Report on the Calgary Cardiovascular Network Planning Workshop

November 3-4, 2000

Calgary, Alberta

Strachan • Tomlinson and Associates
November 21, 2000

Contents

Introduction

The purpose of this planning retreat was to bring together representatives of organizations and groups that have an interest in the prevention and control of cardiovascular disease. Specific outcomes were to:

- establish a Calgary area network for prevention and control of cardiovascular disease
- develop a strategic plan for the network including purpose, mandate, vision, guiding principles, priorities, and
- create a structure for working together.

Benefits of a Calgary Cardiovascular Network

During introductions, participants described the following ways that a Calgary Cardiovascular Network (CCN) could contribute to the health of citizens in the Calgary area:

- raise awareness of risk factors, e.g., in relation to tobacco use (5)
- be clear about project outcomes (3)
- ensure consistent messages (3)
- support effective networking through a collectivity, e.g., better integration of groups and organizations (3)
- identify and address gaps (2)
- educate people about prevention and treatment options (2)
- address issues related to children, e.g., obesity, diabetes and Body Mass Index
- assist people to make informed choices
- build capacity to act on the broad determinants of health
- deliver the right preventive dose to citizens
- develop a clear flowing process for effective communication and referral
- develop an effective non-communicable diseases approach
- develop and implement a broad plan for a seamless, coordinated response for reducing risk
- develop and use effective planning and advocacy skills
- develop smoke free public spaces
- discuss barriers to lifestyle change as well as administrative issues
- don't re-invent the wheel; build on existing programs and structures
- encourage meaningful action at the local level
- identify and communicate with a variety of groups

- identify ways for employers to have an impact
- implement a community based approach
- inform the community: you can prevent cardiovascular disease but once you have it . . . .
- learn to work with each other
- prioritize issues
- promote healthy living
- provide opportunities for monitoring
- reduce cardiovascular disease through education and health
- reduce the confusion in families about cardiovascular disease
- reduce the risk of cardiovascular disease through appropriate services.

When asked "What needs to happen at this workshop to make it a success from your perspective?," participants replied:

- a coordinated, collaborative approach with clear and realistic actions and outcomes (13)
- agreement in principle and a clear understanding of what we are going to do, what we need and want and a way to set it up (3)
- strong and effective leadership based on shared ownership (3)
- a movement to a strong collaboration from loose alliances (2)
- clear lines of communication, e.g., with our citizens regarding outcomes (2)
- networking with community people (2)
- practical options for resources (2)
- reduced overlap and duplication among groups and organizations, e.g., with resources (2)
- relationship building: we all get along (2)
- a commitment to implement this plan
- a commitment to interface with the community framework on obesity and children
- a good starting point
- a grass roots orientation, e.g., goals for children's issues
- a more integrated approach to planning
- a valuing of different perspectives
- an early win through a focused approach
- an up-to-date list of people here
- clear accountability
- CTRAC working with this network

- effective use of media
- fewer patients
- identification of key players and services
- student education
- the ability to pull back and look at the big picture and build synergy.

Norms for Working Together

Participants agreed to use the following ground rules to guide how they work together in CCN meetings and activities. During the workshop, two taps on the table was the indicator used to remind participants about sticking to norms.

1. Think strategic.
2. Be clear and concise.
3. Share the air time.
4. Stay on task even when you're tired or bored.
5. Collaborate to reach agreement.
6. The expertise is in this room to do this work.
7. Commit to follow through.

CCN Strategic Plan

After reviewing the draft CCN strategic planning framework (see Appendix #1), participants agreed to work with it as a guide to consensus building throughout the session.

Purpose

Members of the Calgary Area Cardiovascular Network work together to prevent and control cardiovascular disease in their communities through coordination, awareness and advocacy.

Rationale

Cardiovascular disease is the leading cause of death and suffering in Canada and as a result is the major source of health care expenditures.[1] Over one third of deaths in Canada are attributable to cardiovascular disease. Unfortunately, the prevalence of many cardiovascular risk factors is increasing with the real possibility of this disease overwhelming the capacity of our health care system.

The impact of cardiovascular disease is largely preventable through:

- prevention of the development of risk factors
- comprehensive treatment of risk factors in those who develop them
- effective management of the disease for those who are living with it.

