gather information so Core Indicators Work Group can create a strategic plan.

The Ministry of Health Promotion generously provided teleconference technology so interested participants could participate in the session off-site.

Harleen Sahota, Core Indicators Project Manager and Mary-Anne Pietrusiak, APHEO- Core Indicators Project Chair (Planning Committee) provided leadership in planning the session. Their other tasks included arranging the location and refreshments, hiring a session facilitator and disseminating the session results. Kim Bergeron, Building Better Business was hired as the session facilitator.

The session was held on December 5, 2008 at the Public Health Agency of Canada Office, 180 Queen Street West, 11th floor Toronto, Ontario from 9:15am to 4:00pm.

2.0 APHEO-Core Project Strategic Direction Session December 5, 2008

2.1 Welcome and Introduction

Mary-Anne Pietrusiak, Chair, APHEO- Core Indicators Project welcomed the session participants, thanked the Public Health Agency of Canada for their sponsorship and the meeting space. She also introduced the facilitator of the session, Kim Bergeron and Alicia Tyson (Associate Consultant) from the consulting firm Building Better Business.

Kim welcomed everyone to the session and outlined the meeting objectives which included:

- Confirming and developing a strategic direction (not a strategic plan);
- Identifying challenges and solutions;
- Creating one vision for desired accomplishments by 2011;
- Gathering information so the Core Indicators Work Group can create a strategic plan.

Kim clarified that the session was about setting a direction vs. developing a plan. The difference highlighted was that a large group informs the direction in which a project needs to move and provides some insight into the challenges and opportunities that may be faced when embarking

in that direction and the vision they hope to achieve. A smaller group (Work Group members) will develop a concrete plan in which to achieve the strategic direction. This plan will be shared with session participants for more discussion and confirmation that the “plan” will achieve the “vision” identified. Prior to the meeting, it was determined that there was a need to build a three-year strategic plan (2009 to 2011).

Kim also shared that the participants joining by teleconference will be facilitated during the session as she has experience¹ engaging distance/online participants. Thus, the session was designed to ensure that all participants could actively engage in the discussion throughout the day.

The twenty-five participants (Appendix A) were invited to share their name, organization and involvement with the Core Indicators Project.

The agenda for the session was designed to provide an overview of the project; the current lay of the land in which the project is situated and engage in facilitated discussion to develop a strategic direction for the Core Indicators Project. Therefore, there were three main sections for the agenda: Celebrations; Lay of the Land and Group Work (Appendix B).

All presentations highlighted in this report are available at www.apheo.ca: Core Indicators tab, Core Indicators Work Group.

2.2 Celebrating the History of the Core Indicators Project

Kim invited Mary-Anne to provide an overview of the Core Indicators Project. Mary-Anne launched a presentation titled “Core Indicators for Public Health in Ontario: Celebrating Our Achievements”. The full presentation can be viewed at <http://www.apheo.ca/resources/indicators/Core%20Indicators%20Celebration%20Dec%202008.ppt>

Mary-Anne provided an in-depth history of the evolution of the Core Indicators Project. Some highlights from her presentation were:

- In February 1998, a need was recognized for consistency of calculation methods/methodologies of data reported by public health units. APHEO initiated a project to systematically define a core set of indicators.
- There have been a number of initiatives over the last eleven years and milestones achieved.

Milestones:

1998

- Inaugural meeting at the Institute for Clinical Evaluative Sciences (ICES)
 - Provincial Health Indicators Working Group formed

1999

- Presentations at conferences of the Canadian Public Health Association (CPHA), Ontario Public Health Association (OPHA), and an article in the Public Health and Epidemiology Report Ontario (PHERO)

¹ Kim is co-author of three peer reviewed journal articles on instructor immediacy with online graduate students and primarily provides consulting services through distance/online methods.

- First meetings on Chartbook Pages (Ministry of Health, Health Intelligence Units)
- Binder of draft Core Population Health Indicators for Ontario created and sent to public health units in Ontario.
- 2000
- Release of Ontario Health Status Report
- 2001
- Round 2 begins to revise and expand the first draft
- Student hired by the Central East Health Information Partnership (CEHIP) to create the Core Indicators website
- Website launched at APHEO conference
- 2003
- Presentation at Institute for Clinical Evaluative Sciences/Health Intelligence Unit (ICES/HIU) Symposium
- 2005
- Completion of indicators
- 2006
- Round 3 website edits begin
- Formation of 4 sub-groups
- 2007
- Submitted funding application to the Public Health Agency of Canada (PHAC)
- Verbal notice of funding approval
- 2008
- Presentation at ICES/HIU Symposium
- APHEO website converted to wiki style
- Harleen Sahota begins as Project Manager
- Ontario Public Health Standards (OPHS) & Population Health Assessment and Surveillance (PHAS) protocol released, Work Group discusses implications
- Core Indicators strategic direction session

What is happening now?

- 5 Sub-Groups revising and updating indicators:
 - Cancer, Smoking and Sun Safety
 - Healthy Eating Active Living
 - Reproductive Health
 - Infectious Diseases
 - Leading Causes
- PHAC project – chronic diseases & risk factors, Policies and Procedures
- Ad hoc group on standardization recommendations
- Opportunity to develop Built Environment indicators

What is happening around the Core Indicators Project?

- New Ontario Public Health Standards and Public Health Assessment and Surveillance Protocol

- Agency for Health Protection and Promotion
- General Emphasis on Measuring Health
- National Health Indicators
- Operation Health Protection
- RRFSS (Rapid Risk Factor Surveillance System) Expansion
- IntelliHealth

Mary-Anne's concluding remarks were comprised of:

1. The strength of the Core Indicators was to document things that were not documented anywhere else.
2. The success of the Core Indicators is directly related to the many great Partnerships:
 - MOHLTC – (now MHP) sponsorship of teleconferencing & meetings
 - Health Intelligence Units
 - Public Health Agency of Canada
 - ICES
 - Statistics Canada
 - Public Health Units – especially Durham Region Health Department
3. The strength and growth of APHEO is another indicator of success for the Core Indicators Project.
4. There is tremendous commitment from key individuals.
5. It is niche specific to Public Health epidemiologists.
6. It is successful because of detail and specificity of indicators.

