

The Ontario Chronic Disease Prevention Alliance

“Priorities for Action”

January, 2007

I: Introduction

“No matter how difficult agreement is, there is no escaping the fact that the challenges of our time must be met by action and today, more than ever, action must be collective if it is to be effective.”

Kofi Annan

(Ghanaian diplomat, seventh secretary-general of the United Nations, 2001 Nobel Peace Prize.)

The Ontario Chronic Disease Prevention Alliance (OCDPA) has reached agreement and is poised to take collective action. As a collaborative of non-governmental organizations (NGOs) dedicated to improving the health of Ontarians, the Alliance envisions healthy Ontarians and communities where population and individual health are supported by societal conditions and personal behaviours. The Alliance’s mission is to provide collaborative leadership to support a comprehensive chronic disease prevention system for Ontario. The emphasis is on a health promotion and primary prevention approach and key outcomes include:

1. Chronic disease prevention investments are well-planned and coordinated.
2. Public policies are in place to address the prevention of chronic disease.
3. Knowledge is effectively and efficiently created and exchanged.

In working towards these outcomes, the OCDPA is committed to fulfilling its mission effectively and efficiently in a way that has impact.

The priorities for action outlined here will potentially be used for funding proposals, as a basis for collaborative action among Alliance partners, as input to various communiqués, and as a means of directing work towards Alliance strategic directions. By virtue of what actions are *not* included here as collective priorities, partners may also pursue other bilateral opportunities or unilaterally knowing they will complement the work of the Alliance.

This report builds on the *“Thinking Like a System”* document (2006) and the *Working Strategic Plan for 2006 – 2008* (2006) by identifying the priority action areas for Alliance efforts that support the established system elements and processes. These actions are designed to be addressed by the collective membership of the Alliance as value-added work to the important and unique work undertaken by each individual member as well as government partners. Not every recommended action will engage all Alliance members but all actions will involve a strategic mix of multiple, committed partners.

The social, economic and personal toll of chronic diseases is huge and as the population ages these costs are increasing. Although Ontario has a number of important and valuable population

health assets, coordination and integration is needed to optimize their effectiveness. The OCDPA envisions a province-wide system that enables effective coordinated planning, delivery and continuous improvement of health promotion and chronic disease prevention interventions at a population level. Such a system would address behavioural risk factors and the underlying determinants of health. As a start to this coordinated approach, the Alliance has elected to specifically address the common underlying risk factors associated with many of the most common chronic diseases such as cardiovascular disease, Type II Diabetes, and many forms of cancer. Future initiatives will focus on the other important risk factors for chronic disease, including environmental and social determinants, alcohol, other drugs and mental health issues, building on the experiences and lessons of the current foci.

Therefore, these first action steps focus on reducing physical inactivity, unhealthy eating and tobacco use in Ontario. This approach is consistent with the original intent of the OCDPA that “the development of an approach that frames diseases and risk factor specific interventions within a broad umbrella would allow a focus on shared elements when appropriate while also allowing for interventions tailored to specific diseases. The result would be more efficient use of resources, shared responsibility, a stronger collective voice on the issue, optimization of existing organizational skill sets and competencies resulting in a population-based impact¹.

The Alliance’s initial focus on physical inactivity, unhealthy eating and tobacco use is intended to be complimentary and synergistic to efforts underway at local, provincial and federal levels. This symbiotic relationship between government and the voluntary/not-for-profit sector has value at both provincial and federal levels as described in “Working Together: A Government of Canada / Voluntary Sector Joint Initiative: “Governments and the voluntary sector, complementing each other’s strengths, will be better equipped to help citizens fulfill their potential and manage their lives, and to help Canada meet the domestic and global challenges that lie ahead.²” Specifically in Ontario, the Ministry of Health Promotion’s two highest priorities: the Smoke-Free Ontario Strategy and the Healthy Eating Active Living (HEAL) Strategy have been key considerations in the Alliance priorities. Nationally, the direction of federal chronic disease strategies, especially the prevention components, and the federal Healthy Living and Chronic Disease Prevention Strategy have informed the priorities outlined here. The priorities and current initiatives of the Chronic Disease Prevention Alliance of Canada and selected other provincial CDP networks/alliances were also considered.

The report that follows outlines the details of and methods used to identify six priorities for action in 2007 and 2008 as well as the implementation requirements of each. These are presented in no particular order of priority here.