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[1] *Estimated at approximately 20 billion dollars.*

The individual cannot be the only focus for change. Strategies that focus on the health of the population as a whole are also important.

A number of policy and strategy documents[2] have been developed to provide direction. These strategies need to be implemented at a community level. In the Calgary area this requires the formation of a network of dedicated and interested individuals and organizations working together to create an environment where healthy living is a routine way of life.

Guiding Principles

Optimal Health:	for our citizens and the general public
Mutual respect:	so that we trust one another to work together cooperatively for the good of our communities
Community Focus:	through the input and involvement of our citizens, interested groups and organizations
Equity:	in the interests of fairness and justice for our citizens
Credibility:	through research based approaches to best practices for the prevention and control of cardiovascular disease
Integrity:	through our commitment to follow through on plans.

Strategic Priorities

Participants set the following criteria for selecting strategic priorities:

- realistic, i.e., can be done within shorter (e.g., 6 months) and longer time periods
- in sequence: first things first
- limited in scope
- a common issue or concern
- a big gap / no action
- doesn't duplicate existing programs or services
- leverages other areas

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[2] *Victoria, Catalonia and Singapore Declarations.*

- provides an opportunity where the CCN can be more effective together
- measurable
- return on investment is significant.

After considerable discussion, participants came to consensus on three strategic priorities for the CCN:

- coordination
- awareness, and
- advocacy.

Retreat participants also agreed to initiate the CCN with a five month transitional pilot project to March 31, 2001 focused on blood pressure. This approach gives the CCN an opportunity to start small and see how it functions before taking on larger and more complex initiatives. This pilot project will also have an evaluation component to explore the effectiveness of a network focused on cardiovascular disease prevention and control in the Calgary area. The results of the evaluation will help determine the future of the CCN after March 31, 2001.

Related Actions

While discussing how to approach the challenge of blood pressure in relation to coordination, awareness and advocacy, participants developed the following action steps for consideration by the Transitional Volunteer Executive Committee:

- endorse the bylaw on no smoking in public places;
- lobby the region to open up referrals to nutrition services to include obese pediatric and adult populations;
- train providers to ask about blood pressure; work towards multiple impacts over the next 6 – 12 months; build on the national strategy; include an emphasis on chronic disease management;
- develop a long term, coordinated approach to primary prevention through nutrition, physical activity and tobacco, ensuring that the plan includes a common vision and efficient delivery mechanisms;
- develop an efficient communication mechanism for network members.

Meeting participants also reminded the Transitional Volunteer Executive Committee about the importance of the following items over the next 5 months:

- avoid duplication of initiatives – don't re-invent the wheel;
- develop bridges to and links with other organizations;
- take a community perspective, involving citizens through needs assessments, and other strategies for input;

- focus on clear communication strategies, e.g., electronic distribution of minutes, questionnaires.