Kim thanked Mary-Anne for her presentation and provided an opportunity for participants to ask questions or make comments. Participants voiced that they learned a lot about the project from the overview. Kim shared that this was a great opportunity to bring new epidemiologists on board and encouraged them to join the project in order to take the past work forward to create the future. Moreover, this presentation can provide a foundational piece for orientating new members to the project.

2.3 Lay of the Land

In order to begin identifying a strategic direction for the Core Indicators Project, the planning committee believed that it was important to understand the lay of the land in which the project is situated. A number of speakers were invited to share information from their organization or association and how this information could impact the work of the Core Indicators Work Group. The following section of this report provides an overview of these presentations.

2.3.1 APHEO-Strategic Planning-Alignment of Goals within 'today's climate'

Joanna Oliver, APHEO President

Joanna's presentation included:

- A historical overview of the association's development;
- An overview of how APHEO is working with other public health organizations;
- Engagement of a strategic planning process in the fall of 2008 that lead to revised vision and value statement. The revised vision statement is "The excellent

leadership and professional expertise of APHEO advances public health in Ontario”

- Five strategic goals:
 1. Increase the capacity of APHEO to advance and promote epidemiology in the public health system;
 2. Promote professional opportunities for current and new public health Epidemiologists;
 3. Support and advance knowledge exchange among public health Epidemiologists.
 4. Develop and enhance linkages across policy, practice, training and research
 5. Build and promote tools and resources that support the practice of public health epidemiology
- Examples of how APHEO engages in opportunities to promote public health practice;
- Still very much run on volunteerism and in-kind support;
- Future needs of APHEO are:
 - Sustainable funding is required to achieve:
 1. Ability to increase our profile, leadership and advocacy capacity
 2. Professional development opportunities
 3. Engagement in collaborations and projects with external partners
 - Sustained Member engagement
 - Implementation work groups formed to meet the strategic goals

Joanna thanks the Ministry of Health Promotion for their assistance, use of their meeting space and teleconference number with work groups and the association as a whole.

Participants asked Joanna “What does sustainable funding look like?” and Joanna responded that it would be to achieve the goals of APHEO, particularly to set up a secretariat to manage much of what the president has to do and have paid staff such as an Executive Director to work with the APHEO Executive Committee. The value of this position being able to coordinate the reporting of work being engaged in by the current work groups was also discussed i.e. the Core Indicators Project; Chronic Disease Risk Factor Inventory Matrix; GIS Interest Group.

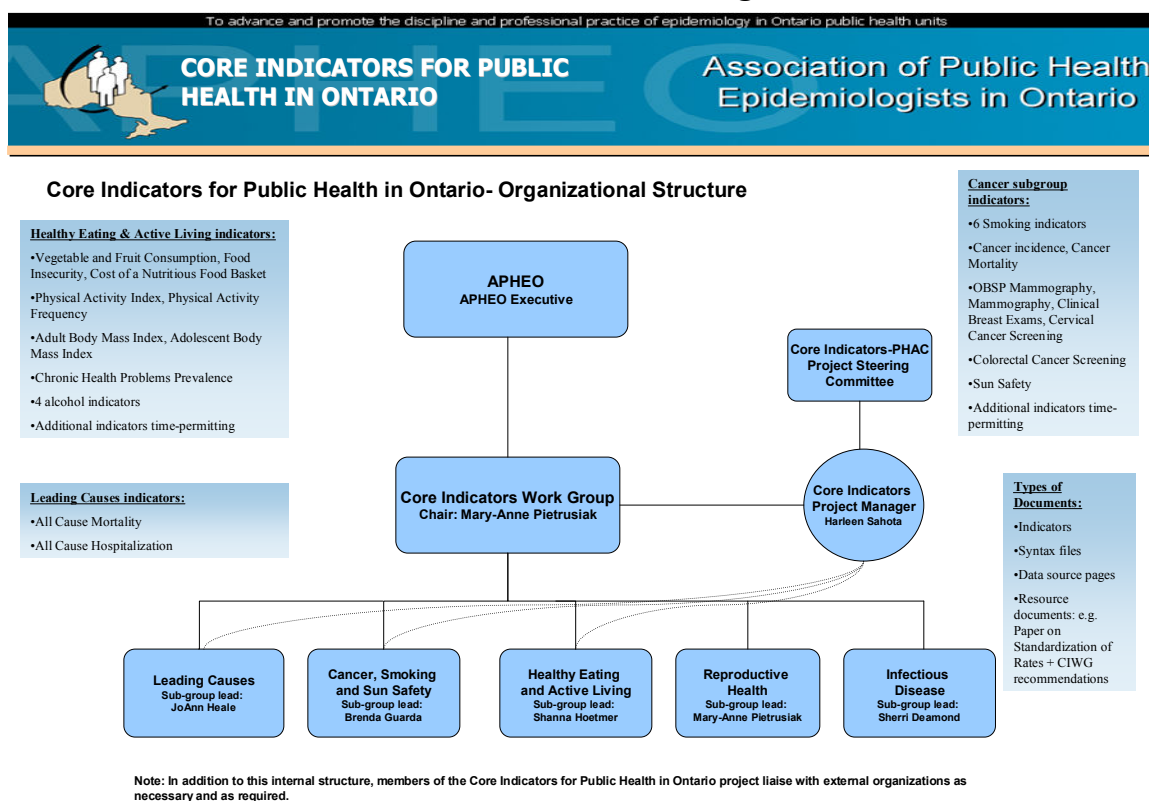
To review Joanna’s presentation, please visit

http://www.apheo.ca/resources/indicators/APHEO_StrategicPlanning_CoreIndicators_Dec5_JOliver_revised.pdf

2.3.2 Core Indicators for Chronic Disease and Risk Factor Surveillance

Harleen Sahota, APHEO: Core Indicators Project Manager

Harleen shared that funding for this project is from July 4, 2008 to July 4, 2009. She provided an overview of the project goals, objectives and a plan to achieve the project outcomes. Figure 1: Core Indicators for Public Health in Ontario- Organizational Structure provided a great overview of how this project is structured.

Figure 1: Core Indicators for Public Health in Ontario- Organizational Structure

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Harleen shared that with the new APHEO wiki style website, updating the indicators and resource information is easier and will assist to ensure that the information provided is current. She thanked the Core Indicators Project members for their hard work and dedication.

