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1. Introduction

On April 1, 2010, the Ontario Agency for Health Protection and Promotion (OAHPP) assumed responsibility for the contract management of four provincial health promotion resource centres. This first three year strategic plan presents the goals, activities and priorities that will enable OAHPP resource centres to continue to deliver high quality services to public health intermediaries, organizations and government while contributing to the achievement of Agency goals and enhancing their collective impact on building capacity for effective health promotion, chronic disease and injury prevention interventions in Ontario.

OAHPP was created by legislation in the wake of major public health events that included the 2003 outbreak of severe acute respiratory syndrome. While these events underscored the need to focus on health protection issues, it was also clear that Ontario faced significant challenges in responding to a range of health promotion, chronic disease and injury prevention issues, such as tobacco use, obesity, alcohol-related harm, falls among seniors, and health inequalities. OAHPP sees the health promotion resource centres as integral components in providing the training, tools, and field support needed to foster more effective, evidence-based responses to these and other pressing health promotion priorities.

As the resource centre transfer process nears completion, OAHPP and its new partners now have the opportunity to further define and clarify the steps needed to move forward. The following document provides a useful starting point for discussion about how OAHPP resource centres can best work in collaboration to build the capacity of Ontario’s health promotion workforce so they can make better decisions and take more effective actions.
2. Starting Points

2.1 Evolution of Ontario’s Health Promotion Resource Centres

In the early 1990s, the (then) Health Promotion Branch of the Ontario Ministry of Health established the first health promotion resource centres. The number of resource centres increased over the ensuing decade in response to support needs generated by emerging Ministry priorities. By 2005, a total of 22 health promotion resource centres were transferred from the Ministry of Health and Long-Term Care to the Ministry of Health Promotion (MHP).

All of the health promotion resource centres are housed within a range of host organizations, including universities, provincial crown agencies and NGOs. These centres are funded to deliver services to Ontario’s health promotion practitioners. Specifically, resource centres provide training, consultation, print and electronic resources, network building opportunities and referrals to health promotion practitioners in public health units, community health centres, health related NGOs (e.g., Canadian Cancer Society), issue-specific networks and other organizations addressing health promotion, chronic disease and injury prevention.

From 2000-2009, provincial-level planning and evaluation activities of Ontario’s health promotion resource centres were supported by the Ontario Health Promotion Resource System (OHPRS). OHPRS was responsible for the coordination of key system-level resource centre initiatives, including needs assessments, regular resource centre planning meetings, French language services and the development of a common planning and reporting system.

2.2 Transition from MHP to OAHPP

A review of the resource centres’ effectiveness and efficiency was initiated by MHP in the spring of 2007 (1). One of the key findings emanating from this exercise was the need to improve coordination by moving the management of the resource centre system to a third party such as OAHPP.

In the fall of 2008, the MHP informed stakeholders that it was in discussion with OAHPP regarding the potential transfer of contract management of the resource centres from the Ministry to the Agency. In the winter of 2009, discussions shifted from the transfer of the entire resource centre system to the transfer of a bundle of resource centres aligned with the mandate of OAHPP.
In November 2009, the MHP and OAHPP negotiated an agreement for the transfer of the contract management of four resource centres to the Agency: the Alcohol Policy Network (APN), the Health Communication Unit (THCU), the Ontario Injury Prevention Resource Centre (OIPRC) and the Program Training and Consultation Centre (PTCC).

2.3 OAHPP Resource Centres

Alcohol Policy Network (APN)

Founded in 1995, the APN addresses alcohol-related harm in communities across Ontario through research, recommendations, practical tools and the application of knowledge. In addition, APN supports public health intermediaries in the development of policies addressing issues associated with alcohol abuse and misuse.

Housed at the Ontario Public Health Association (OPHA), APN supports the development, implementation, assessment and coordination of multi-level (e.g., school, college/university, workplace, municipal, provincial and national) alcohol policies and guides alcohol policy-related decisions through training, technical assistance, resources and knowledge exchange activities.

Ontario Injury Prevention Resource Centre (OIPRC)

Housed at SMARTRISK, a national, non-profit organization dedicated to preventing injuries, the mandate of the OIPRC is to enhance the capacity of public health injury prevention practitioners and their community partners to implement comprehensive, multi-risk factor, community-based injury prevention programs. Collaborating with a provincial advisory committee of representatives from OPHA, OAHPP, MHP, public health practitioners, NGOs and injury prevention stakeholders ensures the implementation of this mandate. OIPRC services include resource development, support for front-line public health staff and training through the delivery of national curriculum programs for injury prevention.

The Health Communication Unit (THCU)

THCU was established in 1993. Housed at the Dalla Lana School of Public Health, University of Toronto, THCU’s primary role is to provide provincial and regional workshops, tailored consultations and print and electronic resource materials in key health promotion skill areas.
THCU provides health promotion practitioners with the evidence-based tools and knowledge to implement the requirements of the Ontario Public Health Standards. In addition, THCU provides a skills and evidence-based foundation to support Healthy Communities Ontario, community coalitions, the Ontario government and other provincial agencies working in health promotion. THCU provides services by request on health promotion planning (program and strategic), evaluation of health promotion programs, communication, health promoting policy development, sustainability of health promotion initiatives and situational assessments.

