Advancing public health in Alberta

Notes from the 2018 Campus Alberta Health Outcomes and Public Health Conference

In Defence of Public Health: Strengthening our Discipline and Building Influence

University of Calgary Foothills Campus

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In conjunction with the 2017-18 APHA Board of Directors

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1. Key Messages

Background

In recognition of our 75th anniversary in 2018, the Alberta Public Health Association (APHA) teamed up with the O'Brien Institute for Public Health at the University of Calgary to host the Campus Alberta Health Outcomes and Public Health symposium on May 9.

The event's theme, 'In Defense of Public Health: Identifying Opportunities to Strengthen our Field,' was prompted by recent discourse around the weakening of public health across Canada and beyond. The symposium included a keynote lecture by Dr. Jim Talbot, former Chief Medical Officer of Health for Alberta; a panel featuring experts from different sectors of public health (e.g., government, Alberta Health Services, non-profit community, and academia) and roundtable discussions.

Key Summary Points

- Health is holistic - physical, mental, social
- We need health-in all policies
- Our strength is our people

Key opportunities and action areas

- Define, and work towards, unity of purpose- Enshrine a common definition of public health and develop unity of team to move towards a common purpose, including primary prevention and the social determinants of health
- Better package and market ourselves- To the public and to decision makers, so they are clear about what we do, can understand our value, and can move towards partnering with us
- Mobilize the public health community-To identify opportunities and communities to address key/substantial issues, such as modernizing the Public Health Act, and increase cohesiveness/loyalty within a dispersed/distributed public health workforce

2. Event Summary

Campus Alberta: Health Outcomes and Public Health started in 2010 hosting student-led grants that produce tangible impacts in health, and having a goal of connecting and creating within public health. The 2018 Campus Alberta event was co-hosted with the Alberta Public Health Association (APHA), to celebrate APHA's 75th Anniversary. The theme of the day was *'In defence of public health: identifying opportunities to strengthen our field'.*

Lindsay McLaren, APHA president (2016-2018) started the event with a recap of the role of APHA, and reasons for concern about the weakening of public health in Canada. APHA is of value because it is volunteer run, and the only independent voice for public health in Alberta. APHA speaks up for health equity. The event was prompted, in part, by three recent commentaries published in the Canadian Journal of Public Health (Potvin 2014; Guyon et al. 2017; Hancock 2018), which were circulated as background reading. Briefly, indications of the weakening of public health include:

- Downgrading the status of public health within governments and health authorities;
- Limiting public health scope by combining it with primary care;
- Decreasing funding for public health;
- The neoliberal agenda and individualism

Public Health is defined as "the art and science of preventing disease, prolonging life and promoting health through the organized efforts of society" (Last 2001). By definition public health needs all of us.

Keynote address

Dr. James Talbot, former Chief Medical officer of Health for Alberta, was the keynote speaker. Dr. Talbot compared public health to a diamond—formed under intense pressure, sparkles in the dark, and can chew through solid rock to get where it needs to go (i.e., public health is stubborn and persistent). Ultimately he was very optimistic about public health despite this weakening, because it is not new; public health has undergone many ups and downs. There is always struggle, he confirmed, but in the end public health always wins, but perhaps not on the timeline we expect. It starts with a small group of people who can see a better world, to come together to strengthen each other's spirits and see a world that other people cannot see. This optimism does not mean, however, that we can be complacent, as Dr. Talbot outlined some of the work that needs to be done.

Dr. Talbot first presented brief comments on three of the indications of the weakening of public health and then discussed three concepts that both limit and provide opportunity to strengthen public health.

The key evidence of decreased authority of public health is the downgrading of the role of the CPHO (Chief Public Health Officer) within PHAC from a decision-making role to a consultative /

advisory position. Also there's been diminishing independence through arbitrary dismissal of MOH's including in Alberta. Despite little backlash at this dismissal, in a thought experiment, Dr. Talbot juxtaposed the MOH's arbitrary dismissal to the dismissal of a highly skilled cardiologist in a hospital setting, where such an event would be unimaginable and certainly would create backlash from the medical community.

Public health scope can be reduced when it is combined with primary care, however, there is nothing wrong with putting public health practitioners in primary care as long as they are in control of what they do. We will lose the public health scope of skills (advocacy, community building, education) if we are required to focus entirely on clinical care.

Decreased funding is clearly happening- e.g., Nova Scotia- public health is 1.3% of healthcare budget, despite a 2005 review that recommended an increase. Quebec's public health budget was gutted by 33% with no rationale provided; public health was simply viewed as 'bureaucracy' to be trimmed.

We need to understand why this weakening of public health is occurring. There is a false dichotomy in how we talk about health—that is, one works either in 'patient care' or in 'administrative work'. Therefore, even reasonable people see public health as 'bureaucracy'. Money is attached to connections with patient care and an unconscious bias exists among those who practice patient care, hence those in patient care get a seat at the decision-making table. However, the argument for public health to get a seat at the table is clear—look at the proportion of people (99.5%) who are not occupying AHS hospital beds, and don't want to (i.e., want to stay healthy, prefer prevention). Public health represents that group!