Harleen also shared that a new resource titled: Alignment of Draft Ontario Public Health Standards and Core Indicators, April 2008 is available at <http://www.apheo.ca/resources/indicators/Indicators%20Table.doc>

This table provides information on requirements, possible corresponding core indicators, data source, comments and gaps.

To view Harleen's presentation, please visit

<http://www.apheo.ca/resources/indicators/Core%20Indicators%20Strategic%20Planning-%20CIP%20presentation.ppt>

2.3.3 Ontario Public Health Standards

Joanne Thanos, Public Health Standards Branch

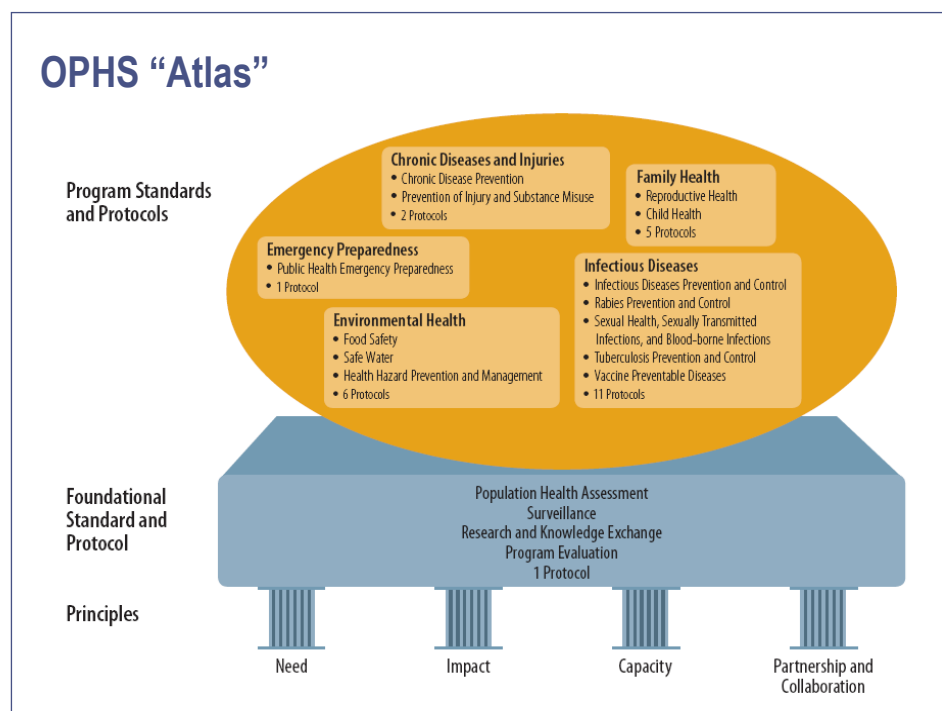
Joanne provided an overview of the development of the Ontario Public Health Standards; in particular the Foundational Standard and Population Health Assessment and Surveillance Protocol. She shared that the process to develop these standards took two years. Each of the standards includes directional outcomes. There is a shift from away from the prescriptiveness of the 1997 mandatory guidelines for public health units to the use of the foundational standard to guide prioritization of program delivery.

These standards include:

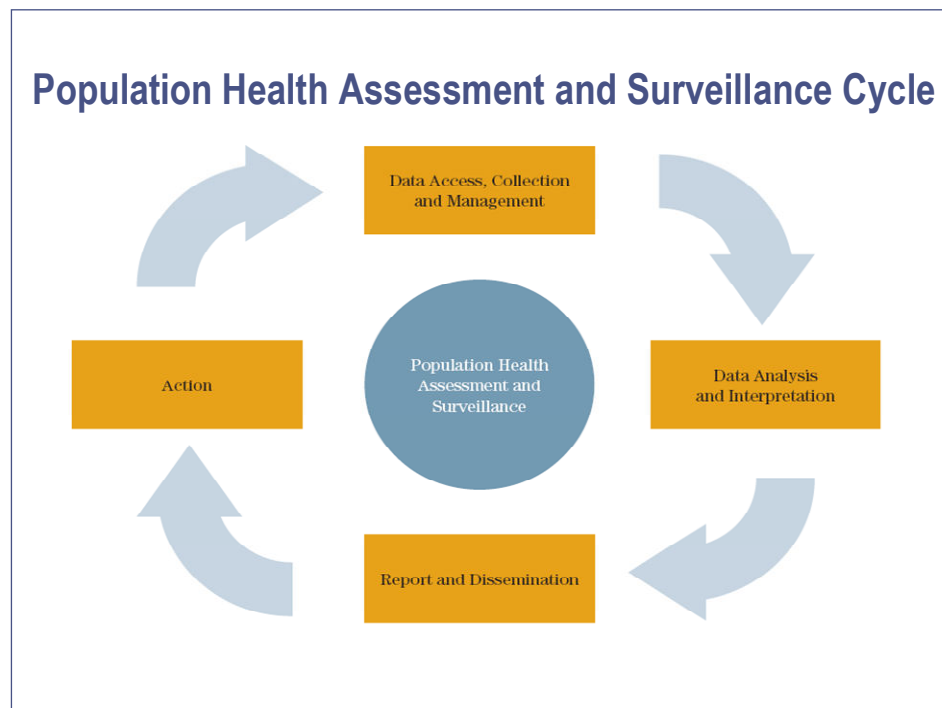
- Through evidence-informed program planning and service delivery, public health practice is responsive to the local needs and emerging issues of the health unit
- Using the best possible evidence to inform programmatic decision-making ultimately improves public health programs and services
- Designed to be the cross-cutting foundation of the OPHS and thus be used to support evidence-informed public health across all of the Program Standards in the OPHS; the “lens” used to view public health programs and services through components of the Foundational Standard and accompanying *Population Health Assessment and Surveillance Protocol, 2008*.

See Figure 2 for a visual of the new Ontario Public Health Standards.

Figure 2: Ontario Public Health Standards “Atlas”



Joanne provided an overview of the population health assessment and surveillance requirements as well as the Population Health Assessment and Surveillance Protocol. Figure 3 provides a visual of the population health assessment and surveillance cycle.