- ⇒ **Integration of CDP into Local Health Systems**
- ⇒ **Common CDP Messaging**
- ⇒ **Apply Learnings from Tobacco to HEAL Efforts**
- ⇒ **Implementation Dose of Best Practices**
- ⇒ **Addressing Health Disparities**
- ⇒ **HEAL Evaluation Components.**

¹ An Overview of the Ontario Chronic Disease Prevention Alliance. September 2003

² <http://www.vsr-trsb.net/publications/pco-e.pdf>

II: Setting the Stage for Collective Action

Significant work by members of the OCDPA has been done to lay the groundwork and establish a culture of readiness to address collective action. The priority actions identified here represent the first application of much of the background work done to date. As such, the priorities are few in number and strategically selected based on five critical success factors (see Appendix E for more details), as outlined below.

“It is better to take many small steps in the right direction than to make a great leap forward only to stumble backward.”

Old Chinese Proverb

An OCDPA Priority for Action must be:

1. evidence-informed (e.g., theory, research, experience).
2. needs - and opportunity- driven , especially building on momentum and building strategically on the System plan.
3. capable of achieving high impact, especially in relation to cost.
4. feasible to undertake within the 2007-2009 time period.
5. consistent with the OCDPA mandate and appropriate for OCDPA leadership.

In brief, the steps undertaken to establish the priorities that meet these critical success factors were:

- (i) Broad strategic planning process in 2006 (Working Strategic Plan can be found in Appendix A)
- (ii) *“Thinking like a system: The way forward to prevent chronic disease in Ontario”* was produced in March, 2006 (Appendix B) which outlined six System Elements and three System Processes (see Table 1 below).

Table 1. System Elements, Processes and Characteristics

System Elements	System Processes	System Characteristics
<ul style="list-style-type: none"> ● Capacity development ● Best practices Identification ● Research ● Surveillance/monitoring ● Evaluation ● Policy and program implementation 	<ul style="list-style-type: none"> ● Planning and coordination ● Knowledge exchange ● Advocacy 	<ul style="list-style-type: none"> ● Designed primarily at the provincial level ● Focused on supporting strong community-level interventions ● Linked to federal work to leverage federal infrastructure

- (iii) *“Thinking Like a System”* also identified four priority areas for OCDPA collective action. Two have been moved forward as particularly timely and relevant,

largely because of the leadership shown in each area by the provincial government:

- 1) Supporting and leveraging the **Smoke-Free Ontario** Strategy by applying the proposed chronic disease prevention system.
 - 2) Calling upon its members and partners to quickly ramp up action on addressing **healthy eating and active living**.
- (iv) Two *Expert Groups* (members listed in Appendix C), one in each of the above priority areas, were convened in the fall of 2006 to provide input on priority actions that would address an existing gap or opportunity AND represent an appropriate role for the Alliance.
- (v) A broad slate of 34 potential actions was developed for consideration by the full Alliance, who then identified the six priorities for action presented here by considering the five critical success factors presented earlier.

Additional details on these steps are available in Appendix D: Priority Setting Steps.

III: Priorities for Alliance Action on Healthy Eating, Active Living and Tobacco

There is a great deal happening to address the prevention of chronic diseases in the areas of tobacco use reduction, healthy eating and physical activity in Ontario, and across Canada, much as a result of government leadership. However, many local organizations and coalitions find it challenging to keep abreast of all the various strategies, much less align their efforts to plan and implement them in a coordinated, comprehensive manner. The qualitative findings from the 2004 "OHHP Phase I Final Evaluation Report"³ bear out this challenge. Community informants described the challenges of meeting the same faces around local tables geared to exploring physical activity opportunities, diabetes funding proposals, stroke strategies, heart health program guidelines and tobacco programs.

The various CDP initiatives currently underway have been developed to combat diseases that are very often the result of alarmingly high obesity rates, which continue to climb (caused by poor eating and activity patterns in an obesogenic environment) and the continued use of tobacco by more than two million Ontarians. Although smoking rates have declined over the last 25 years, they have remained constant since 2002⁴. We cannot become complacent about current tobacco use levels which are still too high, especially in youth, and will rise again if controls and supports are neglected. "*Chronic Disease in Ontario and Canada: Determinants, Risk Factors and Prevention Priorities*"⁵ contains additional relevant data on current health status, if desired.

