



# INFORMATION REPORT

<b>TO:</b> Mayor and Members Board of Health	<b>WARD(S) AFFECTED:</b> CITY WIDE
<b>COMMITTEE DATE:</b> April 26, 2011	
<b>SUBJECT/REPORT NO:</b> Public Health Services Strategic Business Plan Goal C Update (BOH11007) (City Wide)	
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## Council Direction:

This report provides an update to the Board of Health on the status of the Public Health Services (PHS) Strategic Business Plan Goal C.

## Information:

### Summary

As part of its 2007-2010 Strategic Business Plan, PHS performed a review of its chronic disease prevention (CDP) program to reorient CDP activities.

The program review revealed that while current CDP programs were evidence-based and changed individual-level behaviour; there appeared to be little reach and impact at the population level. The high rates of physical inactivity, poor eating habits and significantly higher rates of adult overweight/obesity in Hamilton compared to the provincial average are clear indicators that population level change is not occurring. As a result, CDP programs need to shift activities away from focusing on individuals and towards creating the environmental factors that support and sustain healthy behaviours. This shift will increase the reach and population health impact of CDP programs.

PHS will be working with our partners and stakeholders over the next few months to develop collaborative activities consistent with this new approach.

## **Background**

In May 2007, after a comprehensive consultation with staff and management, PHS approved a strategic business plan with a four year life cycle (2007-2010). This plan included six goals and commensurate actions to focus the work of PHS, with Goal C being specific to the chronic disease prevention programs.

Goal C reads: Maximize impact on community health in two key areas of chronic disease prevention: nutrition and physical activity. The corresponding strategic directions read:

- C1. Integrate chronic disease prevention across Public Health Services.
- C2. Identify best practices in chronic disease prevention.
- C3. Reorient chronic disease prevention activities to ensure optimal reach and effectiveness.
- C4. Establish baseline measures and develop indicators to monitor progress and inform program planning and evaluation.
- C5. Advocate for environments that support healthy behaviours.

This report will focus on the program review and re-orientation of chronic disease programs.

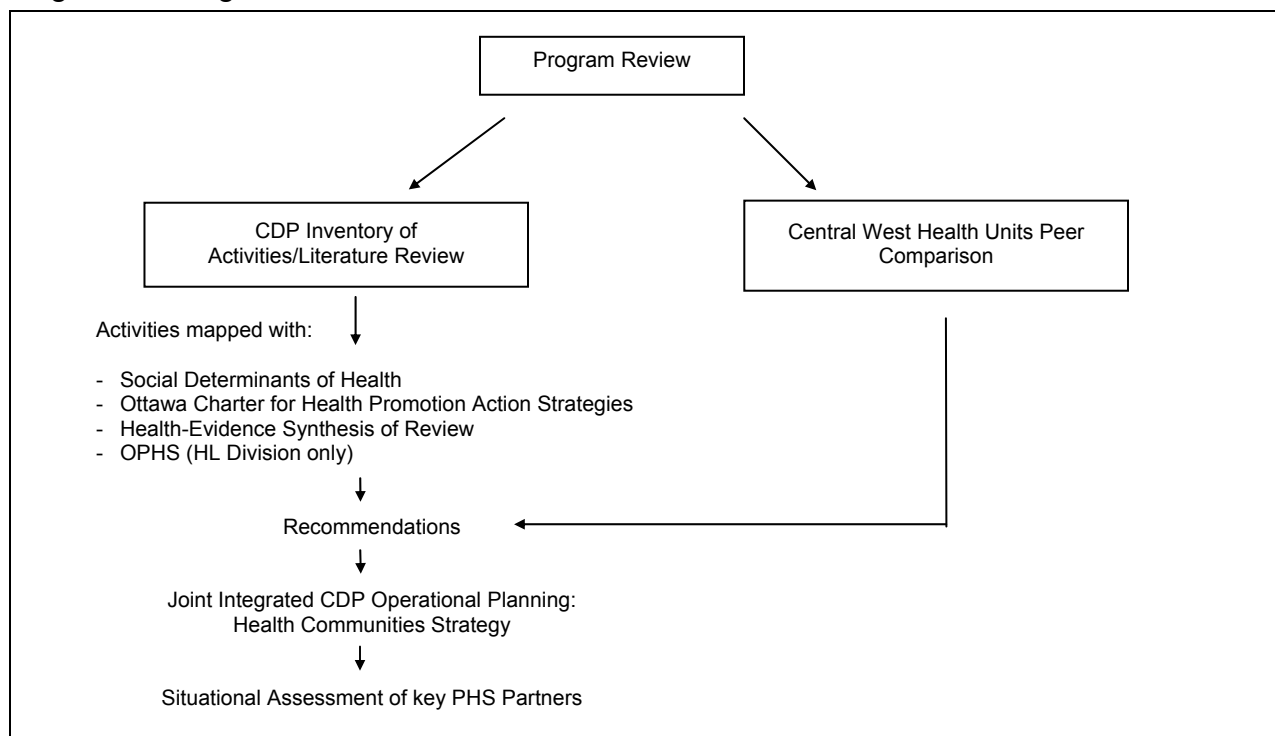
The need to prevent chronic disease at a population health level continues to be a high priority for public health units. Chronic diseases such as stroke, cancer, diabetes, heart disease, arthritis, respiratory diseases, high blood pressure and back problems are the leading cause of illness, disability, poor quality of life and death<sup>1</sup>. While these diseases may differ somewhat in who is most at risk in the population, what they have in common is that they share a number of underlying modifiable risk factors; including poor diet, physical inactivity, obesity, tobacco use, alcohol misuse and exposure to ultraviolet radiation. The PHS Strategic Business Plan Goal C focused specifically on identifying best practice to ensure optimal reach of nutrition and physical activity programming.