Figure 3: Population Health Assessment and Surveillance Cycle

In her presentation, Joanne also shared how Core Indicators relate to the Ontario Public Health Standards. To view this presentation, please visit

<http://www.apheo.ca/resources/indicators/APHEO%20CO%20OPHS%20Dec5%202008%20v2.ppt>

2.3.4 Performance Measurement Work Group

Julie Stratton, Work Group Member on behalf of APHEO

Julie shared that she represents APHEO on the Performance Measurement Work Group sponsored by the Ministry of Health and Long Term Care- Ontario Public Health Standards office. The purpose of the Performance Measurement Work Group (PMWG) is

- To provide technical advice and recommend performance indicators suitable for public reporting;
- Provide technical advice around a reporting structure (i.e. indicator weighting, grouping of boards of health and non-nominal reporting);
- Advise on process for consulting with the field and validation of data in the draft performance report;
- Provide guidance on a report dissemination strategy;
- Provide advice on next steps for sustainability of a performance report for public health.

There are five dimensions to the PMWG framework:

1. Effectiveness
2. Capacity
3. Equitable
4. Community Partnership
5. Effectively Governed and Managed

The PMWG started off with over 600 indicators and ended up with 35 to be included in a report that the work group will disseminate March 2009. These 35 indicators represent areas where public health has influence and availability of reliable data at the health unit level. There will be 10 case studies included in the report for areas where it is difficult to find good indicators. Julie provided examples of indicators for each of the five dimensions and that not all the dimensions have equal indicators.

This report will also include an overview of the public health sector; profiles of health units across Ontario; data on health status, governance, financial, and human resources within each health unit and case studies showcasing local practices. The purpose of the report is to provide a snapshot of the public health system. It is not intended to be a performance report or scorecard. The intended audience is Boards of Health, Medical Officers of Health, other public health unit staff and government partners.

Julie shared the following implications for APHEO:

- Inclusion of rationale for the indicator supported by evidence to back up calculation (i.e. why low birth weight for full-term single births vs. just single births);
- Inclusion of additional resources (i.e. how to age standardize the CCHS)
- Potential revision of indicators;
- Determination of additional indicators which may come out of the OPHS.

To view Julie's presentation, please visit

<http://www.apheo.ca/resources/indicators/PMWG%20-%20Presentation%20to%20APHEO%20Dec%205%202008.ppt>

2.3.5 Ontario Agency for Health Protection and Promotion

Dr. Natasha Crowcroft, Director, Surveillance and Epidemiology

Dr. Crowcroft started her presentation acknowledging the wonderful work of APHEO, particularly the Core Indicators Project. She shared that the Core Indicators Project was identified as a catalyst for work at the Ontario Agency for Health Protection and Promotion (Agency) and is in alignment with what the agency is designed to do. Dr Crowcroft also identified that the APHEO website information is amazing and commended the group for their phenomenal work, particularly the level and range of detail available.

Dr. Crowcroft shared that The *Ontario Agency for Health Protection and Promotion Act* received Royal Assent and came into force on June 4, 2007. The Agency was launched in the Fall 2008 and has the following mandate, vision and mission:

Mandate

- *To provide scientific and technical advice for those working to protect and promote the health of Ontarians.*

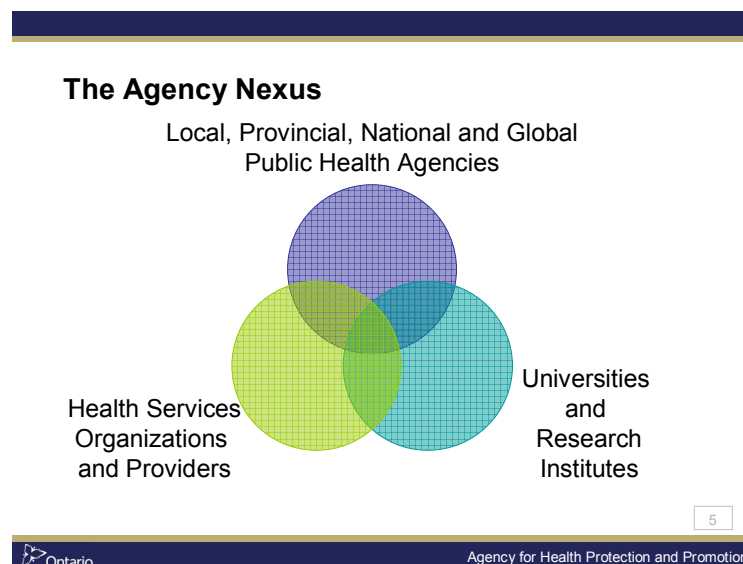
Vision

- *We will be an internationally recognised centre of expertise dedicated to the protection and promotion of the health of all Ontarians through the application and advancement of science and knowledge.*

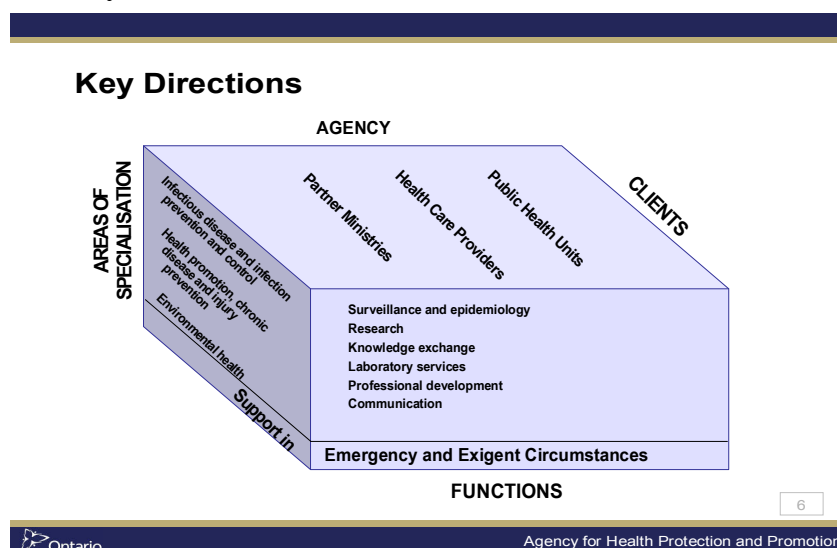
Mission

- *We are accountable to support health care providers, the public health system and partner Ministries in making informed decisions and taking informed action to improve the health and security of all Ontarians through the transparent and timely provision of credible scientific advice and practical tools.*

There are currently three staff members at the Agency in Surveillance and Epidemiology (Rachel Savage; Camille Achonu & Dr. Crowcroft). Other members will be brought on board over time and may reflect semi-permeable, joint appointments. This is a unique approach with people coming in and out and belonging to various agencies (Figure 4).

