

# **Healthy public policy: Organizational setups among Canadian public health authorities**

**Pan-canadian survey : results & discussion**

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# Objectives

- Identify **how public health physicians in Canada see their role** in promoting healthy public policy
- Identify **existing organizational setups and inspiring public health organizations** in Canada that support the promotion of healthy public policy
- Reflect on **organizational conditions favorable to healthy public policy work**

# Survey highlights

## Questionnaire and participants

- Data collection
- Online survey : 20 questions  
November – December 2015
- Target audience
- Public Health Physicians of Canada (154)
  - Association des médecins spécialistes en santé communautaire du Québec (195)
- Participants
- **67 survey participants**  
Quebec <sup>45</sup>, BC <sup>9</sup>, Ontario <sup>6</sup>, Alberta <sup>5</sup>  
Nova Scotia <sup>1</sup>, Manitoba <sup>1</sup>

# Promoting healthy public policy

## **Legitimacy**

- **Strong sense of personal legitimacy**

Almost all agree that public health physicians have a role to play in healthy public policy <sup>94%</sup>

- **Explicit or implicit organizational legitimacy**

Most participants perceive that their organization has an explicit <sup>44%</sup> or implicit <sup>42%</sup> responsibility to promote the adoption of healthy public policy

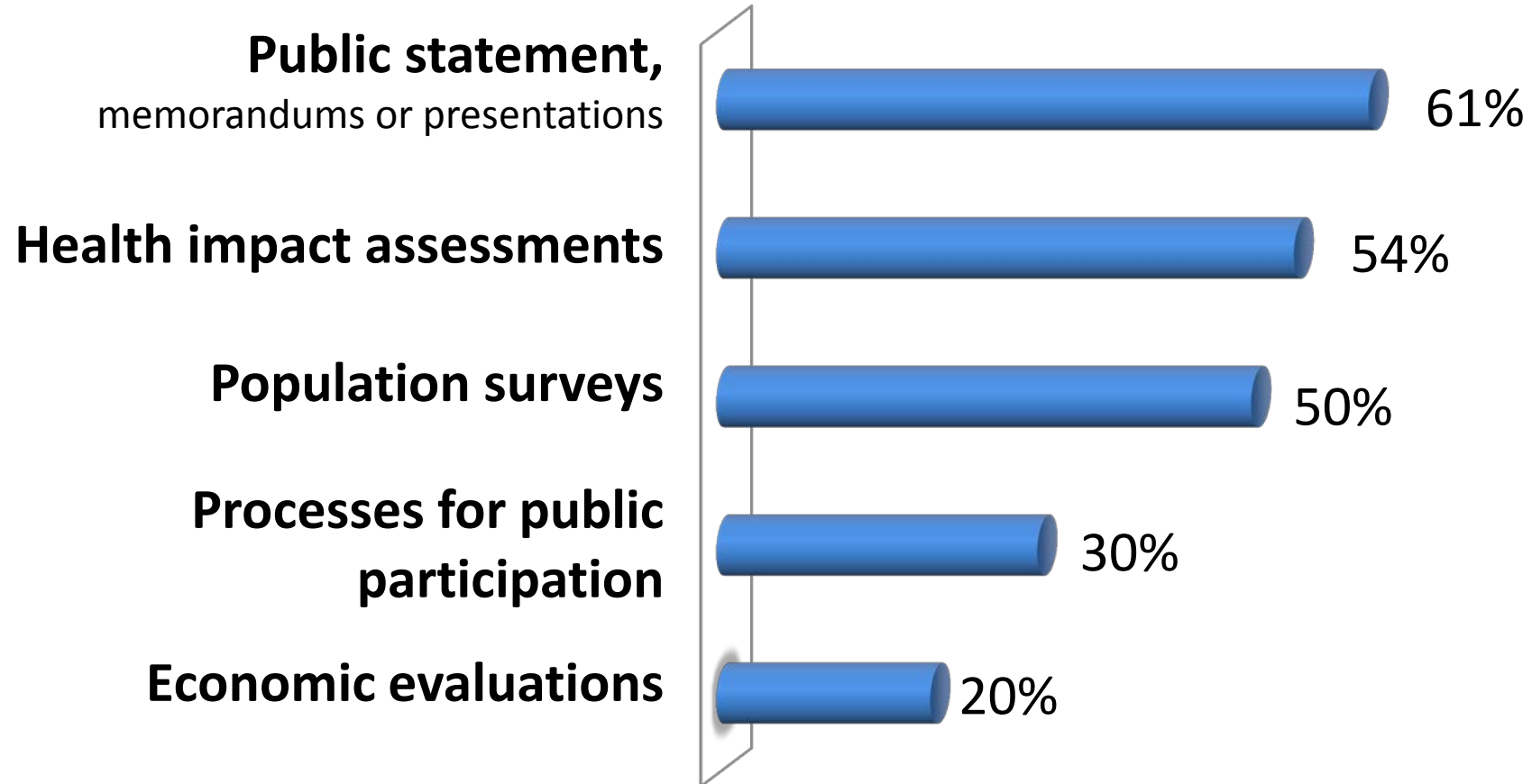
# Promoting healthy public policy

## **Organizational support**

- **Strong to moderate support from senior management**  