**Program Training and Consultation Centre (PTCC)**

Housed at Cancer Care Ontario (CCO), PTCC is the lead and coordinating resource centre for the Smoke-Free Ontario (SFO) Strategy and is responsible for providing training and technical assistance to health professionals working in tobacco control in Ontario. PTCC operates as a partnership between CCO (the designated transfer payment recipient), Region of Waterloo Public Health, Sudbury and District Health Unit and the Propel Centre for Population Health Impact at the University of Waterloo.

PTCC leads the development, implementation and coordination of tobacco control capacity building and knowledge exchange programs and services in support of SFO prevention, cessation and protection goals through the design and delivery of tobacco control capacity building programs, the provision of technical assistance and training to public health workforce responsible for cost-shared and 100% funded tobacco control programs, and programming aimed at increasing the use of research and practice-based evidence in tobacco control program planning and implementation.

**2.4 OAHPP Resource Centre Clients**

OAHPP resource centres provide services to a diverse range of clients. These include both clients working in organizations with a health promotion and or chronic disease/injury prevention mandate (e.g., public health units, community health centres, health-related NGOs), as well as clients participating in issue-specific networks or coalitions. Examples of the latter include the Tobacco Control Area Networks (TCANs) and the regional injury prevention networks (e.g., the Northern Injury Prevention Practitioners Network). Public health intermediaries (i.e., those who work within organizations mandated to provide health promotion, chronic disease and injury prevention programs) are the primary client group served by OAHPP resource centres.
To maximize our impact, OAHPP and its resource centres need to work in collaboration with resource centre clients. Indeed, as a hub organization, OAHPP’s objective is to leverage and build on the considerable capacity for health promotion, chronic disease and injury prevention that already exists within Ontario. Resource centre clients are obvious partners, not only as recipients of resource centre services, but also as collaborators.

2.5 The Changing Landscape: Key Factors Influencing Health Promotion Practice in Ontario

A key step in strategic plan development is an assessment of the broader environment in which an organization or system operates. In the context of a strategic plan for OAHPP resource centres, it is especially important to be mindful of factors affecting resource centres as well as their end users and key partners.

The two most widely used methods of conducting environmental scans for strategic planning purposes are PEST and SWOT analyses (2). A PEST (Political, Economic, Social and Technological) analysis entails a review of macro-level environmental factors affecting the achievement of organization or system-level goals and objectives. A SWOT (Strength, Weaknesses, Opportunities and Threats) analysis identifies external and internal factors that enable or hinder the achievement of these goals and objectives.

Since its inception as a distinct component of public health practice, the field of health promotion, chronic disease and injury prevention has been shaped by broader political, economic, social and technological forces. Current (as of March 2010) PEST factors affecting both public health intermediaries as well as the ability of resource centres to build their capacity to deliver effective interventions include:

Political:

- an ongoing trend towards less policy and regulation due to prevailing ideology against an overly intrusive ‘nanny state;
- a concurrent trend towards decreased government services;
- levels of interest (and engagement) in health promotion among decision makers, which waxes and wanes;
- lack of decision making and priority setting at the provincial level due to the timing of the next election (in 2011); on the other hand, the upcoming municipal (2010) and provincial (2011) elections provide an opportunity to focus on and profile local public health issues;
- an injury prevention strategy for children was promised in the recent Federal speech from the throne;
the current service delivery model of 36 autonomous health units makes it difficult to encourage common priorities, products and processes.

Economic:

- the state of the economy is the dominant public priority;
- decreased emphasis on assessing the cost-benefit of health promotion initiatives;
- the percentage of the provincial budget devoted to illness care continues to rise;
- ongoing procurement challenges;
- exemption of municipal employees from salary freeze announced in municipal budget may have positive impact on organizational culture of public health units;
- question as to whether some of the federal infrastructure funding could be leveraged for health promotion priorities (e.g., promoting active living through the built environment).

Social:

- changing demographics may require more targeted interventions;
- aging baby boomers may fuel a demand for credible information and resources;
- rise in credentialism may impact type of demand for training by resource centres (e.g., certified courses);
- increased application of social justice lens/SDOH perspective on public health issues;
- increased demand for evidence-based resources from public health practitioners;
- increased interest in the impact of social norms on health promotion priorities and actions.

Technological:

- increase in technological literacy;
- increased ability to utilize electronic services such as telehealth in remote communities;
- more potential channels for communication;
- rapid growth of technology and access to technology, including development of intelligent learning system;
- inability of health units to access certain media due to firewalls, etc.
- increased use of social media as a health communication/health promotion vehicle.
Key SWOT factors affecting OAHPP resource centres and their clients include:

**Strengths:**

- renewed focus on identifying best practices in health promotion, chronic disease and injury prevention through the development of the Guidance documents for the Ontario Public Health Standards;
- potential for enhanced supports offered to resource centres by OAHPP (see Goal 1);
- steady and, in some cases, increasing demand for OAHPP resource centre services;
- cost efficiencies in service delivery through use of emerging technologies (e.g., webinars, interactive on-line tools);
- resource centre support for/participation in issue-specific networks and communities of practice.