Figure 4: The Agency Nexus

Key directions for the Agency are reflected in Figure 5: Cube of Key Directions.

Figure 5: Cube of Key Directions

The initial focus of the Agency is on surveillance. Key initiatives include the:

- Need to have clear objectives and deliverables for the first year
- Need to build a strong team
- Need to build confidence of stakeholders and strong links with them
- Need to develop clarity and definition about the role of the Agency
- Need to prioritise
- Initial activities will focus on gaps, on areas of need, and on building relationships
- Start with small and achievable projects.

Dr. Crowcroft shared possible Agency roles for core indicators could be:

- Analytic support for small health units
- Broader health system considerations: e.g. LHINs
- Align the Public Health Standards with Core indicators
- Access to new data
- Improve existing data (i.e. RRFSS)
- Lobby for improved timeliness (mortality)
- Specific expertise: disease content expertise or methodological; epidemiology, geospatial, modelling, biostatistics
- Support for APHEO
- Involvement/help of new stakeholders

Dr. Crowcroft stated that she is interested in hearing from APHEO, particularly the Core Indicators Project on: How to support people at the local level? What is needed from us? (without promising the world) How can we support the work that is currently happening?

To view Dr. Crowcroft's presentation, please visit www.apheo.ca

Participants shared their openness and willingness to work closely with the Agency and to invite staff to be involved in APHEO: Core Indicators Project initiatives as the Agency develops and grows.

2.3.6 APHEO: Survey Results

Kim Bergeron, Building Better Business

Prior to this session, Kim conducted two surveys on behalf of the Work Group: 1) All APHEO members and 2) Core Indicators members. Summary reports of both survey results are available at <http://www.apheo.ca/index.php?pid=50>

Using the information in the summary reports, Kim developed a PowerPoint presentation with the key findings including:

- 43% of APHEO members who completed the survey were very familiar with the Core Indicators Project; 39% somewhat familiar;
- 76% of APHEO members who completed the survey found the core indicators in general very useful; 18% useful;
- One-Stop Shop; increases ability to analyze data; indicator descriptions and definitions; standard way to gathering and reporting information and helpful to those new to epidemiology make the core indicators useful;
- 47.6% use the core indicators at least once a month;
- Identified ways to improve the project; other indicators and resources to develop;
- Core Indicators members identified the importance of the project as: Quality and consistency of measurements across agencies including public health units; Central source for standardized indicators; Standard measurement for calculating indicators and data analysis and fulfills the need for local health status information and allows epidemiologists to do their job better;
- When prioritizing indicators 54.5% of Core Indicators members ranked physical environment as the greatest importance;
- Identified ways to improve how new indicators are created, revised and posted on the website.
- Challenges identified include: Depends on "volunteer" time; work group issues: reliance on the energy of key people; lack of resources and finances; lack of alignment with OPHS; revising indicators time consuming; field is changing rapidly, hard to keep up and other competing indicators projects
- Important initiatives and activities to accomplish by 2011 were clustered around the following themes: obtain resources; collaborate and identify data gaps.

2.4 Facilitated Process: Group Work

Kim asked participants to form small groups of four to five members. The members joining by telephone were considered a small group.

Participants were handed out a worksheet (Appendix C), those on teleconference accessed the worksheet from a posting on the APHEO website. The worksheet provided an overview of the survey participants themes of their vision of the project and challenges faced by the project.

2.4.1 Visioning Exercise to Identify a Strategic Direction

Participants were asked to review the themes identified by the survey regarding their vision for what the project could accomplish by 2011. They were then asked to write down on index cards using one or two words their vision of specific activities that could be accomplished by the working group by 2011. Kim worked with the participants on teleconference and wrote their thoughts on index cards. All cards were posted on the wall and reviewed as a group. Themes were identified and cards that contributed to that vision were placed under the appropriate theme. There were five themes identified: 1) Resources attained; 2) Staff hired; 3) Collaboration with stakeholders; 4) Content experts have been recruited & 5) Gaps of knowledge have been identified and closed.

Statements made on the cards in which the themes were derived from were:

1) Resources Attained

- The CI Project is a permanently funded, “well-oiled” machine.
- Public use files, policies and procedures and an update and review of indicators projects have been completed. Many more tools and resources have been made available to support project.
- Data products – There is an extensive list of core indicators links with graphs & tables of data.
- There is a flexible search capacity.

2) Staff Hired

- A total of 1-3 permanent & part - time staff members have been hired to coordinate and focus exclusively on Core Indicators work.

3) Collaboration with Stakeholders

- There is alignment with OPHS and collaboration with Ontario Agency for Health Protection and Promotion.
- After a completion of the current review of sub-groups, new partnerships and/or strategic alliances have been established with agencies and institutions and new working group members have been recruited and mentored.
- CIWG has continued to develop & define indicators & their data sources that meet provincial priorities of many ministries & agencies.
- There is collaboration with already identified stakeholders to influence Health System improvements in Ontario.

4) Content Experts Have Been Recruited (in an advisory capacity)

- The CIWG has a broadened membership and increased partnerships with content experts and a panel of advisors including the Pan – Canadian Core Indicators Group.

5) Gaps of Knowledge Have Been Identified and Closed i.e. data sources

- Collaboration with relevant stakeholders has identified strategies to close gaps.
- These gaps were met and a process has been put in place to develop and create new indicators keeping up with current and emerging PH needs.
- There has been a creation and enhancement of standardized public health assessment and surveillance.
- There is a comprehensive list of all measurable indicators including healthy environments, the social determinants of health (SDH) and priority populations.

- New data sources have been accessed – specifically with transportation & police statistics
- Agency provides provincial level estimates
- Agency provides provincial level comparisons
- A review of health indicators was developed by other organizations that will be used by Core Indicators such as SDH – Health Inequity
- The Core Indicators are well defined and understood – health indicators are in use by public health units and other organizations that rely on and use PH information
- Indicators are re-aligned with OPHS & PHAS protocol

(A participant shared that the Ontario Public Health Association's Social Justice Committee is looking at indicators for social determinants of health).