Most participants perceive that senior management strongly 43% or moderately 32% supports healthy public policy promotion
- **Several dedicated teams ...**  
38% of participants indicate that there is a dedicated team to promote healthy public policy within their organization
- **...but insufficient resources in those teams**  
This team does not have sufficient resources to carry out the work being requested 93%

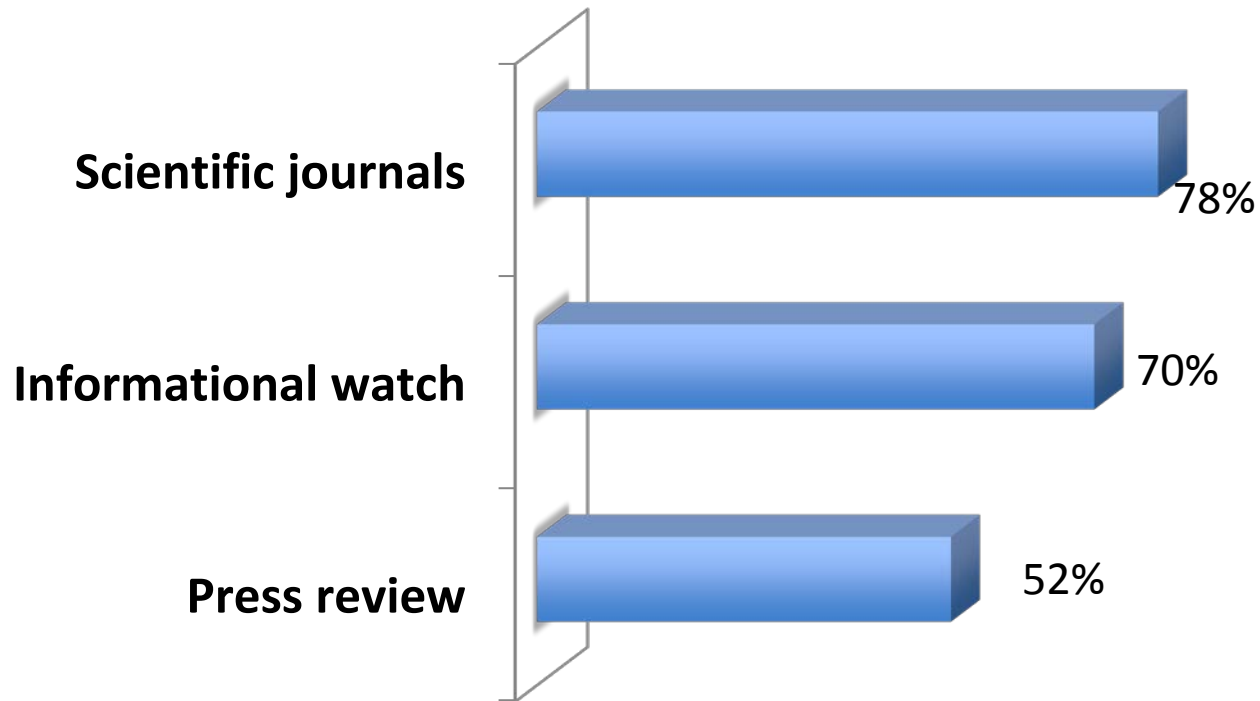
# Promoting healthy public policies

## Organizational strategies



# Promoting healthy public policy

## Staff access to information resources



# Promoting healthy public policy

## Inspiring Canadian public health organizations

**NCCHPP** 6/42

**CPHA** 6/42

**PHPC** 2/42

alPHa

AMSSCQ

ASPQ

Coalition Poids

APHA

NGOs

**Montreal Public Health Unit** 4/42

**Toronto Public Health** 2/42

**Sudbury Public Health Unit** 2/42

Guelph Public Health Unit

Waterloo Public Health Unit

Peel Public Health Unit

Vancouver Coastal Health

Saskatchewan Health Authority

BC Provincial health officer

**PHAC** 3/42

**Public Health Ontario** 2/42

**INSPQ** 2/42

BCCDC

*Total of 42 responses given by participants*



# Healthy public policy

## **Improving organizational conditions**

### ↑ organizational capacity

- Public health mandates that include HPP
- Organizational culture conducive to intersectoral work
- Solid leadership, support from management
- Organizational mechanisms, defined responsibilities
- Access to necessary resources (information + \$ + HR)