**Weaknesses:**

- lack of new funding for resource centres;
- absence of a resource centre with specific content expertise focusing on healthy eating and active living; resource centres addressing these areas (Nutrition Resource Centre and PARC) are not part of the Agency RC system or the Healthy Communities Consortium so their roles at the system level need to be clarified;
- lack of predictable long-term funding for health promotion, chronic disease and injury prevention programs;
- limited resources for supporting mental health initiatives (one of the priority areas of Healthy Communities Ontario);
- limited resources for programs addressing the social determinants of health;
- key recommendations to strengthen public health units in Ontario (e.g., the Capacity Review Committee) have not been fully implemented;
- potential challenge in clients being directed to appropriate services due to division of resource centres between OAHPP and MHP.

**Opportunities:**

- renewal of comprehensive approaches to tobacco control through the Smoke-Free Ontario Scientific Advisory Committee and New Directions in Tobacco;
- Healthy Communities Ontario Fund and Partnerships provide new opportunities for community mobilization around local health promotion, chronic disease and injury prevention priorities;
• opportunity for increased focus on substance abuse prevention through development of provincial Mental Health and Addictions strategy;
• increased interest in reducing health inequalities (e.g., Federal Chief Medical Officer of Health report, the Senate Subcommittee on Population Health, the WHO Commission on Social Determinants of Health);
• knowledge gaps provide opportunities to support innovations in building health promotion capacity

**Threats:**

• global economic downturn and provincial government deficit will likely limit additional resources for health promotion, chronic disease and injury prevention for the foreseeable future;
• Federal spending cuts may limit enhancements to provincial health promotion, chronic disease and injury prevention initiatives;
• trying to 'do more with less' may ultimately lead to ineffectiveness;
• the current re-organization of MHP may result in an alignment that is not favourable to supporting resource centres;
• OAHP is still relatively new and its role is not well understood by the client groups served by its resource centres;
• the current climate makes it difficult to undertake procurement for new services.
3. Our Plan

Goal 1: Enhance the Collective Impact of OAHPP Resource Centres on the Delivery of High-Quality Services to Health Promotion Intermediaries

Understanding the Impact of Resource Centres in Building Capacity

OAHPP resource centres have a proven track record in building the capacity of health promotion intermediaries. Through accessing the basket of services provided by resource centres, including training events, consultation and technical assistance, print and electronic resources and support for the formation of learning networks, practitioners in the field gain the knowledge and skills they need to effectively plan, implement and evaluate health promotion, chronic disease and injury prevention initiatives.

OAHPP is committed to working in partnership with its resource centres to enhance their collective impact on building capacity in the field and guiding the development of innovative, evidence-based practice. As a critical first step, it is important to understand the ways in which OAHPP resource centres serve as catalysts for building the capacity of individual practitioners, organizations with a health promotion mandate, and the broader province-wide health promotion system.

A proposed framework illustrating the capacity building functions of OAHPP Resource Centres is presented in Figure 1. This model is derived from a synthesis of the work of Donald Kirkpatrick and Trisha Greenhalgh. Kirkpatrick assessed the process of learning and knowledge transfer from the initiation of the learning opportunity (e.g., training event) to longer term outcomes resulting from the application of learnings (3). Greenhalgh’s work focused on the process of diffusing innovation in social service organizations (4).

The proposed framework identifies key stages or milestones in the capacity building process. The first column of the framework notes five sequential stages that can be applied to understand the capacity building activities of OAHPP Resource Centres.

1. **Antecedents**, pre-existing personal, social, organizational and economic factors affecting participant ability to absorb or respond to a capacity building intervention. At the organizational or system level, these factors comprise the “climate” within which a capacity building intervention takes place.
2. **Readiness**, factors determining the degree of preparedness to respond to a capacity building intervention by individuals, organizations and the broader system;

3. **Reaction/Learning**, the way in which participants respond to a capacity building intervention as well as changes in their level of knowledge and skills;

4. **Implementation**, actions taken to apply the knowledge/skills (through programs/interventions), or to support the application of knowledge (through the development of learning tools and mechanisms);

5. **Results**, outcomes and impacts arising from efforts to apply or support the application of learnings (including more effective health promotion, chronic disease and injury prevention initiatives).
Figure 1 
OAHPP Resource Centre Capacity Building Framework

Stage of Capacity Building

Antecedents
- Absorptive capacity for new knowledge
  - Structure, Size, Resources, Leadership, Culture, Vision
  - Leadership, Vision, Culture, Climate for change

Readiness
- Dedicated time/resources
  - Time/resources, Monitoring/feedback mechanisms
  - Assessment of fit with and implications for system

Reaction/Learning
- Satisfaction with quality and usefulness of RC service
  - Intent to enable application of learnings through organizational support mechanisms
  - Perceived level of effort required to apply learnings
  - Perceived relevance of learning to organizational mandate/priorities
  - Perceived level of impact from application of learnings
  - Perceived barriers to application of learnings