Three concepts that are strongly held in public health but not widely understood by health ministries and the healthcare system:

1. Primary prevention is not understood, and therefore not considered as important as diagnosis and treatment. Prevention is seen by some as 'pie in the sky' because it takes years to see results. Our only real success in cancer have not been in treatment and diagnosis—they have been in public health, for example smoking legislation, HPV vaccine, and hepatitis B vaccine. The best cure for cancer, really, is not to get it. We need to be consistent and creative in communicating what primary prevention is and why it is important.

2. Health is holistic—physical, mental, and social. As an example, Dr. Talbot recounted the 2013 floods in southern Alberta, where children were having nightmares due to stress and worry. Public health asked for support and was told 'wait six months for them to develop PTSD and then we will treat them'. Instead, the public health response was to increase community services—more baseball, soccer, and other bonding experiences, essentially turning a nightmare summer into the best summer ever. Understanding of prevention outside of public health is shallow and narrow, rather than deep and wide.

3. Social determinants of health. The determinants of health create two to eight times the amount of health than is created by health care; and there is little acknowledgment and understanding of this outside of public health. In particular the health gradient is neither understood nor acknowledged. If we change the way we work, perhaps we will get better health outcomes.

We need a common definition, unity of team, and partners outside the team. With respect to unity of team, every graduate student should understand the fundamental concepts of public health. These need to be identified and understood by all public health practitioners. Partners outside the team are critical to health-in-all-fields success. For example, an epidemiologist hired by the fire department to examine the risk of fire in the community, discovered a trend—fires were more common in resource poor neighbourhoods—consequently, firefighters checked in with citizens about their smoke detectors and installed one where needed, while educating. This 'intersectionality' or 'health in all fields' approach ensures continued relationships between mayors, chiefs, councils, elders and citizens, and the business community.

We need to respond to Indigenous people. When there are groups with lower life expectancy, we need to first ask—Are their living conditions worse? If yes, we need to keep working to improve living conditions until life expectancy is no longer lower.

In concluding, Dr. Talbot underscored that the biggest asset in public health is the people—you and your colleagues. You need to be at the top of your game, so be well, be loved, be joyful and be safe. Help people live happy, long, productive lives.

Key opportunities and action areas

- Define, and work towards, unity of purpose
- Work towards a common definition of public health and its fundamental concepts to develop unity of purpose
- Consider public health training and defining core curriculum
- Identify key approaches/orientations
- Focus on primary prevention
- Focus on social determinants of health, health equity, and determinants of health outside the health sector
- Embrace a critical perspective with diverse viewpoints
- Better explain, and package/market ourselves to members of the public, health professionals (AHS), and decision-makers
- Encourage partnerships with municipalities, business community
- Mobilize the public health community
- Identify key opportunities and communities that could work towards Public Health Act modernization re: chronic disease prevention
- Identify a mechanism to defend independence of MOH; rally around; cohesion and loyalty

Panel Discussion

Panelists

The goal of the panel discussion was to react /respond to Dr. Talbot's keynote address and encourage discussion among participants. The panel was moderated by Dr. William Ghali, the Scientific Director of the O'Brien Institute for Public Health. Panelists included:

- Dr. Brent Friesen, Medical Officer of Health, AHS
- Dr. Deena Hinshaw, Deputy Chief Medical Officer of Health, AHS
- Dr. Kue Young, Dean, School of Public Health, University of Alberta
- Dr. Katrina Milaney, Assistant Professor, University of Calgary
- Angeline Webb, Director of Health Policy and Promotion, Canadian Cancer Society
- Ali Walker, Public Health Program Coordinator, University of Lethbridge
- Chris Seasons, Vice-Chairman and Director, ARC Financial Corp

Themes

There is a lack of public health literacy that needs to improve if we want to develop a stronger voice and community partnerships. We need to do better to help society understand what public health does. The world pays attention to what they value. Undergraduates seem to get public health viscerally. They connect on issues of community, social justice, and partnering, despite different interests. They have a strong appetite for all things public health. Can we better understand them and see if we can leverage that knowledge to improve literacy more broadly? It is particularly challenging to define or explain public health among business people so if there is a way to 'frame' public health and show the return on investment, we will improve uptake from business partnerships.

There are important barriers that need to be addressed. An important way forward for public health is to try to rekindle relationships with the municipalities, especially because since regionalization (i.e., shift in health service organization in Alberta from health units, to regional health authorities and health regions, and now to AHS), public health services have focused on relationships within the organization to the detriment of relationships outside the organization, such as with the municipalities, and NGOs. How do we do this?

Media and communication. The more we can establish ourselves as being easy to go to, the more the media will be interested in coming to us for our opinion. AHS has improved their accessibility to the media, by centralizing/regionalization. They have reduced the red tape around how they communicate with the media, so they are more easily accessed by journalists. What does this mean for other health organizations, and for APHA?