### Program Review

A program review of physical activity and nutrition activities consisted of two components, a literature review and inventory of physical activity and nutrition programs; and, a peer comparison to determine if programs were consistent across health units (Figure 1).

The literature review showed that while current CDP programs were evidence-based and did change behaviour at an individual level, little impact was seen at the population health level.

Figure 1: Program Review Critical Path



The key conclusion of the program review was that while the programs being delivered were evidence-based, addressed some SDOH and educated or changed behaviour on an individual level, population level risk factors were not improving. Given this, researchers recommend a shift away from individual-level behaviour change activities to a more comprehensive set of interventions that recognize that behaviour is influenced at the individual, community, environmental, and policy levels, to maximize population level reach and impact. An unsupportive social, physical and policy environment ensures any positive changes in individual behaviour cannot be sustained enough in the long-term to prevent chronic diseases.

To have a sustained population health impact on chronic diseases, Swinburn and colleagues (2005) propose that new prevention efforts incorporate the “best evidence available” and promising strategies that are informed by the opinions of stakeholders.<sup>ii</sup> To this end, chronic disease prevention staff are engaged in researching these new promising practices that have the potential for high population health reach and impact and working with key community partners to translate these findings into new chronic disease prevention programs.

#### The Chronic Disease Prevention Re-Orientation Plan

The CDP re-orientation plan was developed to balance the use of the various health promotion approaches and health determinants across the continuum of the population health framework. This will focus CDP activities on creating supportive environments and healthy public policies, since investing in these components will have the biggest

reach and impact on population level health. Building capacity and strengthening community action through partnerships across sectors and levels is also essential in maximizing the impact on population health.

Activities will be designed to achieve the following community change statements:

- Healthiest choice is the easiest choice
- Communities are healthier, social norms are healthier
- Responsibility for health is shared across sectors
- Social connection are increased

Currently, the CDP program is completing a situational assessment process, which will share this new strategy with key community partners while at the same time collecting information from them regarding community need. Existing partners in public health initiatives, as well as those identified by the literature as potential partners to effect community change, will be contacted. The situational assessment will provide the information and direction needed to develop specific activities focused on creating environments that support and enhance health, and decrease chronic disease, in collaboration with community partners.

PHS staff will work to ensure that activities related to the review of chronic disease prevention programs align with corporate service review processes, as they are determined.

<sup>i</sup> Public Health Agency of Canada, Centre for Chronic Disease Prevention and Control. Chronic Disease: What are Chronic and Non-Communicable Diseases? CCDPC 2006; available at: <http://phac-aspc.gc.ca/cd-mc/index-eng.php>.

<sup>ii</sup> Swinburn, B., Gill, T., Kumanyika, S. (2005). Obesity prevention: a proposed framework for translating evidence into action. *The International Association for the Study of Obesity. Obesity Reviews* 6, 23-33