2.4.2 Building the Strategic Direction

Participants were asked to keep in mind the five themes of their vision, consider the challenges identified by the survey participants listed on the worksheet in order to identify what challenges could be faced by the work group to achieve their vision and solutions to overcome their identified challenges. Each group identified challenges and solutions to overcome their challenges identified. Below are the findings from each of the groups.

What are the challenges faced to achieve the vision?

- Engaging stakeholders who may not have public health as a priority, e.g. LHINS, CCO, CIHI, ICES, planners & municipalities, school boards & others
- New data sources – how to access, analyze, interpret and to understand how the data were collected
- Recruiting & engaging volunteers- maintaining interest & dedication
- Paid positions increase the volunteer work load
- Indicators flexibility vs. approved to keep up with all changes
- Standards address new and emerging issues- keeping up with changes
- Balancing needs with available funding. Does ownership and interest reflect the funders vs. the CIWG?

What are solutions to overcome the challenges identified?

Engaging stakeholders that may not have public health as a priority

- Market work as relevant to stakeholders- efficiencies, opportunities
- Identify an internal champion
- Find APHEO members from LHINs
- Sell features – aggregate data tables
- Apply WIFM for partners (What's in it for me?)

Indicators – flexibility vs. approved

- Create a “comments from users” section for indicators
- Specific person to add comments- must be from the CI group
- Keep the indicators current and maintain approved content for credibility

New data sources- non traditional data sources

- Dedicated staff
- Build relationships with those who collect the data
- Build Data Sources resources
- Host continuing education sessions & workshops
- Bring people together – CI workshop – at APHEO conference?

What are the challenges faced to achieve the vision?

- The vision involves growth - too much may be hard to manage
- Non-epi participation – How to do it?
- Need long term sustainable funding
- Need the right types of partnerships and the right person
- Maintaining relationships
- Long term commitment needed – how to maintain it?
- High turn over rate in subgroups-high workload
- Recruitment – Where? Who? How?
- Ever changing landscape. Reassessment needed to stay current
- The link to OPHS – how to keep up with changes and revisions?

What are solutions to overcome the challenges identified?
Recruitment, relationships and partnerships

- Incentives for volunteer participation (learning, CME, networking, build CV, publications, conferences, presentations)
- Volunteer management literature
- Formalize partnerships with other Ministries: CYS, police services

Turn-over rate in subgroups

- Stipend
- Make a plan for recruitment and engagement

Long term sustainable funding and commitment

- Effective and strategic partnerships

Changing landscapes

- Putting time aside for re-assessment
- Flexibility

What are the challenges faced to achieve the vision?

- How to move toward vision using volunteer time
- Constant change in the field, the economic & physical environment
- How to deal with emerging threats
- Recruitment of enough people to tackle large projects
- Attaining focus – don't spread volunteers too thin.

What are solutions to overcome the challenges identified?
Volunteer time

- Develop criteria to prevent work overload
- Re-energizing committee by having fun
- Recruitment of new members
- Create an Operational Plan for the year and use to assess emerging ideas, opportunities and threats
- Ask the Agency to take a permanent role with the indicators
- Create a set of core indicators and stay focused on them

What are the challenges faced to achieve the vision?

- How to gain external support? Still need volunteer basis
- Balance partner needs with CI organizational / board priorities
- Constant change – how to keep up?
- Creating new indicators on gaps – access to new data difficult (i.e. built environment data not even collected yet)
- How to allocate permanent support funding to match priorities
- Support person responsibilities-administrative AND involvement
- Definition of skill set and roles and responsibilities for support staff
- Lack of recognition of CI work as professional development

What are solutions to overcome the challenges identified?
Solutions for involvement

- Centralized support for local epi functions will free up time to be involved
- CI as a professional development opportunity
- Student involvement
- Post opportunities for involvement in APHEO groups on website and/or part of registration, welcome letter.
- Ask new members their area of interest and skill set

Changing environment

- Maintain active communication with partners
- Inventory of all new and emerging issues - prioritize list – be strategic

Access to new data sources

- Students to collect data
- Provincial involvement & support for credibility, affirmation, access to local data & entities
- Analysis of data at provincial level could free people up
- Ask new Agency to take on a role similar to RRFSS

Identify partnerships

- Discussion with partners

Student Involvement

- Students – create relationships with universities
- Ask students to review indicators as an assignment

Some cautionary thoughts were shared during the large group discussion. These included:

- It is difficult to engage and keep volunteers excited if meetings are all by teleconference. There is a need to include and plan for at least one face-to-face meeting to build relationships and encourage longer involvement.
- Concerning student involvement: Students need direction and supervision. Who will oversee them and how? The pros and cons of engaging students need to be fully explored.
- Kim reflected back to the group that she kept hearing the desire to expand the membership of APHEO and to expand the membership of the work group. Kim asked the group to think about who they would like to involve and how? What other groups do you want represented? How do you get more members involved from these groups? These questions were not discussed during this session but were identified as needing to be considered by the work group.

The original agenda listed the next discussion question to be about prioritizing efforts to achieve the vision. This was deferred as it was agreed by the group that it would be more advantageous to discuss as a group how to obtain sustainable funding to secure the necessary resources to achieve the identified vision. Therefore, groups were asked to brainstorm concrete objectives/next steps related to obtaining funding. They were asked to think about the “why, when and how” related to funding. Ideas included:

Identifying what funding could be used for:

Permanent Project Manager Position:

Hiring and “housing” a staff person with many different skill sets to manage the coordination of the project. Writing, reviewing, analyzing skills & admin support & location for staff person;

Secretariat & face-to-face meetings

Annual conference:

Host a workshop

Stipends:

For students; stipend of specific tasks: indicator review, archives and compile historical information

Research and library access, software

Advocacy support

Identifying means to achieve funding:

Shared secretariat with APHEO Executive Committee

Shared staff person for admin duties & content, indicators and management of sub-groups;

APHEO hires an Executive Director who works with CIWG to ask the Agency for funding;

Work with the RRFSS’s committee on their discussion of support from the Agency

Could combine the use of a Core Indicators Coordinator and RRFSS person and APHEO as the Agency has not established what centralized support for RRFSS looks like just yet

Request a meeting with the new Agency

Write an introductory letter and briefing on the Core Indicators Project;

Presentation of a wish list highlighting needs with a menu of choices for their support;

Core indicators become part of Agency’s objectives, maybe position housed there.