Is advocacy fighting or partnering? There was significant discussion about how we can best advocate. Despite the reality that diagnosis and treatment (clinical care) gets 95% of health

dollars, when the evidence shows that the target of health dollars should be the social determinants of health, there was pushback from several panelists about using this argument in advocacy, as it was perceived as 'negative', 'argumentative', and 'not helpful'. Can we find more positive ways to be direct about the evidence, but non-confrontational and more collaborative so as to get clinicians and other healthcare workers on our side? Other panelists noted that advocacy is not a dirty word and is a key function of APHA. Similarly, another panelist identified that people will only act on what they value, and it appears that society doesn't value the homeless, the mentally ill, and others. Can we find ways to show value?

Roundtable discussion

Roundtables were moderated by members of the APHA Board of Directors and broader APHA community. Participants were asked to sit at a table where they didn't already know everyone. Roundtable discussion was guided by two questions:

Question 1: In light of indications of the weakening of public health, what are some opportunities to strengthen our field, from the view of key organizations and sectors (i.e., government, health services, non-profit, academia)?

Question 2: What could be the role of the APHA? How can we better mobilize the APHA?

Summary of general points

- Many attendees discussed the importance of building relationships between sectors (such as non-profit, industry, and universities).
- Health-in-all-fields emerged as one opportunity to get non-public health fields doing public health work.
- Modernizing the Public Health Act was raised.
- A common theme for engaging communities was the need to share our understanding of what public health is, but also to communicate the importance of public health for the community.

Summary of points relevant to the APHA

- APHA should aim to creatively enhance membership and fund development
- APHA can and should be a leader in public health and should expand its "voice" within Alberta
- APHA should expand membership opportunities, as well as communicate why membership funds are important and where the money goes
- APHA should increase partnerships and use of Strategic Clinical Networks (SCNs) as well as work closely with municipalities
- APHA should engage universities and expand placements beyond traditional health fields

- APHA should seek to become a trusted public health partner that can provide evidence based resources for citizens to find out more information
- APHA should measure and evaluate its impact on public health.

Some concrete and unique recommendations for APHA that surfaced throughout each of the round tables included:

- Promotion of APHA through a float in the Calgary Stampede parade
- Take "public health to court" by hiring a lawyer for public health injustices in Alberta
- Membership engagement: use the knowledge of membership as a resource hub for inquiries and support
- Community outreach and educate community
- Interact with all sectors to encourage them to provide quality support for public health that impacts the unique capacity of that sector
- Create a framework for corporate responsibility
- Create Fact sheets and FAQs on public health issues
- Use membership as Christmas gift and other fundraising ideas
- Use the Toronto public health model- how it's embedded into the city

References

Guyon A, Hancock T, Kirk M, MacDonald M, Neudorf C, Sutcliffe P, Talbot J, Watson-Creed G. The weakening of public health: a threat to population health and health care system sustainability. *Canadian Journal of Public Health* 2017;108(1):e1-e6.

Hancock T. Erosion of public health capacity should be a matter of concern for all Canadians. *Canadian Journal of Public Health* 2017;108(5-6):e458-e461.

Last JM. (Ed). *A Dictionary of Epidemiology (4th ed).* Oxford: Oxford University Press, 2001.

Potvin L. Canadian public health under siege. *Canadian Journal of Public Health* 2014;105(6):e401-e403.

3. Appendices and meeting documents

Meeting agenda

Campus Alberta Health Outcomes and Public Health 2018 Annual Forum
Wednesday May 9, 2018, 9:30am-4:00pm
Foothills Campus, University of Calgary

Proposed Agenda

THEME: In defence of public health: Identifying opportunities to strengthen our field	
Time / Location	**Description**
9:30-10:00 a.m. *Theatre 4*	Registration
10:00-10:15 a.m. *Theatre 4*	**Welcome and opening remarks** Dr. William Ghali, O'Brien Institute for Public Health Dr. Lindsay McLaren, Alberta Public Health Association
10:15-11:00 a.m. *Theatre 4*	**Keynote address** Dr. Jim Talbot
11:00-11:15 a.m. *Theatre 4*	Coffee break
11:15 a.m.-12:30 p.m. *Theatre 4*	Presentations from Campus Alberta HOPH Provincial Meeting Grant awardees
12:30-1:30 p.m. *HRIC Atrium*	Lunch Posters
1:30-2:30 p.m. *Libin Theatre*	**Panel discussion** Reactions to the keynote; threats and opportunities for public health in Alberta, from the perspective of key sectors *Moderator*: Dr. William Ghali *Panelists*: ● Dr. Brent Friesen, Alberta Health Services ● Dr. Deena Hinshaw, Deputy Chief Medical Officer of Health ● Dr. Kue Young, University of Alberta School of Public Health ● Dr. Katrina Milaney, University of Calgary ● Angeline Webb, Alberta Public Health Association ● Ali Walker, Public Health, University of Lethbridge ● Chris Seasons, Vice-Chairman and Director, Arc Financial Corp.
2:30-2:45 p.m. *HRIC Atrium*	Participants Transition to Round Tables
2:45-3:30 p.m. *HRIC Atrium*	**Round tables** Opportunities and strategies to strengthen public health in Alberta; steps that could be taken by key sectors / stakeholder groups: universities; Alberta Health Services; NGO (Alberta Public Health Association) Recent commentaries* have identified important threats to public health across Canada including in Alberta. Some of these threats are:

	• Downgrading the status of public health within governments and health authorities; • Eroding the independence of medical officers of health and their ability to speak out on matters of public health concern; • Limiting scope of public health by combining it with primary care; • Decreasing funding • The neoliberal agenda and individualism **Note**: There will be one APHA representative at each table to help facilitate, take notes, and identify top 1-2 points for sharing with the larger group.
3:30-3:45 p.m. *HRIC Atrium*	**CPHA Remarks** Dr. Richard Musto, Chair-elect, Canadian Public Health Association
3:45-4:00 p.m. *HRIC Atrium*	**Closing Comments** Dr. William Ghali, O'Brien Institute for Public Health Dr. Lindsay McLaren, Alberta Public Health Association
4:15-5:30 p.m. *Rose/Nightingale rooms, TRW3*	**APHA Annual General Meeting** All are welcome; members in good standing permitted to vote.

Suggested pre-readings:

Guyon A, Hancock T, Kirk M, MacDonald M, Neudorf C, Sutcliffe P, Talbot J, Watson-Creed G. The weakening of public health: a threat to population health and health care system sustainability. Can J Public Health 2017;108(1). Available here: http://dx.doi.org/10.17269/cjph.108.6143

Hancock T. Erosion of public health capacity should be a matter of concern for all Canadians. Can J Public Health 2018;109(1). Available here: http://dx.doi.org/10.17269/cjph.108.6556

Potvin L. Canadian public health under siege. Can J Public Health 2014;105(6). Available here: http://dx.doi.org/10.17269/cjph.105.4960

APHA 75th Anniversary Event

May 9th, 2018

Key Takeaways

Better definition for public health. Many members of society are still confused with what public health means and what it constitutes. APHA should work towards creating a platform where that definition can be better known and create further dialogues on current public health issues.

Turning advocacy into policy change. Using a more evidence-based approach to advocacy would leverage more credibility in the eyes of the government, and spearhead greater movement towards policy influence.

Increase awareness in post-secondary curriculum. Encouraging students to take classes in public health disciplines, as well as more analytical-based courses, will strengthen the incoming healthcare field's knowledge of public health.

Opportunities for professional development. Providing career choices and networking opportunities will help strengthen students' interest in public health, as well as increase collaboration among all major sectors, from academia to public and non-profit sectors.

Unite as one, and a voice will be heard. As with any movement towards better policy-decision making, a large group with a shared vision will provide significant pressure towards the government to ensure that the voices of the public health industry are recognized, and thus will be considered when implementing new policy measures.

Additional notes from Keynote and Panel

Keynote

- Optimism on the future of PH.
- PH is always struggling; must find joy in being under siege
- Creating story of public health; in the end, PH always wins.
- Roadmap for conversation
- 4 points about weakening of PH:
    - Authority CPHO and other authorities
    - Independence of MOH; arbitrary dismissal in Alberta
    - Decreased funding even in a discipline who uses so little money
- Why are these things happening?
- Values – Are the things you double down on in times of crisis?
- Ever reasonable people see PH as a 'bureaucracy'
- False Dichotomy – PT care or Administration
- Concepts are not widely held by ministers of health
- Important primary prevention – not considered as important as dx and tx
- People simply don't understand
- "Best cure for cancer is not to get it"

- We need to get the message out consistently and creatively
- Health is holistic – physical, mental, and social.
- No understanding of SDOH
- Sheer magnitude of SDOH variance in health outcomes is not acknowledged
- Living conditions within SDOH are not understood
- 3 ways people think of Public Health
    - It's what we do (e.g. nurse)
    - It's what's in the Act
    - It's what we need
- We need to enshrine a common definition
- Unity of teams – Every graduate understands the core of PH
- We need integrated teams that understand core concepts and learn from one another
- Parties outside the team – Mayors, board chiefs, councillors
- E.g. Safety conference, workshops on intersectionality
- Responsibility to Indigenous community
- Chief MOH Hamilton – Whistleblower on TB efforts
- Anytime a person does poorly, jump to living conditions
- Work on it until their life expectancy is as good as ours. Put the resources where most needed
- The biggest asset is the people in Public Health
- Help people live happy, long, and productive lives
- May you be well, loved, joyful and safe
- Questions - Dr. Swann
    - Advocacy is a problem/failure
    - Turn up light (evidence), turn up heat (we are failing here)
    - PH service has withered
    - Politics responds to voters, money, and membership

