

## ***Case Study: Population and Public Health Program of the BC Provincial Health Services Authority<sup>i</sup>***

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### **Background**

In British Columbia, the Ministry of Health establishes policy and sets priorities for healthcare and services. As a separate, quasi-governmental organization, the Provincial Health Services Authority (PHSA), is one of seven health authorities that operate in BC. British Columbia’s six other health authorities – five regional and one for First Nations – are each distinct in the way that they translate policy into practice, using various standards of evidence based care. But even though it reports to the Minister of Health, PHSA remains arm’s length in order to act as the link between policy makers and health practitioners in BC. PHSA’s primary role is to ensure that BC residents have access to a coordinate a network of high quality specialized health care services. PHSA operates provincial agencies and is responsible or oversees a variety of specialized provincial health services. In its provincial role, PHSA works closely with other health authorities across BC to provide equitable and cost-effective health care for people who need provincial services.

The Provincial Health Services Authority (PHSA) operates eight provincial agencies within it, including: BC Mental Health & Substance Use Services, BC Children’s Hospital, BC Women’s Hospital and Health Centre, BC Centre for Disease Control, BC Cancer Agency, BC Renal Agency, BC Transplant and Cardiac Services BC. In addition to overseeing the operations of these nine agencies, the PHSA is responsible for a number of provincial health programs and services. These include:

- BC Emergency Health Services
- BC Autism Assessment Network
- BC Early Hearing Program
- Health Shared Services BC HIV/AIDS Program
- Lower Mainland Pathology & Laboratory Medicine
- PHSA Aboriginal Health Program
- Provincial Blood Coordinating Office
- Provincial Infection Control Network of British Columbia
- Provincial Surgical Services Program
- Provincial Emergency Services Program
- Services Francophones
- Specialized diagnostics
- Specialized cancer surgery
- Stroke Services BC
- Telehealth
- The Provincial Language Service

- Trauma Services BC

All of these agencies and services contribute to the province's health care / health prevention agenda, but they also provide PHSA with unique reach across the province either through agency specific activities or through agency participation in activities that cut across both health disciplines and various regions of the province. Due to the PHSA's provincial mandate, it has a dual role around the provision and coordination of health services: i.e. the generation of innovations aimed at streamlining activities; and the coordination and province-wide health monitoring in areas such as new research and practice; public messaging; integrating expert advice; and support for the development of healthy public policy.

One of the programs nested within the cadre of PHSA services is the Population and Public Health Program (PPH) which has a mandate for chronic disease prevention. PPH has a team with expertise in epidemiology and biostatistics, knowledge translation, project management, and leadership as well as in various content areas related to chronic disease and population health and it works in collaboration with many partners. PPH seeks to inform and advise policy makers and practitioners on emerging and priority population health issues. It conducts chronic disease surveillance; encourages knowledge development and exchange on various emerging issues; fosters intersectoral collaboration and convenes and connects potential partners. Its ultimate goals are to create partnerships for collective action and to build capacity for others to sustain and advance solutions.

“We try to keep our fingers on the pulse” by reaching out to researchers, regional health authorities and other stakeholders to determine emerging issues, contextual information and local insight that could influence policy or program impacts. In this process, PPH engages a wide range of stakeholders to collaborate, refine, and sometimes re-define the issues in order to support the development of province wide policy and locally appropriate strategies.

To fulfill that role, the PPH works to:

- convene and coordinate provincial dialogue;
- facilitate the identification of common needs and joint problem solving;
- collaborate with and support regional and provincial partners to meet common needs; and
- jointly identify available resources for common initiatives.

In describing PPH's role, Lydia Drasic Executive Director, BCCDC Operations and Chronic Disease Prevention at the PHSA/BC Centre for Disease Control, suggests “the PPH Program acts primarily as a catalyst for knowledge sharing, learning and collaborative action across the full spectrum of BC's health stakeholders and intersectoral partners”.