Implementation
- Application of capacity to guide changes in organizational practice
  - Development of learning support tools and mechanisms
  - Changes in organizational policies/procedures to enable application of knowledge/skills
  - Ability of organization to transfer capacity to other organizations
  - Capacity of organizational workforce to plan, implement and evaluate HP initiatives

Results
- Incorporation of evidence-based practice into HP initiatives
  - Increased impact of HP initiatives
  - Enhanced impact of system-wide HP initiatives

Ongoing system-level leadership in promoting innovations
Incorporation of evidence-based practice into HP initiatives
More effective system-level coordination of HP initiatives
Enhanced impact of system-wide HP initiatives
Each of these stages is linked to a defined set of outcomes that collectively illustrate how OAHPP resource centres build capacity at three levels:

1. **Individuals**, health promotion, chronic disease and/or injury prevention practitioners who receive capacity building services from a resource centre;

2. **Organizations** with a health promotion mandate, such as public health units, community health centres, health related NGOs as well as networks or associations focused on a health promotion issue;

3. The broader health promotion **System**, which is collectively responsible for the development and implementation of key provincial initiatives such as the Ontario Public Health Standards or Healthy Communities Ontario.

At the **individual** level, the **reaction/learning** arising from a resource centre service (i.e., training, consultation, or utilization of a product) can be assessed through standard measures such as satisfaction with the service, immediate recall of key learnings, and intent to apply the knowledge gained. The **implementation** of this knowledge over time can be tracked through documenting practitioner efforts to apply key learnings to the development of health promoting programs or policies. If the objective of a resource centre service was to enable participants to share new information with their peers (e.g., a ‘train the trainer’ workshop), then participant ability to transfer knowledge to others would be monitored as a key implementation outcome. The desired **results** of resource centre capacity building at the individual level include the development of more effective health promotion initiatives informed by evidence-based practice and the extent to which capacity is sustained over time.

At the **organizational** level, a key outcome related to the **reaction/learning** stage of capacity building is the degree of commitment to enable the application of knowledge through the establishment of support mechanisms for practitioners. These include learning networks, professional development opportunities, increased resources for planning and evaluation, and the emergence of an organizational culture that is committed to supporting innovation and continuous quality improvement (5-6). The outcomes related to organizational supports at both the **reaction/learning** and **implementation** stages of the framework recognize the fact that the ability of individual practitioners to maximize the knowledge and skills acquired through a resource centre is affected by the culture, structure and learning environment within their host organizations. The progress of an organization that is proactive in supporting the capacity building
efforts of its workforce can be tracked through results stage outcomes such as increased organizational profile as an innovation leader within the broader system as well as the enhanced impact of organization-led health promotion, chronic disease and injury prevention initiatives (5-6).

As is the case at the organizational level, a commitment to the development of system-level learning supports is a key prerequisite for realizing the full potential of the capacity building services provided by OAHPP resource centres. The reaction/learning stage of the framework notes the key outcomes influencing decisions about the application and support of knowledge within organizations and the broader system, including perceived levels of effort, relevance, impact and barriers. In addition to the development of learning support mechanisms, an assessment of workforce capacity to guide change and the creation of regional or province-wide networks or communities of practice are key implementation stage outcomes at the system level. Results stage outcomes track system level leadership in promoting innovation, coordinating health promoting initiatives, and building workforce capacity, all of which contribute to the enhanced impact of system-level health promotion, chronic disease and injury prevention initiatives.

Outcomes at all levels are affected by the predisposing factors identified in the antecedents and readiness stages. The arrow looping back from results to antecedents illustrates the ways in which, over time, long-term capacity building outcomes can also have an impact on pre-existing factors among individuals and organizations as well as the broader system.

It is important to note that the three levels of outcomes depicted in the framework – individual, organizational and system – are meant to be complementary and symbiotic; that is to say the achievement of an outcome at any one level can contribute to the achievement of outcomes at the other two levels. For example, individual recipients of a resource centre service can apply their newly-learned knowledge to influence change within their organizations. Organizations that are regarded as innovative leaders in a particular aspect of health promotion practice can bring about change within the broader system. Conversely, system-level support for the application of the knowledge transfer brought about by OAHPP resource centres can have a profound influence at the organizational and individual levels.

In summary, the proposed framework is a starting point for discussions to better understand and assess the role of OAHPP Resource Centres in building the capacity of health promotion intermediaries. OAHPP looks forward to ongoing dialogue with resource centre managers, staff, advisory board members, clients and other stakeholders to refine the framework. Once consensus on a framework is reached, work can then begin on its application to guide planning and evaluation activities aimed at enhancing the collective impact of OAHPP resource centres as catalysts for building health promotion capacity.
OAHPP Supports to Enhance Resource Centre Capacity

OAHPP is committed to building the capacity of its health promotion resource centres by providing access to a range of supports. Since the initial meeting of resource centre managers in December 2009, there has been ongoing dialogue about the support needs of the resource centres and possible actions OAHPP can take to address these needs.