The Alliance is uniquely positioned to model leadership in three areas that are reflected in the named Priorities for Action:

³ "OHHP Phase I Final Evaluation Report" . Riley B, d'Avernas J, Edwards N. 2004

⁴ Centre for Addiction and Mental Health. 2006 STOP Smoking Therapy Clinical Trial.

⁵ OCDPA/OPHA. Haydon et al. 2006. <http://www.opha.on.ca/projects/ocdpa/resources/CDP-FullReport-Mar06.pdf>

- ⇒ United advocacy efforts
- ⇒ Enhanced planning and coordination
- ⇒ Knowledge exchange that includes a broad range of activities required to encourage researchers and decision-makers to work together to create and share information, establish research dissemination processes, and support the use of research-based evidence are required to further the prevention efforts underway.

Investments by government, the voluntary and private sectors are necessary to address these priorities. There is an immediate opportunity for the government and non-government sectors to provide synergistic leadership to the prevention of chronic diseases in Ontario. In so doing, disease rates in Ontario would be addressed, and a model for coordinated and complimentary action would be implemented providing a much-needed example for many other jurisdictions to consider; another opportunity for leadership. Current levels of investment, implementation and collaboration could be used as a baseline measure for success in these areas.

The members of the Ontario Chronic Disease Prevention Alliance have identified their six collective priorities for action. Two fall within a Planning and Coordination function, two within Knowledge Exchange, and two within the function of Advocacy. There is a similar split across the Elements of Program and Policy Implementation (2), Best Practices (2), Capacity Building (1) and Evaluation (1).

PROCESSES → & ELEMENTS ↓	Planning & Coordination	Knowledge Exchange	Advocacy
PROGRAM & POLICY IMPLEMENTATION	<p>1. Integration of CDP into local health systems</p> <p>Facilitate planning, communication and education between public health, LHIN's & FHT's and other local health players to incorporate a strong CDP component to their community priorities.</p> <p>2. Common CDP Messaging</p> <p>Facilitate provincial-level decision-making regarding CDP common messaging</p>		

PROCESSES → & ELEMENTS ↓	Planning & Coordination	Knowledge Exchange	Advocacy
	that can be used provincially and locally.		
BEST PRACTICES		3. Apply Learnings from Tobacco to HEAL Efforts Generate & facilitate dialogue and debate about learnings from work in tobacco control with those working in HEAL.	4. Implementation Dose of Best Practices Advocate for sufficient implementation dose of selected best practices across Ontario.
CAPACITY DEVELOPMENT		5. Addressing Health Disparities Broker the uptake of evidence-informed practices that address health disparities.	
EVALUATION			6. HEAL Evaluation Components Advocate for the inclusion of key system-level success indicators for the HEAL Strategy & process & outcome evaluations in initiatives funded by the HEAL Strategy.

IV: Implementation Requirements by Priority Action

Each of the six priority areas for action are described in more operational detail.

Priority 1: Integrate chronic disease prevention (CDP) into local health systems

Description: Facilitate planning, communication and education among public health (PHU), local health integration networks (LHINs) family health teams (FHT) and other local health players (i.e. CHCs, etc.) to incorporate a strong CDP component to their community priorities.

(Program and Policy Implementation: Planning and Coordination)

Outcomes
1. Have an understanding and value of CDP and what that means
2. CDP reflected in their plans (links to DPM Framework)
3. Identification

Actions
1. Pull together existing resources/tools/evidence/experience on CDP and health promotion (HP) in hospitals, community settings and health care settings
2. Analyze 14 LHINS, IHSP and Workgroups re: CDP and allocations, plans
3. Identify a "rep" from OCDPA at each LHIN level
4. Develop common messages re: other priorities to take forward as a rep
5. Make connections for LHINs to people who are active
6. Facilitate local level involvement and direct local systems development
7. Understand current PH activities and current FHT activity
8. Communicate and strategically build OCDPA as "go to" structure
9. Create dialogue with FHT/LHINS/PH – identify barriers and strategies to address them

Priority 2: Common CDP Messaging

Description: Facilitate province-level decision-making regarding CDP common messaging that can be used provincially and locally.

