LÉA·ROBACK
CENTRE DE RECHERCHE
SUR LES INÉGALITÉS SOCIALES
DE SANTÉ DE MONTRÉAL

A PROMISING PARTNERSHIP FOR POPULATION HEALTH INTERVENTION RESEARCH

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Sparking Population Health Solutions:
Research for Healthier Future International Summit
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Knowledge and Practice Gaps

- **Equity-focused interventions knowledge gap:**
  - How to effectively reduce social health inequities?
  - How to increase the relevance of research for interventions and the use of evidence in interventions?
- **One solution: Develop partnerships between researchers and practitioners and integrated knowledge translation (iKT) strategies**
  - Diversity of iKT approaches, structure, and forms of arrangements
  - Need for more guidance on the functioning and effectiveness of various iKT partnership arrangements

The CLR-DSP Partnership (1/5)

- **Research on health equity with one main partner since 2004:**
  - CLR: Léa-Roback research center on social inequalities in health in Montreal
    - CIHR Centre for Research Development (2004-2010)
    - CIHR Programmatic Research Team (2011-2016)
  - DSP: Montreal Public Health Department
    - Mandate of the regional CMOH:
      - Ensure the four public health core functions as defined by the Public Health Law: disease prevention, surveillance, protection and health promotion
    - Organizational priority: Social health inequities and chronic disease prevention

The CLR-DSP Partnership (2/5)

- **Main characteristics of the partnership:**
  - **Shared priority**: Reduction of health inequalities;
  - **Physical proximity**: CLR hosted at the DSP;
  - **Programmatic research at CLR:**
    - Based on DSP programs, needs, and practitioners' input;
    - Framed by 4 out of 5 Ottawa Charter strategies:
      - Build healthy public policy;
      - Create supportive environments;
      - Strengthen community action;
      - Reorient public health services toward intersectoral action.
    - Multiple research projects with diverse funding sources.

The CLR-DSP Partnership (3/5)

- **Structural-level characteristics of the partnership:**
  - **Governance structure**: Steering committee
    - 1 Centre Director, 1 Scientific Director, 4 research axes Heads, 3 coordination staff, and 1 member of the DSP steering committee.
  - **Co-funded staff:** Joint resource to coordinate
    - Knowledge translation and exchange (KTE) activities;
    - Grant proposal development;
    - Communication with institutional and community-based partners.
  - **Co-funded activities:**
    - Project development seed money;
    - KTE events

The CLR-DSP Partnership (4/5)

- **Project-level characteristics of the partnership:**
  - **Multidisciplinarity:**
    - Health and social sciences
  - **Intersectorality:**
    - Practitioners from different sectors at the DSP;
    - Multiple collaborations with other sectors (e.g., School board; Urban planning; Community-based organizations).
  - **Integrated knowledge translation (iKT) strategy:**
    - Involvement of knowledge users at each step of the research process;
    - Additional focus on how health equity is addressed or impacted at each step.

The CLR-DSP Partnership (5/5)

- **iKT and KTE strategy:**
  - **Production of usable intermediate outputs:**
    - KTE productivity: scientific and lay written products, events for varied audiences, etc.;
    - Impact on knowledge use and practice change.
  - **Selected innovative KTE activities:**
    - **Naufragés des villes** (2013): Series of presentations for DSP practitioners to raise awareness on social health inequalities;
    - **Comprendre Montreal** (2008-2012). Topical breakfast meetings between multi-sectoral decision makers of Montreal and a leading researcher
    - **Grandes Conférences Paul Bernard** (2012-on): Series including (1) a public conference, (2) a Master class for students, and (3) a workshop with DSP practitioners and decision makers.
    - **Focus On…** (2007-ong): Written series to make scientific results accessible to a larger audience

June 2014

Focus on... intersectoral action

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Montréal summits on school readiness: impacts on service organization

NUMBER 2

Researchers from the Léa Roback Research Centre and Direction de santé publique de l'Agence de la santé et des services sociaux de Montréal conducted a study on the impacts of the *Survey of the school readiness of Montréal children* and the summits initiative that ensued. The first issue of Focus on... *intersectoral action* described the context for the summits and the involvement of regional and local stakeholders. This issue looks at the provincial, regional and local impacts on services.

It is difficult to measure the influence the Montréal summits initiative has had on early childhood service organization. On one hand, some stakeholders had undertaken actions well before the initiative; on the other hand, the actions and solutions that local stakeholders proposed during the summits did not resonate as hoped. Indeed, regional partners did not announce new programs or new resources at the regional summit, which marked the end of the summits initiative in May 2009.

However, there are indications that the initiative has had an effect on the orientations and actions of organizations and institutions. It is not a coincidence that the solutions local stakeholders put forward have made their way into their organizations' action plans. Similarly, the projects that have been funded correspond exactly to the issues established during the summits.

The results presented here summarize what has emerged directly from the summits initiative, from the point of view of local and regional stakeholders in the six districts under study.

Photo: Directi
santé et des s

PROVINCIAL IMPACTS

In March 2008, a few weeks after the survey results were disclosed, the

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GRANDES CONFÉRENCES
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Monday, April 11, 2016
12:00 p.m.- 1:30 p.m.

Direction de santé publique de Montréal
Amphithéâtre du Pavillon Lafontaine
1301, rue Sherbrooke Est, Montréal

Registration / information :
info@centrelearoback.ca
ou www.centrelearoback.ca

Ending Homelessness: Dream or Illusion?

STEPHEN HWANG

Director of the Centre for Research on Inner City Health. Dr. Hwang is also a physician at Seaton House (Canada's largest men's shelter) and St. Michael's Hospital, and the hospital's inaugural Chair in Housing, Homelessness and Health.

Is the goal of ending homelessness in Canada attainable? This talk examines the promise and limitations of the Housing First approach to ending chronic homelessness. This analysis demonstrates the critical importance of combining evidence-based interventions that focus on homeless individuals with vigorous policies that address structural factors in the housing market. Finally, some surprising connections between homelessness, housing, and health are examined, with important implications for efforts to end homelessness and create affordable housing.

« Pensez à votre santé. Rien de ce qui s'est produit dans votre vie qui est important ne fait défaut de s'inscrire dans votre trajectoire. »
Paul Bernard

Présentation par l'auteur **MICHAEL MARMOT**, président de l'Association médicale mondiale

THE HEALTH GAP

THE CHALLENGE OF AN UNEQUAL WORLD

Un tour d'horizon de 40 années de données sur les inégalités sociales de santé

Vendredi 8 avril, de 10h à midi
à l'amphithéâtre du Pavillon Lafontaine

Some challenges

- **Maintain continuity despite major modifications in the DSP structure**
  - Recent austerity-related restructuration (change in/loss of key respondents/representatives).
- **Sustainability of research funding**
  - Change in type of funding (infrastructure, team…);
  - Duration of funding Vs. Long term and complex issues.
- **Different timeframe considerations and evaluation processes in research Vs. public health practice;**
- **Different implementation of the iKT strategy within the 4 research axes**
- **Management of 2 offices (for researchers) and 3 sites**

Potential solutions

- **Scientific meetings for and by CLR members:**
  - to present research projects at different stages, find new ways of collaborating between research axes and develop common tools;
- **Online collaborative platform;**
- **Advisory committees:**
  - For each project;
  - For the CLR.
- **Formal strategy to be aware of and timely meet practice needs;**
  - Regular scientific meetings with the different DSP branches,

THANK YOU!