Other thoughts:

How do we build these cases and support the argument while aligning the stars?

There is a role for both long term and grant based funding to meet arising needs

Is it CIWG’s responsibility to create a plan that addresses the need for sustainable funding? Who should be consulted in the process? CIWG needs to include a plan for fundraising that is proactive vs. reactive.

2.5 Next Steps:

Kim thanked everyone for attending and shared that she will be writing a report that will be reviewed by the planning committee and then shared among the participants for feedback. Once feedback has been incorporated, the final report will be posted on the APHEO website. APHEO members will be notified when the final report has been posted. The report will include a section with recommendations developed by Kim for consideration by the CIWG for next steps.

2.6 Closing Remarks and Evaluation Forms

Prior to closing remarks, Mary-Anne asked the group to share ideas for future projects. Participants identified:

- Inventory of other core indicator projects – SDH
- Built environment
- Priority populations

Mary-Anne shared that there will be some built environment work happening in 2009. The Public Health Agency of Canada currently has some funding available on this topic and a new subgroup within the Core Indicators Project would be needed. The funds available would need to be spent by March 2009.

In closing, Mary-Anne thanked everyone for coming and working hard throughout the day. Participants were also encouraged to complete the session evaluation form. Results of the evaluation form are listed in Appendix D.

3.0 Recommendations

Building on the knowledge shared throughout the day, the following recommendations were developed by the consultant, reviewed by participants and confirmed by the participants via email after the December 5, 2008 presentation.

The recommendations are not in order of priority and in fact, there is the need for them to be implemented simultaneously in order to have the greatest impact on the development of a vision and strategic direction for the Core Indicators Project. The four key recommendations are:

Recommendation #1

- 1. Work in partnership with the APHEO Executive to develop the rationale and position descriptions for paid staff and include how these paid positions could contribute to the functionality of the Work Group.**
- 2. Once this is accomplished, develop a list of possible options for support (financial and in-kind) from the Ontario Agency for Health Protection and Promotion (OAHPP).**
- 3. Request a meeting with OAHPP to present and discuss possible options developed.**

Action Steps for Recommendation #1:

- Invite the APHEO Executive to meet with members of the Core Indicators Project Work Group (CIWG) to discuss how a secretariat and Executive Director could contribute to the functionality of the Work Group.
- Use the suggestions on page 20 (identifying what funding could be used for and identifying means to achieve funding) as discussion points with the APHEO Executive to a) share the need for paid positions and b) to identify strategies to secure funding to support these positions.
- Develop a joint plan that includes a) descriptions of how paid positions could enhance the overall work of APHEO, b) possible sources of funding and c) possible options for support.
- Specifically, develop possible options of financial and in-kind support from the new agency (OAHPP). Identify possible options for support with a focus on areas of need and that build relationships across networks. Present small and achievable projects.
- Request OAHPP share their work plan for the next six months to seek further alignments with APHEO work.

Recommendation #2

1. **Request a joint meeting with APHEO Executive members and Chairs of APHEO Work Groups to develop an operational plan to expand the APHEO membership.**
2. **Include the development of a recruitment plan for all APHEO work groups within the membership operational plan.**

Action Steps for Recommendation #2:

- Develop promotional material (predominately this will be web-based) highlighting the different ways APHEO members can be involved in work group activities.
- Develop a standardized format that could include successes, testimonials from active and/or past members and organizations where collaborative partnerships have been formed.
- Clearly outline “what is in it for them” as members to join specific work groups.
- Use information shared in the survey (CIWG) to develop promotional material on the benefits of being a member.
- Develop an orientation package/process for new members who join the CIWG and sub-groups. This includes following up with new members three months after they joined to ensure they are experiencing the value of being involved.

Recommendation #3

- 1. For the Core Indicator Work Group (CIWG) to provide leadership and coordination to ensure that promotion of the Core Indicators project is included at the annual APHEO conference.**

Action Steps for Recommendation #3:

- Contact the APHEO Conference Planning Committee to brainstorm ways that the CIWG could highlight their achievements annually at the APHEO conference.
- Work with the sub-groups to identify ideas and methods to share their achievements (e.g. encourage sub-groups to host a session or host a poster session inviting all sub-groups to feature their projects or host an information booth that includes promotional material about the Core Indicators project).
- Consider finalizing the *Alignment of Draft Table* and share with all APHEO members by featuring this resource at the next APHEO conference (e.g. produce a one page promotional flyer to be included in participant's binder that includes the purpose and examples from this resource with the web-link provided).

Recommendation #4

- 1. For the Core Indicator's Project Work Group to use this report as a guide for the development of a three year (2009-2011) operational plan.**

Action Steps for Recommendation #4

- Once the report is released, host a meeting to discuss the development of a three year operational plan and begin to draft an outline.
- Use the five visioning themes identified on page 16 as a starting point to develop a logic model to identify how each theme can be achieved.
- Keep in mind the challenges identified and consider the solutions to overcome the challenges. Use this to inform the work plan to achieve the 2011 vision. Map out for each year.
- Review the Performance Measurement Work Group Report (sponsored by the Ministry of Health and Long Term Care-Ontario Public Health Standards office) when it is released in March 2009 and identify how it can impact the development of your three year operational plan.
- Share draft operational plans with sub-group members and help them identify their role to achieve the strategic vision.
- Once the operational plan has been confirmed by all members, share it widely within the association through the development of promotional material.