Vision

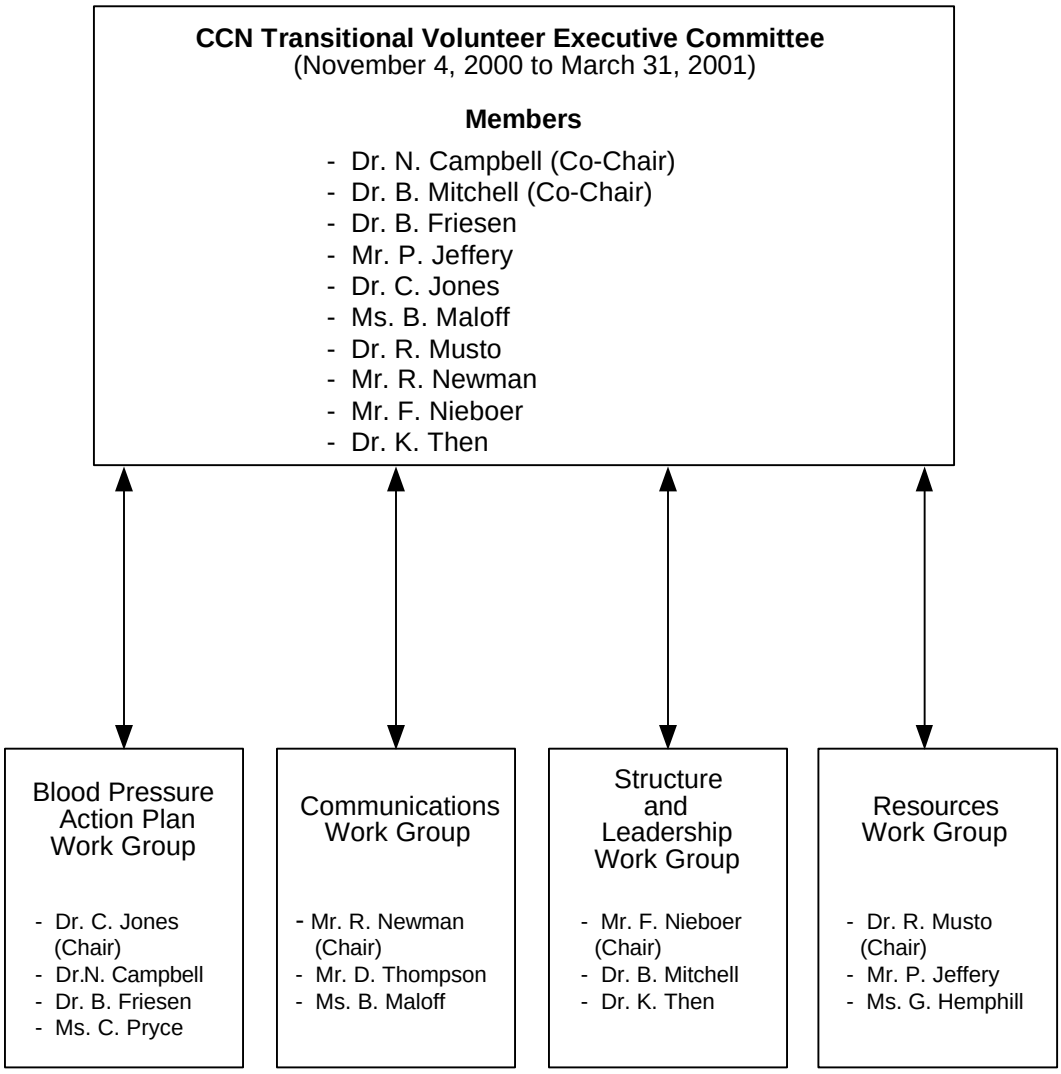
Given the decision to have a 5 month pilot project, a vision will be developed in the spring planning session if CCN members decide to formalize the network and continue its work.

Name

At the end of the retreat, participants confirmed that the interim name for this initiative is the Calgary Cardiovascular Network. They discussed whether the name should be "Calgary Area" or "Calgary and Area" and decided that for the next five months they would stick with CCN. The name will be reconsidered at the next planning retreat for the network, to be held in the spring of 2001.

Transitional Structure

Participants agreed to the following structure for the pilot phase of the CCN.