Panel

- Dean Hinshaw (CMOH)
    - PH is a diamond in the rough
    - Not always recognized for its value
    - Can we polish everything we do so that everyone appreciates?
- Ali Walker (ULethbridge)
    - What is PH – Undergrad PH
    - Lots of undergraduate students who are not in PH are taking PH courses, what drives them to do so?
- Angeline Webb (APHA)
    - APHA is the only voice of public health in Alberta
    - Discipline but no unity
    - Leader in public health advocacy
- Katrina Milaney (UCalgary)
    - Why is it weakening?
    - Why do we have to keep having the same discussion?
    - Values-based – We pay attention to what we value
    - We don't value the homeless but there are some great community initiatives
- Kue Young (UAlberta)

    - Make distinction public health service delivery, and public health writ large (as a general concept)
- Chris Sessions, O'Brien Institute Community Board
    - Capitalism is quite aligned
    - "Wealth is health, health is wealth"
- Brent Friesen, MOH
    - PH is a rollercoaster, always will be
    - Rebuild relationship with municipalities, not acute care
- General discussion
    - Public Health Dichotomy
    - Is advocacy a fight or a partnership?
    - Comprehensive approach – multicultural, collective voices
    - Very encouraged about NGOS– They connect a community, social justice-based partnerships
    - Advocacy is related to PH foundation
    - Its tough to define and explain PH within a business context, so if there is a way to make it more comprehendible (e.g. Frameworks) to show return on investment (ROI), you'll get better uptake form business
    - Using the Media
    - Common experience, partners was good
    - Harm products are controversial
    - Media wanted to hear about it
    - Make yourself available
    - Red tape needs to be reduced
    - If media knows they can get info from you ASAP, this is an issue
    - Helps you frame the debate
    - Restrictions on what you can say
    - How do we work in a neoliberal environment?
    - Neoliberals interconnected in cost efficiencies
    - Conflicted because the cost efficiency argument works but sometimes decisions are not counted in evidence
    - How to facilitate broader voices
    - Residents – Interacting advocacy (But do we want to?)
    - PH is not just government
    - Unity of a team – Only a few come to defend the voice that is silenced
    - Join APHA – Safety in numbers
    - Indigenous health is largely unrecognized
    - Negative atmosphere
    - Collaborative approaches influencers that we need to enter dialogue
    - PH feels insecure
    - Perhaps the approach comes from a negative position which is not an ideal perspective to enter dialogue to improve
    - Positivity
    - What does positive look like?
    - Is public health 'public' as in democratic?
    - Prevention
    - Education/awareness, but transcends beyond that
    - SDOH still in the early stages for understanding that

- Is it different that usual for PH? Have we exaggerated the weakening?
- No one really talked about PC/PH
- Need for engagement of students
- Why are direct client services beneath public health?
- Majority of public health units are doing public health services, so don't devalue it!
- Build on primary care practitioners to be championing
- Must represent group, so recognizing that not all physicians/hospitals are open to change
- Homecare started under public health
- Primary role of PH is to move in where there is a gap
- Budget is all up for grabs
- Health services are not entirely considered provincial
- Dr. Swann
- Policies should be about negotiating public interest
- PH is politics – Power, money, but also diplomacy

Additional notes from Roundtables

Question 1: In light of indications of the weakening of public health, what are some opportunities to strengthen our field, from the view of key organizations and sectors (i.e., government, health services, non-profit, academia)?

Question 2: What could be the role of the APHA? How can we better mobilize the APHA?

Table 1

- Expand relationships to include industry: how can the industry be held accountable? There is no self-regulating mechanism - APHA to develop framework for corporate responsibility
- Advocate the importance of Public health
- Bring in lawyer - use the court system (eg FNMI)
- Unified voice: definitions, resources etc
- Public health seen as "don't tell me what to do" vs acute care needing help and experts
- Neoliberal agenda: setting change nudges - making the healthy choice the "easy choice"
- Build trust with PH professionals (APHA as a resource one stop shop to ask questions and get resources)
- Expand membership to donations
- Need a fact sheet on different topics for the general population to understand
- Denormalize lack of public health (example how collisions are so normal now)

Table 2

- Sometimes focus on bandaid events rather than inequities, refocus HOW you can do good (not just a check mark). Example: SHAW stopped donating to the food bank and offered free wifi in rural communities
- Measure and evaluate better so that the value is seen!
- Health in all policies - co-frame the issues

- How do we call out harsh net-liberalists
- Turn evaluative results in non-monetary means
- Focus on big solutions that will influence public health eg. income, food insecurity, get on social movements and be a voice. (Rather than be defensive)
- Healthy cities as a social movement
- Education as an opportunity (have citizens understand SDOH, social justice, etc)
- Etudents involved in placements to connect non-traditional public health - other sectors

Table 3

- Increased focus on local priorities - working with municipal partners
- Lack of innovation and accountability with AHS
- Reduce duplication in AHS funding
- Like Ontario: create social determinants of health public universities
- Educate students to prioritize their own health
- Municipal governments: increase power to make decisions and raise own funds because cities have so much influence on public health (example urban planning, upcoming cannabis)
- APHA role: closer collaboration with municipalities
- Clearer alignment of vision and mission
- Making alliances with government and non profits with shared priorities