(Program and Policy Implementation: Planning and Coordination)

Outcomes	Actions
Identify initial audiences (government, alliance)	Identify organizations that can work together
Standards and guidelines for message development	Look at impact on individual members
Clear, credible and compelling expression of who the audience is	Revisit initial work on what orgs compete, complement, and collaborate
Solid evidence base from which to work (e.g. costs in developing messages)	Develop communication pieces and messages

Long-term outcome to coordinate member messages	Evaluation component that supports ongoing activity
Recruitment tool for new members	Layered approach – start internal and with government. Grow to general public in year 2.
Tools to use with election candidates, new government, etc.	Demonstration of value added and benefits to member organizations for being a member
Budget process	Survey other provinces to see what they are doing. Linkages could develop. Build consensus

Priority 3: Apply Learnings from Tobacco to HEAL Efforts

Description: Generate and facilitate dialogue and debate about learnings from work in tobacco Control with those working in Healthy Eating and Living (HEAL)
(Best Practice: Knowledge Exchange)

<i>Outcomes</i>	<i>Actions</i>
HEAL is lacking 'healthy public policy'. Need to monitor development and implementation of policy at both provincial and local levels	Develop structure and terms around advocacy (e.g. a parallel to Ontario Campaign for Action Against Tobacco – OCAAT) and local networks (Ontario Tobacco Free Network) Alliance as whole and individual member NGOs advocatge for healthy public policy Monitor policy development at local and provincial level and report regularly – train staff at local level to support development of policy Get earned media – train people and reach out to offer comments. Be ready in advance with statements, directions, etc.
Fund youth leaders	Engage youth through Youth Action Alliances as in tobacco and pay them. Build on tobacco structure
Cross-Ministry pressure for action	
Monitoring and Surveillance of Risk Factors (e.g. OTRU)	PHRED doing something in this area. Connect with them.

Priority 4: Implementation Dose of Best Practices

Description: Advocate for sufficient implementation dose of selected best practices across Ontario.

(Best Practice: Advocacy)

<i>Outcomes</i>	<i>Actions</i>
Identification of key interventions about which to advocate Best Practice	Choose 3 topics to focus on....for example: School food environment or community physical activity levels smoking cessation
Identification of groups or people to help with these interventions	Bring together experts and other NGOs in chosen areas
Identify what resources are required to increase reach of each intervention	Analyze data and build business case for each
Develop advocacy strategy with key messages and roles of members in this initiative	Learn about key players who need to be influenced
To better understand the <u>barriers</u> to each of the issues, to describe the barriers	

Priority 5: Addressing Health Disparities

Description: Broker the uptake of evidence-informed practices that address health disparities.

(Capacity Building: Knowledge Exchange)

<i>Outcomes</i>	<i>Actions</i>
Policies and standards that support delivery of Social Determinants of Health	Work with government and public health to identify and breakdown policy issues and practice barriers. Address advocacy, where possible.
Funding available to support healthy living	Prioritize what interventions are possible, supporting government interventions
Uptake of healthy foods	Curriculum development and advocacy for policies to address the following: Educational institutions deliver appropriate information to children and parents Healthier foods are accessible through funding or subsidized pricing policy.
Companies provide healthy foods in workplace	Align OCDPA with food companies Get government to legislate fat and sugar limits in foods Policy supports and advocacy
Accessible and active communities; build	Work with urban planning, transportation,

environments that promote health	etc. to promote healthy neighbourhood design. Advocate for accessible physical activity resources and direct attention to priority steps
Adequate services to address issues of mental health	Ensure services are accessible and barrier-free Make system less clinical to support multiple points of access Build linkages with local area networks to increase access
Education delivers change	Ensure barrier-free information (Cross-cultural linkages, translation of materials) Promotion of health literacy among NGOs and Ministry Capacity building
Improved health in high risk or priority groups	Determine access points to assist with health disparities and determinants of health Take a risk-factor focus to intervention vs. chronic disease focus

Priority 6: HEAL Evaluation Components

Description: Advocate for the inclusion of key system-level success indicators for the HEAL Strategy; push process and outcomes evaluations in the initiatives funded by HEAL strategy.
(Evaluation, Knowledge Exchange: Advocacy)

<i>Outcomes</i>	<i>Actions</i>
Alliance to help inform and shape the HEAL evaluations; direct and support Ministry's next RFP guidelines and criteria of selection	Alliance contract with PHRED (Lead agency for HEAL evaluation) Alliance is a participant/stakeholder in the process evaluation
Constructive use of HEAL evaluation results in planning for CDP in Ontario (gov & Alliance/NGOs)	Convened knowledge exchange/sense making forums to interpret the results and inform action plans
Coordinated and complementary evaluation plans to inform planning	Convene stakeholders with evaluations related to healthy eating and active living Facilitate broader use of the findings and apply to field and practitioner work

The second task of the small groups involved adding further detail to the Priority Areas. Groups were asked to answer 4 questions for each outcome/action they identified in the first discussion.