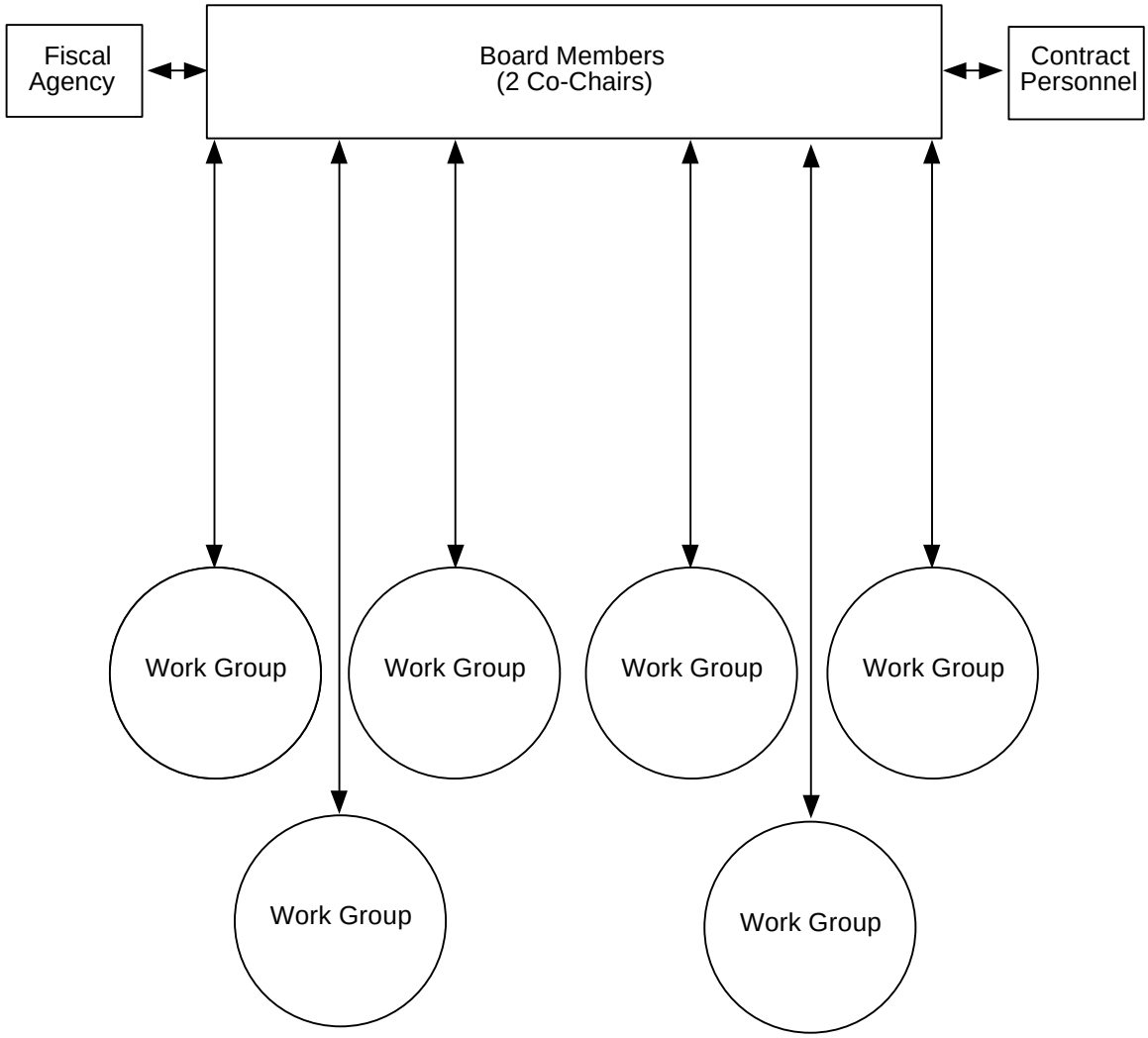
Authority and direction for the Transitional Volunteer Executive Committee comes from this pilot structure and the resulting plan, including purpose, guiding principles, strategic priorities and the interim focus on blood pressure.

Immediate agenda items for consideration by the CCN Transitional Volunteer Executive Committee follow.

- Identify and set terms of reference, including decision making, for the Executive Committee and Work Groups. Suggestions for topic areas are available in the national strategy and will also depend on current initiatives in the Calgary area.
- Ensure that each Work Group develops an interim action plan. These plans should name barriers (e.g., access) and include ways to address them. Each plan should have an evaluation component that will measure relevant outcomes by March 31, 2001.
- Agree on a strategy for reporting to CCN members, i.e., participants in this retreat and other interested parties (see Appendices #5 and 6). Post the strategic plan and other relevant information on the web site.
- Ask CCN members and other key stakeholders what their interest areas are with respect to Work Groups.
- Consider the following related to membership:
    - are there levels of membership in this initiative?
    - do people, e.g., medical professionals, represent themselves based on expertise or do they represent their organizations?
    - how will cancer and other disease groups be involved?
    - should there be a core group responsible for taking action, with others called in as needed?
    - what is the role of the medical examiner's office?
    - when developing educational initiatives: consider levels of education; ensure a clear focus; don't forget about institutions.
- Develop an agenda for the next meeting, to be held on December 1, 2000 from 11:00 am to 12:30 pm. Dr. Greg Taylor, Director, Bureau of Cardio-Respiratory Diseases And Diabetes, Health Canada will be coming to Calgary on December 1 and is available to meet with CCN members in the afternoon to discuss opportunities related to cardiovascular disease surveillance. CCN members were invited to get in touch with Dr. Campbell if they would like to have an opportunity for an individual consultation with Dr. Taylor.
- Ensure that Work Group initiatives have the support and resources required to be successful. Consider the possibility of a paid coordinator for the network.
- Set up an evaluation process, including clear, measurable outcomes and a reporting framework. Use the evaluation report (March 31, 2001) to determine the future of the CCN at the next strategic planning session to be held in spring 2001.