Table 4

- Role of APHA: funding to improve opportunities for advocacy
- Bridge gaps to address limitations for advocacy within government ministries
- Breaded our reach of those "who do public health" example fire chiefs
- Knowledge translation
- Push politicians during campaigns
- Opportunities: look at Toronto model - public health is embedded in the city
- Provide protection for those who cannot speak
- Modernize the public health act
- Leverage universities to advance theory and research and evidence

Table 5

- Opportunities are Strategic Clinical Networks (SCN)
- Tremendous opportunity and pressures
- Building partnerships between government, PH, and SCNs
- Degrading silos
- Strengthen the PH act
- Public Health networks not stepping into full capacity yet
- Connections to other SCNs
- Upstream prevention
- SDOH
- Collaboration → Working together better, currently in silos
- Still confusions about different types of prevention

- Priorities may not be in population/public health (e.g. serving patient rather than public), acute focus
- Rebuilding partnerships between public health and municipalities (government)
- PH is more than stakeholders
- PH is not the enemy
- PH provides a healthy lens
- What is the role of the APHA?
    - Needs to assume a leadership role
    - Well positioned to being in leadership role
    - All of "us" can play a part → people need to feel safe to speak up
    - Partnerships and collaboration can push political envelope
    - Move PH message to the forefront
    - Need organizations to become leader (win APHA)
- How do we re-establish a membership base?
- What would people value to be a member?
- Understanding the culture of being part of a professional organization
- Key takeaways
    - APHA is too silent → even relative to CPHA, need to clarify messaging of membership
    - More networking events
    - Make participation "easier" → Being a partner is part of your role

Table 6

- Opportunities: Strategic clinical networks SCN - tremendous opportunity and pressure
- Public health networks not stepping into full capacity yet
- Connections to other SCNs - upstream prevention and SDOH
- Collaboration (currently working in silos)
- Still confusing about different types of prevention
- Priorities may not be in population/public health (acute care focus)
- Rebuilding partnerships between PH and government (municipal)
- More than just stakeholders
- PH is not the enemy
- PH provides a healthy lens
- The role of the APHA: needs to assume a leadership role - well positioned to begin a leadership role
- All of us can play a part - people need to be safe to speak up
- Need PH to be in the forefront
- Need organization to become leader
- How do we establish membership base? What would people value to be a member, understanding the culture of being part of a professional organization
- APHA too silent - even relating to CPHA - clarify messaging "we can't do this without your membership"
- More networking events
- Make participation easier - being a partner as part of your role

Table 7

- Re-collaboration with SCNs between government and PH
- Build partnerships and opportunities
- Strengthen the PH act
- APHA could assume a peaceful leadership - need to be more organized and less silent
- Need to understand the culture and conditions around membership
- Make being a partner a member of APHA as part of your role as a Public Health Professional
- Make it easier for people to join and engage

Table 8

- Either the MOHs should get organized so that speaking out is safe for them; or it actually is safe and then they should do their job.
- That the APHA should not be expected, as volunteer organization, to do the jobs that people are paid to do
- To increase the APHA profile, the organization might consider a Stampede parade float and a booth on the grounds
- The APHA should work with the U of C Senate to require that all U of C grads have a year-long science course to help protect them from being gullible to false public health claims (e.g. anti-vax and anti-fluoridation). (As chair of the Rhodes Committee, I saw a transcript that had only dance courses.)

Table 9

- Clinical/prevention-Health promotion- ring fenced money for upstream work would be good.
- Our area- addiction and mental health was moved to SMExpert area rather than PPH dept and that is a problem
- There is a need to be accountable at AHS. I have to do my job but there is no mechanism for accountability to the public. What does successful prevention look like. We want to be cost effective but evaluation/proof of outcomes is much harder.
- Absence of rigour around small business (we want to stay open later so we can make more $), despite all the rigour AHS Mental health addiction dept needs to do to prove staying open later is problematic.
- Adequately protect MOHs---responsibility to serve; they are not victims. Need to step up. Unionize and do your job.
- Advocacy- dereliction of duty- MDs/residents who don't' want to do advocacy when that is part of their mandate /curriculum
- Literacy- universities- some science training for every UG student- even 1 course- critical thinking, basic statistics/probability thinking; might help inc public health literacy and decrease silosim over time.
- Fault public health for weakening- not enough trust as a result of one way info flow. Telling people what to do. Need to know that people do their own research and have different access to info now.
- Government view- get better at selling importance of or framing PH and the SDOH.
- Get more awareness early on- primary school curriculum- children need exposure early on to know that PH is a thing. You shouldn't get to University not knowing it. Curriculum should be about more than just the health of individual. And should resonate with children- critical of 'wearing a hat for mental health'- what does that mean and how does it address SDOH?