The questions were:

Who are the likely partners?

What are their roles?

What resources are required?

What is the approximate timeline for completion?

Priority 1: Integrate chronic disease prevention (CDP) into local systems

Actions	Partners/role/resource/ time
1. Pull together existing resources/tools/evidence/experience on CDP and health promotion (HP) in hospitals, community settings and health care settings	Partners: HHRC with CAMH / CHP / OPC / OAH / Hospital Promotion Network Roles: Gather information (check RNAO site) Resources: use of OCDPA website Timeline: Jan 08 for invitation and orientation new Alliance members
2. Analyze 14 LHINS, IHSP and Workgroups re: CDP and allocations, plans	Partners: OCDPA commission someone to do this, link above Resources: \$5-10K Timeline: August 2007
3. Identify a "rep" from OCDPA at each LHIN level	Partners: All OCDPA members Roles: Identify persons for each LHINS and write mini-LHIN reports Timeline: June 2007
4. Develop common messages re: other priorities to take forward as a rep	Partners: CAMH & OPC, CHP, CPAC Timelines: August 2007; then January 2008
5. Make connections for LHINs to people who are active	Partners: all OCDPA members Roles: Identify their interest Timelines: June 2007
6. Facilitate local level involvement and direct local systems development	Partners: All members and secretariat Roles; send out communication to HH network and pull together info (i.e. FOCUS, NGOs, etc.) Timeline: August 2007
7. Understand current PH activities and current FHT activity	Partners: OPHA & CDP Managers Group; OHHN
8. Communicate and strategically build OCDPA as "go to" structure	Linked to items 4 and 6
9. Create dialogue with FHT/LHINS/PH – identify barriers and strategies to address them	Timeline: workshop or conference in March 2008

Priority 2: Common Messaging

Timeline: 1 Year (completed by end 2008)

Partners	Roles	Resources
OCDPA Communications Committee	Consensus building	Funding
Communications Firm	Communication	Funding for printing and developing materials
Government relations firm?	Set Objectives	"Dog and Pony" show Powerpoint Presentations on "Thinking Like a System"
Graphic design		Booth, signage for presence at conferences

Priority 3: Applying Learnings from Tobacco to HEAL

Actions	Partners/role/resource/ time
1. HEAL is lacking "healthy public policy" and need to monitor development/implementation of policy at both provincial and local levels	Partners: NGOs who can contribute on Alliance
	Roles: Enhance existing funding capacities with Alliance members
	Resources: membership and participation on OCDPA committees
2. Across Ministry pressure for action	Partners: Ministries of Education; Health Promotion; Children and Youth Services
	Roles: Create leadership with whoever has this file
	Resources: OCDPA Manager and Chair(s);
3. Monitor and Surveillance Risk Factors (e.g. OTRU)	Partners: All OCDPA members
	Roles: Advocacy
	Resources: OCDPA membership and participation in advocacy

Priority 4: Implementing Dose of Best Practices

Partners	Roles	Resources
OCDPA Alliance Members	Advocacy Funding Advocacy Skills In-kind staff or contributions Lead Advocate role	Staffing
Physical & Health Educators Principals Association Parent Groups	Inform them Help describe and frame issues and barriers Advocate for change	Funding for release time (\$) Funding for required materials Expertise to create documents and materials
Public Health School Boards Parks and Recreation After School Programs	To assist with and in advocacy plans and coordination To engage in action	Staffing Materials
Universities PHRED	Research Support Knowledge exchange Best practices Evaluation	Staff time Specific 'asks' Outlet for dissemination (OCDPA website)
Food service industry – Food manufacturers Food suppliers Vending machine suppliers Milk-marketing board	Provide healthy products based on criteria Provide products at reasonable costs Providing fridges, as appropriate	

Priority 5: Addressing Health Disparities

Partners	Roles	Resources
Outcomes 2, 6 and 7 -- Providers – Hospital and FHT	Access and identification of issues Delivery of services Services	Data supports and support sharing Privacy issues and barriers Training to take issue beyond the clinical Access to existing community responses to filter people and policy levers/management support determine health disparities
Actions 1, 2, 4, 5, 8 in the SFOACT – Government	Set policy an dscope and enforcement/capacity Fund Communicate, promote and monitor	Knowledge of Section 48 Regulatory Issues Knowing system levers Need to link, think and ask....