The Ministry looks to PHSA to inform policy development and to coordinate the implementation of the policy through the various health authorities. The PHSA does not have authority to set policy nor is it technically part of the Ministry of Health but it aligns its work to support the Ministry of Health's priorities and directions. Although its partnership with the Ministry of Health is critical to PHSA, “We maintain an arm's length relationship with both the Ministry and the regional health authorities, one that allows us to work with all sectors of health care and provide a facilitative supportive role.”

In order to pull evidence into practice, PPH has undertaken several provincial consultations on current and relevant issues to identify practice gaps directly with stakeholders. They have also used standing advisory groups comprised of agencies and stakeholders to identify the issues and questions that emerge and may need to be explored. Their process specifically attempts to identify and involve people that have the ability to enact changes.

“The Health Ministry, for example, may come to us to help them understand and inform a direction or potential policy. Around obesity, say, and we would then look at it from every angle – from prevention through to treatment. In fact, on this particular topic we did a three-year process of engagement and analysis.” On obesity there was a series of broad consultations across all sectors in BC, including all levels of government, non-profit organizations, professional groups, academics and representatives of the food and beverage industry.

## **Partnership**

The ability to establish partnerships for action that impact the social determinants of health is a key contribution of PPH. “We are constantly learning how to collaborate better and formalize equal partnerships with others such as non-governmental organizations, local government and industry.”

- A particularly important role for PPH is to foster collaborations and partnership at the provincial level. The regional health authorities tend to focus on their geographic areas and populations within them. The Ministry tends to focus on stewardship and policy across the entire province of BC. “PPH brings people together to create understanding of their different roles and mandates and more importantly how each player has a necessary role in addressing the population health issues of chronic disease prevention.”
- Another aspect of their role is being conscious of and continually assessing the current political context which inevitably provides them with opportunities and degrees of freedom for joint action with a range of partners to influence healthy public policy. “Therefore at PPH, we try and play a role in helping them all construct a bigger picture together.”

A core activity of PPH is its ongoing engagement of relevant stakeholders across a wide range of people in various geographic, disciplinary, sector areas and across the provincial government ministries. “As issues emerge, we have developed networks and a really effective intersectoral engagement process that helps us determine what the priorities and needs are among movers and shakers and this allows us to build a champion base right from the beginning”.

Many of the issues PPH deals with are often complex, have political implications and cross many sector boundaries. For instance, the research evidence is more often than not defined clinically rather than as a population, public health issue that may be driven by the social determinants. As a consequence, research evidence is more often prepared to be communicated to clinical audiences rather than the general population. Therefore a key concern for PPH is to figure out how to interpret and present available evidence so that there can be common understanding

among many players and different audiences so that joint action can be realized. “This is the population health approach in action.”

While PHSA’s agencies spend approximately \$180 million annually in health research, PHSA itself is not a research organization. It facilitates research as a means of informing the evidence and monitoring emerging health issues. Through a research committee comprised of its agencies and research partners, PHSA uses a collaborative approach to evaluate evidence and then make both grant and policy recommendations. Its eight member agencies are augmented by affiliated research partners which include:

- BC Cancer Research Centre,
- Child & Family Research Institute,
- BC Mental Health and Addiction Research Institute,
- Women’s Health Research Institute
- UBC Centre for Disease Control

In this way PPH ensures that the combination of research and ‘on the ground’ evidence are both key components of its work. They partner closely with academic experts to help inform them of issues that may need attention, and with practitioners to help introduce research-based actions among their network of partners.

In terms of population health and health prevention, the focus of PPH’s collaborative work begins with trying to determine the areas where there is a lack of clarity or where concepts or roles are unclear. “We are looking to create clarity on the right thing to do. We are looked at as the organization that can help sort through the reams of research and help apply it to experience.” PPH considers itself a catalyst for joint action. It provides people with the tools they need to work together in areas where things are unclear or where evidence is conflicted.

