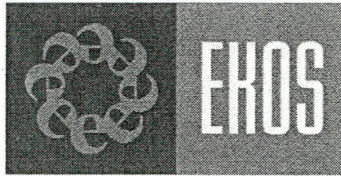


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- deliberative format
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- missing questionnaires completed during dialogue sessions

Citizens' Dialogue on Public Health Goals in Canada

FINAL FINDINGS REPORT

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Appendix A: Selection of Participants
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Although the ultimate responsibility for any study errors rest with the authors, we would like to extend our thanks to the many people who assisted with the project. In particular, we would like to express our sincere appreciation to the citizens who gave up the better part of a weekend in the summer to participate in these dialogue sessions. This study would not have been possible without their dedication and commitment to public policy and the health of Canadians. We hope that this report is an accurate reflection of the views and opinions they put forth.

EXECUTIVE SUMMARY

The purpose of the Citizens' Dialogues, commissioned by the Public Health Agency of Canada, was to use a deliberative process to engage ordinary Canadians in a discussion on what they consider to be most important with respect to determining public health goals for Canada. This information can also help guide responsible officials to use language and concepts that resonate with the public.

Five dialogue sessions were held across the country – in Vancouver, Edmonton, Toronto, Quebec City (French) and Halifax – in August 2005. Just over 100 citizens participated in this consultation. Each session was attended by roughly 20 participants, randomly recruited to be representative of the region, according to gender, age, income and education level. While most participants came from within commuting distance from their respective centre, some were drawn from other parts of the province, adjacent provinces and the northern territories. All potential participants were provided with an information package prior to the session which provided information on the session as well as background on public health.

Underlying Values

Importance of Public Health

It was clear from participants across the country that there is a deep appreciation for the importance of good health for individuals, families and communities. Participants easily made links between health and a number of other areas, including quality of life, economic prospects and health of the economy, and a well-rounded society. They also expressed their recognition of the linkage between good health and the benefits for the health care system on many occasions. Finally, over the course of the dialogue, participants began to come to grips with the array and inter-connectedness of various social and physical determinants of health. In developing public health goals, the discussions touched on numerous determinants of health – from personal health-related choices to the work environment, the natural environment, and housing among others.

Empowering Individuals Through Education and Support

Participants across all regions recognized that Canadians must *choose* to become healthy, and that this decision, and the actions that stem from it, are largely driven by information and awareness. Several participants talked about Canadians being able to make "informed choices". According to participants, Canadians should be made aware of the importance of being healthy and the ramifications of not being healthy, if they are to make the decision to change their behaviour. Citizens talked about public education as a means to achieve a wide array of goals, including keeping the natural environment clean and safe, healthy children, and reducing health problems in certain at-risk populations.

Shared Responsibility

While emphasizing the importance of personal choices, participants also recognized that public education alone cannot ensure healthy choices – appropriate supports must be in place so that Canadians have the ability and encouragement to make healthy choices (e.g., choices that are both affordable and easy to make). Many of the public health goals developed through the dialogue stressed the need for community, government and private sector involvement and support, in addition to the efforts of individual citizens to achieve good health.

Universality/Equality of Access

Threaded throughout the dialogues, and reiterated in the closing comments, were participants' views about the importance of universality. In discussing public health goals, they suggested programs and policies that could become means to achieving universality or equality across all Canadians, and would often preface their goals with qualifiers such as "broadly accessible", "affordable", "available" and "every Canadian". In particular, participants expressed concern with economic disparities and the need to "bridge the gap" between rich and poor. It was felt that all Canadians should be able to benefit equally from opportunities for fitness, nutrition, healthy lifestyles and any public health programs offered in relation to these.

Stewardship

An element that was often evident in participants' comments during the dialogue process was a sense of stewardship. This was particularly important in the development of public health goals related to the healthy development of children and goals related to the natural environment. In describing their aspirations related to these goals, participants argued for strategies to promote health today that would pay dividends also for the adults of tomorrow and for future generations.

Accountability, Trust and Coordination

Related to shared responsibility and underlying some of the discussions about goals in the western sessions, is the importance of achieving better coordination and management of an effective public health system. This includes coordinated health surveillance that effectively integrates Canadian information with information on global health threats and, ensuring that practitioners are able to access and apply public health information. Coordination of jurisdictions (e.g., roles and responsibilities) and integration of service delivery (across governments, as well as between government and industry, and citizens) were also emphasized to more effectively achieve public health goals. Along with this were discussions about the need for governments to be accountable to the public on the directions and progress made in the area of public health, as well as a sense of urgency - that some fairly significant progress needs to be made in the short term and medium term in the area of public health.

Public Health Goals

Creating a Safe Natural Environment

In all the regional sessions, a cluster of public health priorities emerged that related to the integrity of the natural environment, typically defined to include water, air and food supply (e.g., fertile soil). The level of specificity of goals varied significantly across the groups, with some adopting a broad approach: "protection of/provision for basic needs and natural resources", and others being more specific: improving the quality and affordability of public transportation; reducing industrial/agricultural waste; sustaining and maintaining fresh water supply and fertile soil.