	Community programs Advocacy Communications	Determine policies and direction and education Right people, and right time Lacking of policy and its support in MOHLTC
Actions 4, 5, 6, 8 -- NGOs and Alliance Members	Community programs Advocacy/ GR	Knowledge of system lever and structures
Actions 3, 4, 5, 8 -- Private Sector and Business Developers	Promoting healthy food to make access easier Align with other role players	Have tremendous access to experts and other coalitions, focus on schools. Communication re: advertising
Actions 3, 6, 8 – Public Individuals	Personal Responsibility Enabled, empowered consumers Healthy environmental choices Healthy Environment	Education Access Skill Development Resources Business Development Communities that allow citizens to be healthy
Actions 3, 6, 7, 8 – Education	Delivering message Working collaboratively Enforcing guidelines	Adequately funded Linking with community services, NGOs, etc. NGO resources

Priority 6: HEAL Evaluation Components

Partners: CBRPE, CAMH, Dieticians of Canada, HSF, Cancer Care ON, OTRU, Healthy weights/healthy children consultants

APPENDICES

A: OCDPA Working Strategic Plan

B: OCDPA's *"Thinking Like a System"* Paper

C: Members of the Expert Groups

(i) Tobacco

(ii) HEAL

D: Summary of Priority Setting Steps

E: Critical Success Factors used in Setting Priorities

Appendix B – “Thinking like a system: The way forward to prevent chronic diseases in Ontario” (separate)

Appendix C – Members of the Expert Groups

Healthy Eating and Active Living Group Members

Participant Name	Organization
Samara Foisy	NRC (Nutrition Resource Centre)
Mary-Jo Makarachuk	Toronto Public Health
Rita Foscarini	York Region Public Health Ontario Collaborative Group on HEAL
Connie Uetrect	Ontario Public Health Association
Jennifer Cowie Bonne	Ontario Physical and Health Education Association
Danielle Paterson (for P. Payne)	Canadian Cancer Society – Ontario Division
Rebecca Truscott	Cancer Care Ontario
Rose Dumshna	North York General Hospital – Diabetes Education Centre
Julie Callaghan	Lawrence Heights Community Health Centre
Scott Wolfe	Association of Ontario Health Centres (AOHC)
Laurie Hurley	Arthritis Society Ontario Division
Mary Lewis	Heart and Stroke Foundation – ON
Susan Himel	Hospital Healthy Promoting Network
Anne Lessio	Heart Health Resource Centre (HHRC) and Towards Evidence Based Practiced (TEIP); Ontario Public Health Association
Nancy Dubois	Facilitator
Maria Grant	Ontario Chronic Disease Prevention Alliance (OCDPA)
Tamara Khamassuridze	Ontario Chronic Disease Prevention Alliance (OCDPA)

Tobacco Control Group Members

Participant Name	Organization
Rowena Pinto	Canadian Cancer Society – ON Division
Beverley Else	Media Network
Ratsamy Pathammavong	Ontario Lunch Association
Deb Keen	Cancer Care Ontario
John Garcia	Ontario Tobacco Research Unit/Cancer Care Ontario
Marianne Kobus-Matthews	Centre for Addition and Mental Health (CAMH)
Nadia Minian	Ontario Tobacco Research Unit
Nancy Dubois	Facilitator
Lucy Bonnano	Osteoporosis Canada
Maria Grant	Ontario Chronic Disease Prevention Alliance (OCDPA)
Tamara Khamassuridze	Ontario Chronic Disease Prevention Alliance (OCDPA)

Appendix D: Results of Priority-Setting Expert Groups

TOBACCO GROUP Note: Some ideas related to the overall role of the OCDPA, not specifically tobacco	HEAL GROUP
<ol style="list-style-type: none"> 1. Advocate for provincially available cessation services. 2. Advocate for the sustainability of the OTS. 3. Advocate for policies to address the social determinants of health. 3. Disseminate knowledge gained from tobacco control to other areas of work. 3. Advocate for a CDP Centre of Excellence / Coordinating Centre. <p><i>Of particular note:</i> The group felt that the risk factor of alcohol should be added as a priority for OCDPA work.</p>	<ol style="list-style-type: none"> 1. Advocate for funding to support the evaluation of prevention efforts. 2. Coordinate an enhanced intensity for the implementation of “best practices”. 2. Engage other sectors beyond health in addressing the social determinants of health. 3. Advocate, proactively and reactively, as the opportunity arises (e.g. during elections) for action on addressing the social determinants of health. 3. Advocate for more regular surveillance of healthy eating and physical activity behaviours.