To date, OAHPP has taken steps to address the information management needs of resource centres through the development of work spaces for each resource centre on Sharepoint. The Sharepoint space, which is intended to replace the OHPRS Livelink System that was used by many MHP resource centres, provides resource centre staff and consultants with increased capacity for document management and the collaborative development of products and training event materials.

OAHPP has also begun to explore ways of providing resource centres with access to population-level epidemiological and surveillance databases. In February 2010, a meeting between staff of the OIPRC and the Surveillance and Epidemiology Section of OAHPP was held to explore ways of providing OIPRC with access to CIHI and ICES data for their forthcoming Ontario Injury Data report.

Through ongoing dialogue with managers and other stakeholders, OAHPP will continue to explore the best options for providing resource centres with the support they need for the continued delivery of high quality services. Possible examples include:

- inviting resource centres to OAHPP knowledge exchange events (lunch and learns, forums, presentations);

- assessing options for providing resource centres with access to library services;

- maintaining the OAHPP resource centre sections of Sharepoint as a hub for information management;

- referring graduate students to resource centres for placements;

- ensuring that OAHPP resource centres involved in the production of research reports and syntheses have access to the data they need;

- providing resource centres with access to the research, education and evaluation support infrastructure resulting from the upcoming transformation of Ontario’s Public Health Education, Research and Development (PHRED) System.
Strategic Collaboration Between OAHPP Resource Centres

The collective impact of resource centres on building capacity for effective health promotion practice can be strengthened through the identification of synergies and areas of strategic collaboration between resource centres. OAHPP has initiated the process of working with resource centre managers to identify areas of strategic collaboration. During the negotiation of the 2010-2011 resource centre scopes of service, a number of cross-cutting activities involving collaboration between resource centres emerged:

- The APN and PTCC’s media network have met to explore opportunities for developing shared information dissemination technology. This will better enable APN to monitor trends and issues in alcohol policy and will aid the transformation of its key knowledge dissemination publications, *Alcohol in the News* and *Alcohol Research Digest*, into less resource intense products.

- All resource centres will contribute to the expansion of THCU’s On-Line Program Planner, which is currently undergoing modification to include sample plans for three of the MHP’s Ontario Public Health Standards and Guidance Documents: school health, reproductive health and injury prevention. For FY 2010-11, the OHPP will undergo further refinement to include sample plans for the remaining Guidance document areas: child health, healthy eating/physical activity and healthy weights, comprehensive tobacco control and the prevention of substance abuse. OAHPP resource centres will support this initiative through contributing examples of sample plans for their respective content areas, providing advice and feedback on draft plans and using their established communication channels to disseminate the completed products to their stakeholder groups.

- All resource centres have been asked to establish and maintain Advisory Committees to oversee their planning, monitoring and accountability activities. Cross-representation on these committees helps to ensure that resource centres with complementary mandates and areas of content expertise can work together to identify synergies and areas of strategic collaboration. For example, a representative of PTCC’s media network has been asked to take part in an advisory committee being established by THCU, and a representative of the OIPRC has been asked to participate in the APN Advisory Committee.
All resource centres will contribute articles to the Ontario Health Promotion E-Bulletin, a weekly electronic newsletter highlighting key developments in health promotion co-produced by THCU and Health Nexus.

Other potential ways in which OAHPP Resource Centres can collaborate with one another to synergize efforts include:

- sharing information on administrative practices;
- working with OAHPP to undertake joint, coordinated needs assessments;
- co-promoting resources or training events;
- developing more standardized service tracking and evaluation tools;
- identifying opportunities for joint delivery of or 'piggybacking' training events or consultations (this would entail sharing training calendars).

Next Steps

OAHPP will continue to work with the resource centres to refine outcomes and indicators for the proposed capacity building framework. OAHPP will aim to finalize the framework by mid June 2010. Over time, this framework will serve as the basis for planning and monitoring activities, including client needs assessments and evaluations, aimed at understanding and building the collective impact of OAHPP resource centres in contributing to health promotion capacity and the adoption of innovative, evidence-based practice in Ontario. OAHPP intends to commence such an evaluation in the fall of 2010.

In addition, OAHPP will continue to work with resource centres on an ongoing basis to assess their support needs and identify the most feasible options for meeting these needs. Ideally, these supports will contribute to system-level cost efficiencies while ensuring that resource centres have access to the information and technical resources they need to deliver high quality services to health promotion intermediaries in Ontario.