For instance, there are two major preventive health concerns that at times compete with one another for public attention and resources: obesity and chronic disease on the one hand, and health equity on the other. “While in the past, many chronic disease prevention strategies have focused on interventions aimed at modifying individual lifestyle and behavioural risk factors that are associated with the increased risk of chronic disease (such as smoking, diet, and physical activity), there is growing evidence that such approaches have limited success. Research shows that community- and systems-level approaches that target the social, economic, and environmental root causes of poor health can be more effective at preventing chronic disease and can greatly improve the overall health of the population”<sup>ii</sup>.

In this context, a recent concern of PPH was the negative impact of weight bias not only on mental health but also in preventing successful outcomes for well-intentioned, obesity reduction interventions. It was suspected that repeated messages that encouraged weight loss may also be having negative impacts on self-image and mental health. As a consequence, PHSA put together a discussion paper<sup>iii</sup> and shared that with its network of stakeholders and experts. “We did a discussion paper that was about how to promote mental health in context of weight and overweight.” From the feedback they received, the issue of weight and wellness was confirmed and PPH then convened a consultation with international experts to discuss mental and physical well-being in the context of obesity and weight bias and present options. In it they facilitated

discussions on the research and on the state of related practice. “We believe we’ve helped move the discussion of health from centring on weight to having a focus on well-being.”

Subsequent to this consultation, another engagement process was undertaken across a wide range of BC stakeholders representing health authorities, governments, and community organizations soliciting them to come forward with recommendations for collective action. The goal was to reduce health inequities among various groups and improve the quality and accessibility of the health system's policies, programs and services. As a result of this process, a variety of activities continue under PHSA’s umbrella in order to encourage health practitioners to consider equity in the context of their work.

“We use a sound methodology to sort through it all. Putting practitioners and researchers together is critical to sorting things out and then coming out with recommendations for going forward.” Subsequently, PPH continues to support the ongoing work of partners until a partner, or group of partners, steps forward to take on the work for themselves. “We provide them with the information so that they can do their own work.”

### **Partnership Process**

“We set ourselves as catalysts,” says Drasic. “We have no authority over our partners but we do have some latitude in what we do. Our role as convener of dialogue is to create common understanding and joint action that is built from ‘ground up’ to inform policy and practice.”

“We learned we can’t go out with a fully formed idea and try and sell it to people. We often start with a conversation with key stakeholders about what we’ve been hearing, “this is what the evidence is saying”, and then try to get them to help define the issue as it affects them directly. When we have been sufficiently inclusive and obtained many different perspectives, we will have a more comprehensive view of the issue.”

This more comprehensive view provides PPH with the basis for an even broader public conversation, out of which they identify a core group of people who are willing to work together in a task force to develop specific intervention ideas or policy suggestions or suggest a concrete strategy to deal with the issue. These suggestions are then taken back to the larger stakeholder group to validate and to generate commitments. “Our process is as a true facilitator. We don’t pretend to have the answer and because of that, we can coordinate to meet the needs and support the work of others.”

Their process therefore has basically four components:

1. The Ministry or a key partner highlights an issue and seeks help from the PPH;
2. Acting as a catalyst at arm’s length from government PPH: completes a scan of the literature and needs; conducts outreach to potentially interested parties; convenes forums; and surveys stakeholders and others to further define the issue and gain local context;
3. A Task Force involving key stakeholders is formed to discuss the information and issue in depth and come up with suggestions for policy and collaborative action; and
4. A larger group consultation takes place to govern the work, collaborating on design, implementation and evaluation.

## Putting Effective Governance Into Practice

This intersectoral approach is central to addressing the many inter-relationships that may exist among chronic diseases. In addition, PPH also contributes to intersectoral action by working across Ministries to combine health issues with other areas of public policy. For instance, the Healthy Built Environments initiative illustrates the connection that exists between health and the way communities are designed and built.