- The government cannot bring about policy change around equity until the public understands it. Once the public buys in, advocacy and policy are possible. So it is our job to frame SDOH and the story of what public health is to the public (could be a role for APHA)
- University student's in the group concurred that earlier exposure would help students to know that public health is an actual career/job they could do.
- Integrate PH component into PC so that clinicians and people that are being highlighted today as opponents/or antagonistic to PH can learn how to address the SDOH. They may not be so antagonistic if they understand better about the SDOH and their responsibility to take part. At the same time it is good to acknowledge that many clinicians are resistant, so need to find the champions, because money, power talks in political areas like public health. Make SDOH akin to QI (quality improvement) for clinicians so they start attending to it.
- Used to be we were mandated to address prevention. Accountability in AHS is now around treatment, not prevention. But no money attached to prevention.
- APHA should hire a tobacco lobbyist or similar person from the 'anti-public health side' because they are good at it.
- PH needs more pple so APHA should be running membership drives- a float in the parade, have a booth on the Stampede grounds; get out in the community.
- Make buying a membership a great Christmas or birthday gift as a trend, because who needs more stuff- health is the best gift.

Kristyn's summary -

General themes:

- enhance membership and fund development (engage and communicate and mobilize)
- work with governments (municipalities) and SCNs
- modernize the Public Health Act
- expand relationships and engage communities
- engage other sectors "health in all fields"
- leverage universities: put students in different placements other than PH, student wellness
- APHA as a leadership role: organize, build trust and engage

As part of the round tables discussion, two questions were asked: First, in light of indications of the weakening of public health, what are some opportunities for strengthen our field, from the view of key organizations and sectors?

Many of the round tables discussed the importance of building relationships between sectors (such as non-profit, industry, and universities). The "health in all fields" emerged as one opportunity to get non-public health related fields doing public health work. In addition, it's important to modernize the Public Health Act as was previously mentioned earlier in the day. Lastly, a common theme for engaging communities was not only important to share the understanding of what public health is, but also to communicate the importance of public health for the community.

The second part of the round table included the question, "What could be the role of the APHA? How can we better mobilize the APHA?"

Common themes emerged from several round tables including for APHA to make organized efforts to enhance memberships and fund developments, and be creative in engaging current members. It was emphasized that APHA could and should be a leader in public health and should expand its "voice" within Alberta. It's important to expand membership opportunity as well as communicate why the funds from APHA membership are important and what the money goes toward. Another theme that emerged was the partnership and use of Strategic Clinical Networks (SCNs) as well as working closely with municipalities. Another concrete theme was to engage universities and expand placements into more than just health fields, as well as advocate for their own student wellness within the campus. Lastly, it was discussed that APHA must seek to build trust within the community as a trusted public health partner that can provide evidence based resources for citizens to find out more information and education. In addition, it would be useful for APHA to measure and evaluate its impact on public health.

Some concrete and unique recommendations for APHA that surfaced throughout each of the round tables included:

- Promotion of APHA through a float in the Calgary Stampede parade
- Take "public health to court" by hiring a lawyer for public health injustices in Alberta
- Membership engagement: use the knowledge of membership as a resource hub for inquiries and support
- Clearer alignment of vision
- Community outreach and educate community
- Interact with all sectors to encourage them to provide quality support for public health that impacts the unique capacity of that sector
- Create a framework for corporate responsibility
- Create Fact sheets and FAQs on public health issues
- Use membership as Christmas gift and other fundraising ideas
- Use the Toronto public health model- how it's embedded into the city

Other notes from roundtables:

- Either the MOHs should get organized so that speaking out is safe for them; or if it actually is safe and then they should do their job.
- That the APHA should not be expected, as volunteer organization, to do the jobs that people are paid to do
- To increase the APHA profile, the organization might consider a Stampede parade float and a booth on the grounds
- The APHA should work with the U of C Senate to require that all U of C grads have a year-long science course to help protect them from being gullible to false public health claims (e.g. anti-vax and anti-fluoridation). (As chair of the Rhodes Committee, I saw a transcript that had only dance courses.)

- Health promotion; ring fenced money for upstream work
- Problem: Addiction and mental health was moved to SME expert area rather than PPH department
- A need to be accountable at AHS; no mechanism to be held responsible to the public

- Want to be cost effective but evaluation/proof of outcomes is much more difficult
- Absence of rigour around small business
- Would want businesses to stay open later to earn more money
- However, later hours could be problematic
- Protection of MOHs
- Responsibility to serve; they are not victims
- Unionize and do your job
- Advocacy; MDs/residents who don't want to do advocacy when that is part of their mandate/curriculum
- Literacy
- Some science training needed for every undergraduate student
- Critical thinking, basic statistics/probability thinking
- Could help incorporate public health literacy over time
- Fault Public Health for Weakening
- Not enough trust as a result of one-way info flow
- Telling people what to do
- Need to know that people do their own research and have different access to info now
- Government View
- Get better at selling importance of framing of public health and the SDOH
- Get more awareness early on; primary school curriculum
- Children need exposure early on to know that PH is a thing
- Curriculum should be more than the health of the individual
- Critical of 'wearing a hat for mental health' – what does that mean and how does it address SDOH?
- The government cannot bring about policy change around equity until the public understands it
- Once public buys in, advocacy and policy are possible
- It is our job to frame SDOH and the story of what public health is to the public (could be a role for the APHA)
- University students concurred that earlier exposure would help students to know that public health is an actual career