Through ongoing dialogue and established channels of communication, such as the monthly managers' meetings and the resource centre advisory committees, OAHPP resource centres will continue to identify potential synergies and priorities for strategic collaboration. It is hoped that lessons learned from the initial areas of strategic collaboration identified for 2010-11 will guide the identification of future joint priorities, thereby enhancing the impact of OAHPP resource centres as a cohesive capacity building system.
Goal 2: Contribute to the Achievement of OAHPP Goals and Objectives

Resource Centre Activities Make a Direct Contribution to OAHPP Goals and Objectives

Resource centres are integral to the achievement of the goals and objectives identified in OAHPP’s 2010-2013 Strategic Plan (7). As was noted previously, the negotiation process with MHP ensured that resource centres with scopes of service most closely aligned with OAHPP priorities would be transferred to the Agency. Through their current basket of training, consultation, resource development and technical assistance services, OAHPP resource centres have the potential to make a substantive contribution to OAHPP’s strategic goals. Specifically:

- OAHPP resource centres “provide timely, relevant and reliable information for better public health decisions and actions” (Goal 1);

- OAHPP resource centres “generate and accelerate the uptake and application of evidence-informed knowledge in public health decisions and actions” (Goal 2);

- OAHPP resource centres “provide high quality support to the public health system in its daily business and enhance capacities in emergencies” (Goal 3).

While the latter part of goal 3, “enhance capacities in emergencies”, has not been a primary function of resource centre activity to date, there are elements of resource centre capacity that could strengthen OAHPP’s ability to achieve this outcome. For example, THCU produced resources on risk communication could strengthen the ability of public health intermediaries to effectively respond to emergency situations. The forthcoming Health Communicators’ Network, which will be launched by THCU in 2010-11, could also focus part of its work on building risk communication capacity at the provincial level.

OAHPP resource centres make a primary contribution to the achievement of 3 of OAHPP’s 6 strategic objectives for 2010-2013:

- Objective 1: Provide timely, accurate and complete results and reports (all OAHPP resource centres produce print and electronic resource synthesizing evidence and best practices in their respective areas of content expertise);
- **Objective 4: Training, Tools and Educational Supports** (OAHPP resource centres have a distinguished track record of developing and delivering workshops, training events, tools, consultations and technical assistance in response to the identified needs of public health intermediaries);

- **Objective 5: Provide Field Support** (All OAHPP resource centres are actively involved in providing direct support to the field; this includes the direct delivery of training and technical assistance to health promotion organizations (e.g. public health units) as well as ongoing support for issue-specific networks and communities of practice comprised of field representatives).

OAHPP resource centres also have the capacity to make a secondary, but still important, contribution to OAHPP’s 3 remaining strategic objectives:

- **Objective 2: Add Value Through Surveillance** (through PTCC’s ongoing surveillance of tobacco-related media coverage and OIPRC’s compilation of injury surveillance data);

- **Objective 3: Relevant and Responsive Research** (while primary research does not fall within the mandates of OAHPP resource centres, have the capacity to inform OAHPP research priorities through their direct connections with public health intermediaries and their ongoing mechanisms to assess the information needs from the field);

- **Objective 6: Emergency Management Support** (as was noted previously, this has not been a key focus of resource centre activity, although at least one resource centre, THCU, has the potential to make a contribution to this objective through its expertise in risk communications).

Lastly, resource centres make an important contribution to OAHPP’s 3 foundational objectives:

- **Objective 7: Building Our Organization** (the transfer of four health promotion resource centres to OAHPP is a critical step in building its organizational capacity to address health promotion, chronic disease and injury prevention priorities);

- **Objective 8: Developing Partnerships** (as noted in Section 2.3, OAHPP resource centres partner with an extensive range of organizations, networks and communities of practice focused on key health promotion issues; the reach of the resource centres in the field gives OAHPP an
added capacity to develop strategic partnerships it would not otherwise have);

- **Objective 9: Enhancing Capacity in the Public Health System**
  (enhancing the capacity of health promotion intermediaries is embedded in the mandate of all 4 OAHPP resource centres and is arguably the objective where resource centres have the potential to make the greatest impact).

**Potential Linkage and Synergies with Other Sections of OAHPP**

As an organization with a mandate “to provide scientific and technical advice for those working to protect and promote the health of Ontarians”, OAHPP services span the range of key public health functions. While the health promotion, chronic disease and injury prevention section of OAHPP will be responsible for overseeing the contract management of OAHPP resource centres, there are natural opportunities for strategic collaboration between the resource centres and other sections of OAHPP. These include:

- collaboration with OAHPP **Surveillance and Epidemiology** staff on generating population health status resources and reports (as was noted previously, one resource centre, OIPRC, has already entered into discussions with OAHPP’s Surveillance and Epidemiology team about access to data sets for the production of its Ontario Injury data report);

- collaboration with OAHPP **Knowledge Exchange** staff on the identification of knowledge and evidence needs of public health intermediaries and the most effective ways of disseminating this information;

- collaboration with OAHPP **Professional Development and Education** staff on the planning and delivery of educational activities and events (over the coming year, key resource centre innovations, such as PTCC’s Learning Trough Evidence Action and Reflection Networks, THCU’s sample OPHS on-line program plans, OIPRC’s Ontario Injury Data report and APN’s forthcoming research paper on an alcohol policy related topic could be featured at OAHPP professional development and education events);

- collaboration with OAHPP **Communications** staff on the development of a standard OAHPP branding and communications policy;

- collaboration with OAHPP **External Relations** staff on the development of strategic partnerships with key health promotion stakeholder organizations and the promotion of key resource centre achievements.
Next Steps