Appendix A Participants List

Participant's Name	Organization
Camille Achonu	Ontario Agency for Health Protection and Promotion
Francoise Bouchard	Ministry of Health Promotion
Barbara Chapman	Ontario Prenatal Surveillance System
Natasha Crowcroft	Ontario Agency for Health Protection and Promotion
Sherri Deamond	Durham Region Health Department
Elsa Ho	Health Analytics Branch, MOHLTC
Shanna Hoetmer	York Region Community & Health Services
Emily Karas	MOHLTC- Public Health Division- Infectious Diseases Branch
Ahalya Mahendra	Public Health Agency of Canada
Joanna Oliver	APHEO President
Carol Paul	Health Analytics Branch, MOHLTC
Mary-Anne Pietrusiak	Durham Region Health Department
Elizabeth Rael	Ministry of Health Promotion
Harleen Sahota	APHEO/ALPHA
Rachel Savage	Ontario Agency for Health Protection and Promotion
Julie Stratton	Region of Peel, Public Health
Joanne Thanos	MOHLTC- Public Health Standards
Beth Theis	Cancer Care Ontario
Rebecca Truscott	Cancer Care Ontario
Joining by teleconference:	
Eric Driscoll	Public Health Agency of Canada Health Promotion & Chronic Disease Prevention Branch
Brenda Guarda	Simcoe Muskoka District Health Unit
Anne Marie Holt	Haliburton, Kawartha, Pine Ridge District Health Unit – APHEO Executive
Peggy Patterson	Renfrew County and District Health Unit
Katherine Russell	Ottawa Public Health
Fangli Xie	Durham Region Health Department

Appendix B
Agenda
APHEO: Core Indicators Project
Strategic Direction Session
December 5, 2008
Facilitated by Kim Bergeron
9:15 to 4:00
Public Health Agency of Canada Office
180 Queen Street West, 11th Floor, PHAC Dome

Teleconference details: 416-212-0400 (For calls within Toronto), 1-866-355-2663 (Outside of Toronto), Pass Code 7403 followed by # (pound sign)

Agenda

1. **Welcome, Introductions, Purpose of Session** (Kim Bergeron)
2. **Celebration!** (Mary-Anne Pietrusiak)
3. **Lay of the Land**
 - a) APHEO-Strategic Direction (Joanna Oliver)
 - b) PHAC Project (Harleen Sahota)
 - c) Ontario Public Health Standards (Joanne Thanos)
 - d) Performance Indicators (Julie Stratton)

B R E A K

- e) Agency for Health Protection and Promotion (Dr. Natasha Crowcroft)
 - f) Survey Results (Kim Bergeron)
4. **Group Work:**
Visioning Exercise to Identify a Strategic Direction

L U N C H

Building the Strategic Direction: (Small Group Work)

1. What are the challenges faced to achieve the vision?
 2. What are solutions to overcome the challenges identified?
 3. What are the priorities to achieve the vision?
5. **B R E A K**
6. **Next steps (Kim)**
7. **Closing remarks/ evaluation form (Mary-Anne)**

Appendix C
APHEO: Core Indicators Project
Strategic Direction Session
December 5, 2008
Facilitated by Kim Bergeron

Worksheet

Envision what could be:

Themes identified when asked to identify important activities and initiatives that the Core Indicators project should accomplish by 2011 were:

- 2.1 **Obtain resources:** funding to hire staff; develop policies and procedures; update and review indicators.
- 2.2 **Collaborate:** with Ontario Agency for Health Protection and Promotion; Public Health Standard Branch; continue with relationship with Ministry of Health Promotion; link with other organizations nationally and internationally; Stats Canada; CIHI; researchers; and Local Health Integration Networks. This includes promoting/communicating the project to others such as developing reports in Intellihealth for indicator numerator & denominator data
- 2.3 **Identify Data Gaps:** re-align the indicators with the OPHS and PHAS protocol; continuous review and revision of indicators; develop indicators on the built environment.

Identify your vision for the Core Indicators project.

Write down using one or two words what do you envision the Core Indicators project work group to have accomplished by 2011?

Building the Strategic Direction:

(Discussed in small groups and report to the larger group).

Challenges Faced:

Challenges identified were:

- Depends on "volunteer" time
- Work Group Issues: Reliance on the energy of key people
- Lack of Resources and Finances
- Lack of alignment with OPHS
- Revising indicators time consuming
- Field is changing rapidly, hard to keep up.
- Other competing indicators projects

What other challenges could be faced to achieve the vision?

Solutions to overcome Challenges:

What are solutions to overcome the challenges identified?

Prioritizing Actions to Reach the Vision:

What are the priorities to achieve the vision?

Appendix D

APHEO: Core Indicators Project Strategic Direction Session Facilitated by Kim Bergeron December 5, 2008

Evaluation Form

1. Please rate your level of satisfaction with the following components of today's session:

	1	2	3	4	5	N/A
APHEO-Strategic Direction			1	5	3	2
PHAC Project				6	2	3
Ontario Public Health Standards			1	7	1	2
Performance Indicators				8	1	2
Agency for Health Protection and Promotion			1	6	4	
Survey Results				5	5	1
Visioning Exercise				7	3	1
Small group work				4	6	1
Length of session				6	4	1
How the day was structured				4	6	1
Knowledge/Skills of facilitator				3	7	1
Other (explain)						
Comments: - Day flowed well - Good mix of presentations and small group work.						

2. Overall, how would you rate your level of satisfaction with today's session?

0 Not Satisfied at All

10 Very Satisfied

Please explain your rating:

- Great overview at the start and attempt to include all points of view
- When facilitated it provided new direction and clear priorities
- Felt very engaged
- Achieved goals (or thought we did)
- Some concrete ideas that came out of the day
- Lots of good concrete ideas came forward, and there were many repeated themes. The agenda was thoughtfully and constructively prepared
- Gave me a very good overview of the project and a better understanding as a sub-group member/volunteer

3. What did you find helpful?

- hearing background of project
- working through the challenges
- Small group work excellent to get juices flowing and develop ideas
- Facilitator who knows the construct area and has great skills
- Survey and small group work was great at bringing together ideas
- The solutions session
- Face to face interaction
- Facilitator (to keep going)
- Small group work
- 2nd half of day
- The organizers' willingness to allow me to participate for the portion of the day when I was available
- Opportunity to work in small groups

4. What could have been done differently to better meet your needs/expectations?

- Disappointed that not more could participate throughout the day
- Too many presentations – would have been good to have material summarized ahead of time
- Cut into opportunity for discussion
- Less “lay of the land”, as assumed most people have seen the presentations before
- More time in the morning for each presentation – fewer presentations

5. Any other comments or suggestions?

- Be sure to include rationale for indicators supported by evidence
- Thank you for having healthy options for lunch
- Looking forward to operationalizing outcomes
- Excellent, excellent session!!! Great to see CI members