In addition to the comments above from the HEAL consultations, the following points were also made:

- Capacity Development: Explore role of OHPRS on HEAL
- Research: Lack of coordination of research
- Best Practices: Communications across the province regarding current initiatives and lessons learned
- Communications: Coordination of social marketing campaigns to impact social norms
- Consider settings within matrix
- Consult those who will/are implementing (e.g. communities, schools, workplaces).

The OCDPA system plan is about achieving impact on health promotion and chronic disease outcomes. Below are five **critical success factors** to achieve impact. Priority actions for the OCDPA will meet all or most of these critical success factors. Below each factor are examples of questions that can be used to examine the extent to which the factor is achieved.

*Critical success factor #1: **Evidence-informed (e.g., theory, research, experience)***

- What is theoretical support for the action (e.g., social ecology; diffusion of innovations)?
- To what extent are the logical connections defensible between the action and desired outcomes?
- How do research studies support the action? What is evidence of effectiveness of the action in other jurisdictions? To what extent can the results be applied within Ontario?
- What experiential evidence (e.g., implementation of the same or a similar action) supports the action?

*Critical success factor #2: **Needs and opportunity driven, especially building on momentum and building strategically on the system plan***

- To what extent does the action address an urgent problem?
- How does the action fill an important gap in the system plan?
- To what extent does the action better align elements and processes in the system plan?
- Does anything else need to happen before this action can be successful?
- How does this action align Ontario activities with government priorities (federal, provincial and local / regional)?
- To what extent does this action build on existing momentum?
- What are risks of not undertaking this action?

*Critical success factor #3: **High impact, especially in relation to cost***

- How high is the return on investment for this action compared to other possible actions?
- How certain is it that the desired outcome(s) will be achieved (for a particular investment) with this action?
- What are some possible unintended negative consequences of this action? How likely is it that the action will result in these consequences?

*Critical success factor #4: **Feasible to undertake in a specified time period***

- Are any necessary financial resources available?
- Are appropriate knowledge and skills available?
- Is it clear who might take responsibility for the priority action?
- Are appropriate leadership and champions prepared to act?

*Critical success factor #5: **Consistent with the OCDPA mandate and appropriate for OCDPA leadership***

- How well does the action fit with the OCDPA mandate?
- How appropriate is it for the OCDPA to take leadership for this action?

Appendix F: Priorities for Collective Action for Core Group Consideration

Thirty-four priorities for collective Alliance action (see Table 2 below) were presented to the full OCDPA. The five critical success factors (Appendix E) were used to filter the potential priorities for collective Alliance action.

Table 2: Priorities for Action for Consideration January 10, 2007

a) Comprehensive Actions (across all three risk factor areas) (19)

PROCESSES → & ELEMENTS ↓	Planning & Coordination	Knowledge Exchange	Advocacy
Best Practices Identification	<ul style="list-style-type: none"> Inventory health unit areas to determine current use of best practices in healthy eating, physical activity and tobacco control. Identify opportunities for enhanced reach of selected best practices. 	<ul style="list-style-type: none"> Broker, in Ontario, uptake of the PHAC Best Practices System & actively participate in the generation of practice-based evidence from Ontario 	<ul style="list-style-type: none"> Advocate for sufficient implementation dose of selected best practices across Ontario.
Capacity Development	<ul style="list-style-type: none"> Explore with partners the alignment of services across the appropriate OHPRS partners & others to ensure practitioners have easy access to necessary supports in CDP. Provide a senior staff person with whom internal and external communications can rest. 	<ul style="list-style-type: none"> Broker the uptake of evidence-informed practices that address health disparities. Actively monitor the work of the other P/T CDP/HL Alliances to identify opportunities for joint work or dissemination within Ontario. Populate an OCDPA Web site on which materials for use by others can be housed (such as Position Statements, Briefing Notes, letters, reports). 	<ul style="list-style-type: none"> Advocate to the MHP for the OHPRS to build their supports in: <ul style="list-style-type: none"> System-level work Increased focus on evidence-informed approaches Extended reach beyond public health & its coalitions
Evaluation		<ul style="list-style-type: none"> Profile evaluation results of relevant CDP work. 	<ul style="list-style-type: none"> Advocate for the inclusion of both process and outcome evaluations of CDP initiatives.
Research	<ul style="list-style-type: none"> Work with the research community and other partners to identify the current research gaps related to HE, PA and T relative to CDP 		<ul style="list-style-type: none"> Advocate for enhanced and coordinated research, with a particular emphasis on determining those evidence-informed elements of CDP that