The BC Healthy Built Environment Alliance is an initiative of the PHSA. It is a voluntary alliance of 26 different organizations, including: four provincial ministries, two universities, First Nations groups, a number of municipalities, architects, urban planners, community partnerships and foundations. Mobilizing around the shared need to bring health and planning sectors together to create healthier, more livable communities, PHSA helped to provide concerted leadership and direction. It facilitated collaboration to create resources to bring common understanding and to fund joint dialogue for action that has resulted in an increased capacity at the local level for health practitioners and local governments to work together to build healthy communities. PPH was the catalyst for bringing the sectors together and it enabled them with tools for their joint understanding and action. Today PPH is looking to groups like the National Collaborating Centre for Environmental Health, the Planning Institute of BC, regional health authorities and local governments to disseminate and build on this work.

PPH tries not to institutionalize its presence as a program delivery agent. It prefers to work towards transferring ownership of an emerging project to its collaborators who, it is felt, are best positioned to do the work in their own local contexts. PPH sees its value contribution coming from its collaboration and facilitation skills and not from running a variety of different programs. Consequently, over the course of their involvement, they intentionally try to decrease expectations of their ongoing participation as a project unfolds to make it easier for the project team to adjust when PHSA eventually takes its leave.

One of the principal considerations for PPH is working within the political environment. Addressing emerging issues is a challenge as they may have to highlight areas that neither society nor governments are not particularly comfortable with and therefore require time to integrate into main stream thinking. Despite being part of the government health system, PPH has to balance the framing of issues, the needs of its many diverse partners and the potential opportunities for ensuring its work can have real impact. In the end, creating the conversations around the issue and allowing each partner to identify their own role and contribution to it are the keys to ensuring action on issues can take place and that adversarial politics does not become a barrier to action on healthy public policy.

### Lessons

- The work of collaboration begins with determining the areas where there is a lack of clarity or where concepts or roles are unclear.
- Don't pretend to have the answer. PPH didn't go out with a fully formed idea and try and sell it to people.

- The need to find ways to deal with complex issues through some process of reframing or reinvention.
- Being clear on our role as a catalyst.
- Understanding that the lack of authority is a collaboration asset.
- Working at arm's length from government allows greater flexibility.
- Recognizing that organizations choose to engage with a convenor because they can be helpful as a facilitator and coordinator.
- There is a value adding role in helping stakeholders construct a bigger picture together.
- Recognizing that collaboration skills and partner management are core competences and a convenor should be careful not to farm these out to consultants.
- Being clear from the start with partners that the convenor's role is as a catalyst to start understanding and support collaborative action but that ongoing sustainable program delivery is not within its mandate.
- Focusing the partnership on the issue not the politics. This permits the inclusion of multiple voices, and a focus on the evidence and shifts away from advocacy.
- Putting practitioners and researchers together has great value.
- Knowing when to stop and pass things on to a partner to manage in the long run. PHSA catalyzed intermittent and ongoing alliances until a partner, or group of partners, stepped forward to take on the work themselves
- While having its own systems of accountability, PHSA recognized that collaborative development required transparency among all the partners in the process.
- Real change requires ongoing engagement of relevant stakeholders across a wide range of people in various geographic, disciplinary, sector areas and even across government.

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<sup>i</sup> Based on an interview with Lydia Drasic, Executive Director, BC CDC Operations & Chronic Disease Prevention

<sup>ii</sup> Provincial Health Services Authority. *Towards Reducing Health Inequities: A Health System Approach To Chronic Disease Prevention - A Discussion Paper*, Population & Public Health, Provincial Health Services Authority, Vancouver, BC: 2011

<sup>iii</sup> Provincial Health Services Authority. *From Weight to Well-Being: Time for a Shift in Paradigms? A discussion paper on the inter-relationships among obesity, overweight, weight bias and mental well-being*, PHSA, Vancouver, BC, January 2013