As part of their scopes of service for 2010-11 and beyond, OAHPP resource centres will support the relevant legislated objects and strategic goals and objectives of OAHPP. For the coming year, resource centres will contribute to OAHPP priorities by:

- supporting OAHPP with the design of a system-level health promotion, chronic disease and injury prevention capacity building framework (anticipated completion date September 2010);

- providing advice and support for the development of OAHPP branding and communications policies and strategies (anticipated completion date TBD);

- exploring possibilities for providing a common OAHPP resource centre ‘gateway’ (i.e., link to resource centre website links) to better help users navigate the system (anticipated completion date TBD);

- contributing to the planning and delivery of a joint OAHPP-OPHA-aLPHA public health conference in 2011 (anticipated completion date March 2011).

In addition, OAHPP will work with the resource centres to explore opportunities for involvement with key OAHPP function areas. It is envisioned that the monthly managers’ meetings will serve as a key venue for identifying strategies for resource centre support of OAHPP priorities as well as areas for synergy and strategic collaboration between resource centres. In the coming months, representatives of OAHPP service areas, including surveillance and epidemiology, knowledge exchange, professional development and education, communications and external relations, will be invited to resource centre managers meetings to provide an overview of their key functions and discuss potential areas of strategic collaboration.
Goal 3: Add Value Through External Collaboration

Maintenance of Existing Strategic Collaboration with External Organizations

Collaboration with external organizations is a prerequisite for effective capacity building by OAHPP resource centres. Through the maintenance of linkages with key health promotion stakeholder groups, resource centres are able to strengthen their impact on key health promotion issues through strategic partnerships. A review of the 2010-2011 resource centre scopes of service reveals a diverse range of collaboration with external organizations, including federal and provincial ministries, crown agencies, NGOs, and issue-specific networks at the provincial and regional level.

In addition to the maintenance of existing relationships with external organizations, OAHPP resource centres have begun to initiate external collaborations in response to gaps in system-level learning mechanisms. For example, THCU will be establishing a province-wide Health Communicators Network in 2010-11 to share best practices and innovations in the planning and development of health communication initiatives.

The participation of key stakeholder groups on resource centre advisory committees is another mechanism for maintaining strategic collaboration with key external organizations. For example, representatives from the Centre for Addiction and Mental Health, the Liquor Control Board of Ontario, the Canadian Centre for Substance Abuse, and Mothers Against Drunk Driving will be invited to participate on the APN Advisory Committee.

Maintenance of Linkages with the Ministry of Health Promotion and the Healthy Communities Consortium Resource Centres

The Ministry of Health Promotion (MHP) remains a key client and stakeholder for OAHPP resource centres. All resource centres are responsible for delivering training and technical assistance services to support key Ministry initiatives including the Ministry’s Ontario Public Health Standards and Guidance Documents and Healthy Communities Ontario (see Section 2.4).

To support the latter initiative, the MHP is in the process of establishing the Healthy Communities Consortium. The Consortium is a network of MHP-funded resource centres responsible for providing information, consultation and training related to the priority areas and populations for Healthy Communities Ontario.

It is essential that OAHPP resource centres maintain ongoing linkages with the Healthy Communities Consortium to ensure the planning and delivery of complementary, coordinated services to health promotion intermediaries. While
this can, in part, be achieved by ongoing meetings between MHP and OAHPP staff, a joint meeting of resource centres would help to foster a common understanding of mandates and roles and provide a forum for discussing key issues such as client referral mechanisms.

**Linkages with Other Knowledge and Capacity Building Organizations**

OAHPP continues to grow and expand its scope of supports and services. During the operational period of this strategic plan (2010-2013), it is possible that OAHPP will assume responsibility for additional health promotion resource centres. If this turns out to be the case, then the strategic plan will be re-visited to identify potential synergies and strategic collaborations between the new and existing OAHPP resource centres.

There is also an opportunity for OAHPP resource centres to establish greater linkages with post-secondary institutions. Over the past decade, an increasing number of Ontario universities have introduced graduate level degree programs (e.g., Masters of Public Health) in health promotion and public health sciences. The training, technical support and resource development work of OAHPP resource centres would be of great interest for students looking for placement opportunities. Alternatively, resource centres could explore ways of reaching these students, many of whom will go on to join the public health workforce in Ontario, through lectures, webinars and knowledge exchange events.

As was noted previously, OAHPP is currently exploring options for re-structuring Ontario’s Public Health, Research, Education and Development (PHRED) System through its *Knowledge 2 Action* initiative (8). OAHPP resource centres will be invited to take part in a stakeholder consultation process about possible options for a reconfigured PHRED System, and, once the new system is in place, OAHPP will work with resource centres to identify strategic linkages and support needs.