PROCESSES → & ELEMENTS ↓	Planning & Coordination	Knowledge Exchange	Advocacy
			address health disparities.
Surveillance & Monitoring		<ul style="list-style-type: none"> Regularly monitor the uptake of selected best practices by communities. 	<ul style="list-style-type: none"> Advocate for province-wide implementation of RRFSS⁶. Actively monitor the media landscape to respond to CDP-related issues with appropriate actions (such as Position Statements, calls for community responses, media corrections).
Program and Policy Implementation	<ul style="list-style-type: none"> Facilitate work between public health, LHIN's and Family Health Teams to incorporate a strong CDP component to their community priorities. 	<ul style="list-style-type: none"> Post relevant notices to existing risk factor related list servs. 	<ul style="list-style-type: none"> Launch a media advocacy campaign to address action on the social determinants of health to benefit CDP. Build on CPHI⁷ efforts.

b) Tobacco Actions (4)

PROCESSES → & ELEMENTS ↓	Planning & Coordination	Knowledge Exchange	Advocacy
Best Practices Identification	<ul style="list-style-type: none"> Work with appropriate partners that likely include government, NGO and private sector, to coordinate an evidence-based cessation system for Ontario. 	<ul style="list-style-type: none"> Generate and facilitate dialogue and debate about learnings from work in tobacco control with those working in HEAL. 	<ul style="list-style-type: none"> Advocate for adequate resources to implement cessation best practices at the intensity and reach necessary to be effective.
Capacity Development			
Evaluation			
Research			
Surveillance & Monitoring			<ul style="list-style-type: none"> Using results from OTRU evaluation, monitor the outcomes of the OTS and SFOS and advocate for sustainability of investments and actions as results indicate.
Program & Policy Implementation			

⁶ Rapid Risk Factor Surveillance System

⁷ Canadian Population Health Initiative. Canadian Institute for Health Information.

c) **Healthy Eating and Active Living Actions (11)**

PROCESSES → & ELEMENTS ↓	Planning & Coordination	Knowledge Exchange	Advocacy
Best Practices Identification	<ul style="list-style-type: none"> • Work with HHRC's TEIP⁸ project and other CDP-related initiatives (e.g. FOCUS, OHCC) to identify potential interventions for designation as a best practice. • Facilitate discussion and garner commitment from OCDPA partners to actively support, with the commitment of resources, the implementation of best practices province-wide at a reach and intensity that is necessary to be effective. 	<ul style="list-style-type: none"> • Work with Active2010 & HEAL Strategy to identify best practices from the CIAF. • Ensure proactive, strategic dissemination of best practice information to decision-makers in practice, research and policy in Ontario. 	<ul style="list-style-type: none"> • Advocate for adequate resources to implement HEAL best practices at the intensity and reach necessary to be effective.
Capacity Development			<ul style="list-style-type: none"> • Identify and advocate for the inclusion of key system-level indicators for the HEAL strategy with adjustments made based on evaluation results, community needs and best practice information.
Evaluation		<ul style="list-style-type: none"> • Participate actively in a process to review findings from the OHHP: Taking Action for Healthy Living decision support project and to discuss implications for Ontario's community infrastructure 	<ul style="list-style-type: none"> • Advocate for the inclusion of process and outcome evaluations in programs and initiatives funded through the HEAL Strategy, including but not limited to the CIAF⁹ grants of Active 2010.
Research			<ul style="list-style-type: none"> • Advocate for the inclusion of practice-based research (based on PHIRIC¹⁰ model) for major program and policy investments (e.g., OHHP) specifically

⁸ Toward Evidence-Informed Practice

⁹ Communities in Action Fund

¹⁰ Population Health Intervention Research Initiative for Canada

PROCESSES → & ELEMENTS ↓	Planning & Coordination	Knowledge Exchange	Advocacy
			relevant to HEAL
Surveillance & Monitoring			
Program and Policy Implementation	<ul style="list-style-type: none"> • Facilitate decisions among the relevant members of OCDPA regarding common messaging that can be used provincially and locally. • Coordinate the development of a provincial obesity / healthy weights health communication campaign. 		