- Integrated PH into PC
- Allows clinicians and people that are being highlighted today as opponents/antagonistic to PH can learn how to address the SDOH
- It is important to acknowledge that many clinicians are resistant, need to find the champions, because money, power talks in political areas like public health
- Make SDOH akin to quality improvement for clinicians so they start attending to it
- Additional Comments
- Used to be we were mandated to address prevention
- Accountability in AHS is now around treatment, not prevention
- No money attached to prevention
- APHA should hire tobacco lobbyist from 'anti-public health side'
- PH needs more people so APHA should be running membership drives, engaging in the community

- Make buying a membership a great Christmas or birthday gift as a trend
- Health is the best gift!

- Role of APHA
- Funds are used to improve opportunities for advocacy
- Bridge gaps to address limitations for advocacy within government ministries
- Broaden our reach to include those who “do public health”
- Knowledge teams
- “Push” politicians and candidates during campaign
- In light of indications of the weakening of public health, what are some of the opportunities to strengthen our field, from the point of view of key organizations and sectors, namely;
- Alberta Health Services
- Could learn lessons from Airdrie Health coop
- Increase municipal cooperation
- Increased focus on local priorities
- Struggles because of lack of innovation/lack of accountability @ AHS to vision
- Lots of duplication in AHS; difficult for anyone to give up budget share to reduce duplication and focus on prevention
- Take example from Ontario; PH nursing positions
- Universities
- Could do more to educate and raise health citizens
- Teach students to have care for and prioritize their own health; currently does not promote students of faculty wellness
- Government (Municipal)
- Increase power to make decisions
- Ability to raise own funds because cities have so much influence on public health (e.g. urban planning, upcoming cannabis legalizations)
- Not-for-Profit
- Industry
- Indications for of the weakening of public health include:
- Downgrading the status of public health within governments and health authorities
- Eroding the independence of medical officers of health and their ability to speak out on matters of public health concern
- Limiting public health scope by combing it with primary and community care, without regard for the different functions and expertise involved
- Decreasing funding for public health
- The neoliberal agenda and individualism
- What could be the role of the APHA, as a vibrant, credible, independent public health association, in strengthening public health moving forward? How can we better mobilize the APHA?
- Consider the coop model because it builds stronger consensus around vision/mission
- Closer collaboration with municipalities
- Clearer alignment of vision/mission/strategic plan and measurable outcomes
- Making alliances with government/non-profits with shared priorities, strategic plan

- Big solutions are the strategies that will influence public health at its core (e.g. income, opioid crisis, climate change, food security)
- Focus on these is just do your job
- "Get on" social movements and be a voice
- Healthy cities are seen as a social movement
- Education is an opportunity
- Have cities understand SDOH, issues of social justice, influence of environment
- Sick of the "battle"
- Not-for-profit sector the "least healthy" part of public health
- Students involved in placements must connect in non-traditional "paths" because other sectors/organizations
- How can the industry be held accountable? Is there no self-regulating mechanism for APHA to develop a framework for corporate responsibility?
- Key is to try to shift funding upstream
- CPHA priorities not as much on emergencies, incarceration
- Problem: emergency cries louder
- General sense of urgency vs. long-term outcomes to advocate importance
- How to respond to advocacy
- E.g. "Okay to ignore for stakeholders", "Universities ignore students
- Empowering people to respond
- Use of the legal system
- E.g. FNML – Indigenous
- Prevention: all organizations get resources and funding
- E.g. Pilot programs
- Unified voice to feel important with clear goals
- Balancing against censorship
- Separate funds from prevention to acute care
- Siloed funding is a problem
- No one wants to give up their money
- Pipeline dedicated funding
- Being told what to do vs. emergency department
- Know you don't have the answers
- Environmental nudges
- Healthy choice is the easy choice
- Neoliberal agendas
- Lack of recognition
- Role of PH professionals play in trust
- There's a reason people aren't listening to us
- More education is needed
- Normalization of Public Health and APHA's role
- People are not members of the APHA because they are unaware of what purpose it serves
- What "help" do you actually do?
- Increase communication of what APHA does
- Public Health is confusing
- Public health vs. population
- Shared voice with concrete definitions

- Evidence-based
- A place to go for information to get available evidence
- E.g. water fluoridation, vaccination topics
- Become a resource-based company for people to go to for them to ask questions
- Build trust in academic
- Fact sheet, early childhood education
- How does that impact me as a citizen?
- Opportunities to influence policy
- Government goes to APHA for advice
- Grassroots approach to hearing evidence-based makes APHA credible
- Legal budget
- Instead of media advocacy, hire a lawyer to go after the government
- Certified as a PH profession like CARNA
- Main Takeaways:
- Education is only part of the puzzle
- Use relationship with and between industries
- Build trust and relationships with an evidence-based approach