### ↑ personal capacity

- Skills development

St-Pierre, 2014, Organizational conditions favorable to HIA

# Insights and perspective

## **Enhancing organizational capacity**

- **Include HPP within our mandates**

Yet, we need to better negotiate the public servant vs. advocacy role dilemmas Fafard & Forest, 2016 (forthcoming)

- **↑Organizational mechanisms + resources for HPP**

Our results indicate that there is legitimacy + will but....few formal/sufficient structures to support HPP

- **NYC Public Health Dept. as one case study for HPP work ?**

A public health authority proactively using +producing + disseminating evidence to promote HPP Laugesen & Issett 2013

# Insights and perspective

## **Enhancing personal capacity**

- **We should ↑ our public policy competencies**

Public Policy Competency Framework for Public Health <sup>Benoit et al, 2015</sup>

- **We should use the tools of the trade: press reviews**

Only 52% of survey participants have access to press reviews, while these are political analysts' most consulted document <sup>Ouimet, 2010</sup>

# Organizational setups, healthy public policy

## **Conclusions**

- There are favorable organizational conditions for healthy public policy promotion
- There are inspiring public health organizations in Canada
- ...Final survey report forthcoming (2016...) on the Public Health Physicians of Canada website

# References

- Benoit F, Martin C, Malai D. 2015. A Public Policy Competency Framework for Public Health Actors. Montreal, National Collaborating Centre for Healthy Public Policy
- Chapman S. 2015. Reflections on a 38-year career in public health advocacy: 10 pieces of advice to early career researchers and advocates.
- Fafard, Forest. The loss of that which never was: Evaluating changes to the senior management of the Public health agency of Canada. Cdn Public Administration (forthcoming)
- Laugesen MJ, Issett K. 2013. Evidence use in New York City Public Health policymaking. Frontiers in public health services and systems research 2(7) 2.
- Ouimet M et coll. 2010. Correlates of consulting research evidence among policy analysts in government ministries: a cross-sectional study. Evidence & policy. 6(4): 433-460
- **Public Health Physicians of Canada. December 14th 2015. Webinar: Healthy public policy : What is in place to support this practice in your organization ?**  
[http://nsscm.ca/resources/Documents/MB%20Homepage%20Annoucnemtns/HPPWebinar\\_PHPC-NCCHPP\\_14Dec\\_Handouts.pdf](http://nsscm.ca/resources/Documents/MB%20Homepage%20Annoucnemtns/HPPWebinar_PHPC-NCCHPP_14Dec_Handouts.pdf)
- St-Pierre L. 2014. Organizational Conditions Favourable for Health Impact Assessment (HIA) Montréal, Québec: National Collaborating Centre for Healthy Public Policy

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# Questions ?

- Additional inspiring organizations ?
- Additional inspiring organizational conditions or setups?

Thank you

# Appendix

## Legitimacy for healthy public policy work in public health

- **Theoretical**

Ottawa Charter <sup>WHO 1986</sup>, Social determinants of health <sup>WHO 2008</sup>  
Health in all Policy <sup>WHO 2010</sup>

- **Legislative**

ex. Quebec's Public Health Law: Health impact assessment <sup>articles 53 and 54</sup>

- **Administrative**

Provincial public health standards or programs, local or regional strategic plans...

- **Scientific**

Pure scientist, Science arbiter, Issue advocate, Honest broker <sup>Pielke 2007, Fafard 2008 et 2009</sup>

- **Professional**

PH Core competencies <sup>PHAC 2008</sup>, RCPSC Health advocate <sup>CanMEDS</sup>  
MOH Competencies <sup>NSSCM 2009</sup>

Guyon 2012, CJPH, 103 (6)

# Appendix

## Healthy public policy defined

...policies aiming at improving a wide range of determinants of health Milio 2001

...public policy that potentially enhances populations' health by having a positive impact on the social, economic, and environmental determinants of health

NCCPH, 2015