**Next Steps**

As part of their scopes of service, all OAHPP Resource Centres will provide ongoing support to the MHP’s business planning cycle. In addition, OAHPP and MHP staff will work together to coordinate a joint meeting between the OAHPP and Healthy Communities Consortium resource centres in September 2010 to better understand the role of OAHPP resource centres in supporting Healthy Communities Ontario initiatives. OAHPP will also consult with resource centres about potential new developments including the acquisition of additional resource centres and the transformation of the PHRED System (anticipated completion date January 2011).
Goal 4: Build Capacity to Respond to Emerging Trends and Issues in Health Promotion Practice

Section 2.4 of this plan described the ways in which health promotion practice continues to evolve and be shaped by key trends and issues. To ensure their continued relevance to public health intermediaries, it is essential that OAHPP resource centres be responsive to changes and innovations in health promotion practice as well as the broader political, social, economic and technological forces driving these changes.

The 2010-11 resource centre scopes of service have been adjusted to reflect emerging priorities. Examples include:

- PTCC working with local public health units in adjusting and re-focusing local plans on emerging priority areas including the renewal of the SFO Strategy currently underway at the MHP;

- THCU linking the forthcoming OAHPP equity lens and framework to its On-Line Program Planner;

- All resource centres adjusting their training and consultation service levels to support the implementation of the Ontario Public Health Standards and Healthy Communities Ontario.

OAHPP is working with the resource centres to implement three standardized planning and evaluation activities. Collectively, these activities will help to ensure that resource centre services continue to be shaped by emerging needs and innovations in health promotion, chronic disease and injury prevention practice.

1. Annual Evaluation Processes

With the support of OAHPP and their advisory committees, all resource centres will prepare and implement annual evaluation plans that monitor and track emerging trends in health promotion practice through client satisfaction, an assessment of the relevance of resource centre services, and a continuous quality improvement approach that includes monitoring and reporting and the application of evaluation results to guide service planning.

2. Annual Planning Retreats with Advisory Committee Members
To date, some resource centres have engaged key stakeholders in annual retreats to guide the development of their operational plans. Commencing in 2011, all resource centres will develop their work plans through annual planning retreats involving their advisory committee members, staff and other key stakeholders. The participation of field representatives (through the resource centre advisory committees) will help to ensure that operational planning processes consider the training and technical support needs of practitioners.

3. OAHPP Resource Centre System Advisory Committee

In the spring of 2010, OAHPP will work with resource centres to establish an over-arching advisory committee for the resource centres. This committee will be comprised of individuals with content expertise in each of the mandated areas covered by the resource centres (i.e., comprehensive tobacco control, injury prevention, alcohol policy and health promotion skills). The committee will provide advice and guidance about the incorporation of new innovations and evidence-based practice into resource centre service delivery.

Next Steps

OAHPP will support the resource centres in the development of standard planning and evaluation processes. OAHPP will also consult with resource centres in the development of the OAHPP Resource Centre Advisory Committee, including the recruitment of members by September 2010. As part of its own commitment to continuous quality improvement, OAHPP will work with the resource centres to monitor the impact of these initiatives on the capacity of resource centres to respond to new trends and innovations in practice and, where necessary, make changes and revisions to better enable the achievement of this goal.
4. Putting the Pieces Together: A Proposed Logic Model for the OAHPP Resource Centre System

OAHPP recognizes that an ongoing monitoring and evaluation process is critical for the successful implementation of the resource centre strategic plan. Our success will be measured through the degree to which we have met our four goals and, ultimately, the extent to which we have contributed to enhancing the capacity of the field in delivering effective health promotion, chronic disease and injury prevention interventions.

Figure 2 identifies a proposed system-level framework for the OAHPP resource centres. The framework identifies four key components of an effective OAHPP resource centre system:

1. System-level supports to OAHPP resource centres;
2. Contribution of Resource Centres to OAHPP priorities;
3. OAHPP resource centre linkages to the Ministry of Health Promotion and the Healthy Communities Consortium;
4. Individual and Collective supports to health promotion intermediaries by OAHPP resource centres.

Each component is linked to relevant strategic plan goals and includes a series of quantitative and qualitative outcomes that can be used to monitor progress against the goals and activities outlined in this strategic plan. In conjunction with the outcomes delineated in the proposed capacity building framework (see Figure 1), the framework can be used as a starting point for assessing the extent to which a system of OAHPP resource centres can contribute to improved results for OAHPP, resource centre clients, key partners (e.g., MHP and the Healthy Communities Consortium) and the resource centres themselves.
References


8. Ontario Agency for Health Protection and Promotion-Public Health Division, Ministry of Health and Long-Term Care-Public Health Research, Education and Development Program (2009) *Description of Knowledge to Action (K2A) Model: Conceptual Description of Model Attributes*
The Ontario Agency for Health Protection and Promotion (OAHPP) is an arm’s-length government agency dedicated to protecting and promoting the health of all Ontarians and reducing inequities in health. As a hub organization, OAHPP links public health practitioners, front-line health workers and researchers to the best scientific intelligence and knowledge from around the world. OAHPP provides expert scientific and technical support relating to infection prevention and control; surveillance and epidemiology; health promotion, chronic disease and injury prevention; environmental and occupational health; health emergency preparedness; and public health laboratory services to support health providers, the public health system and partner ministries in making informed decisions and taking informed action to improve the health and security of Ontarians.