Possible Future Structure

Participants identified the following potential model for the future structure of the CCN.



Next Steps

The CCN Transitional Volunteer Executive Committee met after the meeting to discuss next steps and will report to this group within the next two weeks.

Meeting participants emphasized the importance of adequate notice for future CCN meetings so that they can reserve time on their agendas. The general preference is for weekday meetings so that family time can be respected.

Closing Remarks

Dr. Norman Campbell closed this initial meeting of the CCN by commenting that the act of bringing people together to discuss common interests related to the prevention and control of cardiovascular disease in itself was a major accomplishment. He thanked retreat participants and others involved in organizing the event.

Dr. Campbell also mentioned the benefits of a five month transitional pilot test so that CCN members have an opportunity to test this initiative and work out any wrinkles prior to expanding the CCN mandate.

Appendix #1: Planning Framework

Purpose

- is a precise and agreed-upon statement of what the CCN's business is, for whom it is in business and how it fulfills its function.

Mandate

- provides the rationale or justification for the CCN, giving fundamental or underlying reasons
- identifies membership of the CCN
- describes CCN functions and accountability in conjunction with a strategic plan.

Guiding Principles

- are the deeply held beliefs that anchor the CCN and guide decisions and actions
- are enduring and are changed only after serious consideration
- may be posted / stated for a considerable time before becoming operational
- require leadership and planned interventions to operationalize.

Vision

- is a statement describing the CCN's preferred future
- looks 2 to 3 years ahead, occasionally longer
- provides a realistic stretch for the CCN
- enrols others through its focus and appeal.

Strategic Priorities

- are based on pressing issues or challenges affecting the achievement of the CCN's purpose and vision
- describe a major area of responsibility and commitment for the CCN over the next 1 to 3 years
- may involve conflicts and heightened emotion that can pull the CCN and members together or drive them apart
- provide a realistic stretch for the CCN
- require collaboration among the Steering Committee and members to ensure success
- are based on citizen needs and expectations.

Checklist:

- ?? Does it describe clearly what you are going to do?
- ?? Does it help to bridge the gap between your current situation and your vision?
- ?? Does it address your issues?
- – Is it good for the CCN as a whole at the community level?

- Does it provide a realistic stretch, i.e., are you planning for success?
- Is it SMART, i.e., strategic, measurable, achievable, resourced, timely?

Action Steps

- describe clear steps taken to achieve goals
- begin with a verb
- identify who is accountable for getting the work done
- set a realistic timeframe.

Appendix #2: CCN Strategic Plan

Purpose

Members of the Calgary Area Cardiovascular Network work together to prevent and control cardiovascular disease in their communities through coordination, awareness and advocacy.

Mandate/Rationale

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Appendix #3: Determinants of Health

The following table is taken from the discussion paper "Towards a Common Understanding: Clarifying the Core Concepts of Population Health for Health Canada" prepared for Health Canada's Working Group on Population Health Strategy.

KEY DETERMINANTS OF HEALTH	
KEY DETERMINANTS	**UNDERLYING PREMISES**
Income and Social Status	Health status improves at each step up the income and social hierarchy. High income determines living conditions such as safe housing and the ability to buy sufficient good food. The healthiest populations are those in societies that are prosperous and have an equitable distribution of wealth.
Social Support Networks	Support from families, friends and communities is associated with better health. Having effective responses to stress and having the support of family and friends provide a caring and supportive relationship that seems to act as a buffer against health problems.
Education	Health status improves with level of education. Education increases opportunities for income and job security and equips people with a sense of control over life circumstances– key factors that influence health.
Employment/Working Conditions	Unemployment, underemployment and stressful work are associated with poorer health. People who have more control over their work circumstances and fewer stress-related demands of the job are healthier and often live longer than people in more stressful or riskier work and activities.
Social Environments	The array of values and norms of a society influence in varying ways the health and well-being of individuals and populations. In addition, social stability, recognition of diversity, safety, good working relationships and cohesive communities provide a supportive society that reduces or avoids many potential risks to good health. Studies have shown that low availability of emotional support and low social participation have a negative impact on health and well-being.
Physical Environments	Physical factors in the natural environment (e.g., air, water quality) are key influences on health. Factors in the quality human-built environment such as housing, workplace safety, community and road design are also important influences.

KEY DETERMINANTS OF HEALTH *(Continued)*

KEY DETERMINANTS	UNDERLYING PREMISES
Personal Health Practices and Coping Skills	Social environments that enable and support healthy choices and lifestyles, as well as people's knowledge, intentions, behaviours and coping skills for dealing with life in healthy ways, are key influences on health. Through research in areas such as heart disease and disadvantaged childhood, there is more evidence that powerful biochemical and physiological pathways link the individual socioeconomic experience to vascular conditions and other adverse health events.
Healthy Child Development	Prenatal and early childhood experiences have powerful effects on subsequent health, well-being, coping skills and competence. Children born to low-income families are more likely than those born to high-income families to have low birth weights, to eat less nutritious food and to have more difficulty in school.
Biology and Genetic Endowment	The basic biology and organic make-up of the human body are fundamental determinants of health. Genetic endowment provides an inherited predisposition to a wide range of individual responses that affect health status. Although socioeconomic and environmental factors are important determinants of overall health, genetic endowment appears to predispose some individuals to particular diseases or health problems.
Health Services	Health services– particularly those designed to maintain and promote health, to prevent disease, and to restore health and function– contribute to population health.
Gender	Gender refers to the array of roles, personality traits, attitudes, behaviours, values, relative power and influence that society ascribes differentially to the two sexes. "Gendered" norms influence the health system's practices and priorities. Many health issues are a function of gender-based social status or roles. For example, women are more vulnerable to *gender*-based sexual or physical violence, low income, lone parenthood, and gender-based causes of exposure to health risks and threats (e.g., accidents, STDs, suicide, smoking, substance abuse, prescription drugs, physical inactivity). Measures to address gender inequality and gender bias within and beyond the health system will improve population health.

Culture	Some people or groups may face additional health risks due to a socioeconomic environment that is largely determined by dominant cultural values that contribute to the perpetuation of conditions such as marginalization, stigmatization, loss or devaluation of language and culture and lack of access to culturally appropriate health care and services.

Appendix #4: Key Terms

Dynamics of Collaboration

Collaboration involves a process of joint decision making among key stakeholders of a problem domain about the future of that domain. Five features are critical to the process:

(1) the stakeholders are interdependent

(2) solutions emerge by dealing constructively with differences

(3) joint ownership of decisions is involved

(4) stakeholders assume collective responsibility for the future direction of the domain, and collaboration is an emergent process.

Nature of Collaborative Problems

There is no shortage of problems for which collaboration offers a decided advantage over other methods of decision making. The characteristics of these problems can be described generally as follows:

- The problems are ill defined, or there is disagreement about how they should be defined.
- Several stakeholders have a vested interest in the problems and are interdependent.
- These stakeholders are not necessarily identified a priori or organized in any systematic way.
- There may be a disparity of power and/or resources for dealing with the problems among the stakeholders.
- Stakeholders may have different levels of expertise and different access to information about the problems.
- The problems are often characterized by technical complexity and scientific uncertainty.
- Differing perspectives on the problems often lead to adversarial relationships among the stakeholders.
- Incremental or unilateral efforts to deal with the problems typically produce less than satisfactory solutions.
- Existing processes for addressing the problems have proved insufficient and may even exacerbate them.

Advocacy

The act of supporting or arguing in favour of a cause, policy or idea. It is undertaken to influence public opinion and societal attitudes or to bring about changes to government, community or institutional policies. (Adapted from the *Kidney Foundation of Canada Advocacy Handbook*.)

Consensus

Most dictionary definitions equate "consensus" with "unanimity", but at this workshop, the word will have its more popular meaning "substantial agreement".

In plenary, we will measure the degree of consensus that has been achieved by asking participants to express one of the following positions:

- **I agree** with the proposal;
- **I can live with** the proposal;
- **I disagree**, or **remain undecided**.

Network

An interconnected frameworks of individuals, groups and organizations who work collaboratively in support of mutually agreed upon goals, principles and benefits.

Appendix #5: Retreat Participants

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