Acknowledging an important international component to environmental protection, participants talked about Canada's public health goals as including protection of not only our own resources, but also advocacy in international forums. They acknowledged that the creation and control of pollution is a global problem that requires addressing pollution coming from other countries, as well as our own.

Like other goals, there was a public education component suggested in some of the natural environment goals. For example, there was considerable discussion around educating Canadians about practices they can undertake as individuals to preserve the natural environment and increasing public awareness of the environmental impacts on health.

Creating a Healthy Next Generation of Canadians

A common theme or cluster across almost all of the regional sessions related specifically to children, as a separate segment. For example, healthy child development, or children were specifically identified as a target group within a broader cluster such as community development. Public health goals pertaining to children spanned from prenatal care to the needs of adolescent children. Significant concern was raised in all of the groups about the fitness and nutritional habits of the current generation of young people and rates of obesity.

Public health goals for children and families were identified by participants as a responsibility to future generations, and therefore a high priority. They noted that instilling healthy values and practices early will ensure that the adults of tomorrow will make wise and healthy choices. Participants also reasoned that a focus on children, particularly using the schools as a delivery vehicle, provides "the best bang for the buck" in terms of reaching a generation of Canadians.

Addressing the Gaps – Focusing on "At Risk" Populations

Building on the overarching value of universality and equity, participants identified a need for a particular focus on vulnerable populations within Canada to ensure that public health goals are inclusive of all Canadians, and in particular, to ensure that no group is left behind. This theme arose out of the

realization and concern that health outcomes and access to health programs may not be equitable for all Canadians.

Protection of the more vulnerable members of society is another theme or goal that was discussed in most sessions. These discussions centered around alleviating the effects of poverty, equal access to health care, ensuring equal access to healthy lifestyle choices, free/ easier access to higher education, prenatal care are all identified as goals or means of protecting vulnerable groups which can include the poor, low income groups, new immigrants, Aboriginal Canadians, etc. Participants in a number of groups also identified the importance of public education or information targeted at vulnerable populations in attempting to achieve public health goals.

Encouraging Canadians to Make Healthy Choices (and Providing them with the Opportunities to do so)

A common theme emerging from all sessions is the need to encourage or incite Canadians to make healthy lifestyle choices day to day, and to ensure that the supports are there to make these choices possible or easier. Citizens envision a population that is fit, active, eats well, and participates fully in activities in their community. Again emphasizing public education, participants expressed concern that Canadians are not as knowledgeable as they could or should be about nutrition and healthy eating, and that Canadians are not engaging in physical fitness to the extent that they should.

With respect to fitness, participants talked about the importance of making physical fitness available and a part of daily routine in schools and workplace, and free access to physical fitness activities and facilities for all Canadians. Some participants expressed a particular concern for the level of physical education within the education system/curriculum, which is perceived to have waned in recent years.

Related to nutrition and healthy food choices, participants articulated goals such as Canadians eating healthier; making nutritious food more accessible; equalizing the cost of healthy food (by making healthy food more affordable and junk food more expensive); increasing knowledge and awareness of nutrition and advantages of a healthy diet. Related to this is making poorer health choices more difficult, including higher prices on junk food and stricter rules about placement of vending machines (e.g., in schools). Access to and emphasis on the importance of nutritious foods in schools, daycares, and in the workplace were also identified as important.

Safe and Healthy Physical Environments

In addition to healthy natural environments and programs that are supportive of healthy lifestyle choices, participants in all sessions recognized the importance of ensuring Canadians live, work and play in safe and healthy physical environments. Healthy physical environments were identified as important in the prevention of injury and illness, and as important in meeting the basic needs of Canadians. Health and safety in the workplace, the home and schools were each discussed by participants.

Prepared for Emergency/Crisis

There was widespread consensus that the government should be able to respond quickly and effectively to emergency crises, and participants in all sessions (except Quebec City) identified this as an important theme or goal for public health. There was a shared belief that Canada has been ill prepared to deal with emergencies in the past and, therefore, should make emergency response a priority. Participants talked about achieving these goals through the development of emergency plans, coordination and sharing of information, and public education. They were particularly concerned about two key areas: responding to disasters; and responding to disease.

Reducing Drug Dependency

Participants in some sessions were fairly concerned about the number of Canadians who are dependant on legal and illegal drugs. Legal drugs included tobacco, and (to a lesser extent) prescription drugs. In reaching these goals, participants talked about public education, community support (e.g., better treatment centres), and mental health programs or supports.

Summary Observations

Across the regions, participants provided positive feedback about their dialogue experience saying it was enjoyable and interesting. Most appreciated the opportunity to be engaged in important issues for Canadians. Participants also expressed surprise that Canadians from different areas and backgrounds share such similar views when it comes to public health and public health goals and priorities, and how quickly and easily the group was able to reach a consensus about public health issues. Many felt the sessions were also an excellent learning opportunity, and in particular, that the presentations were very useful in defining and providing a clear understanding of public health, which was pivotal in helping to identify concrete goals.

By far participants' most common message to decision-makers was to urge them to act, with a hope that their efforts would be given serious consideration in the development of public health goals. Participants often coupled these sentiments with a call for immediate action ("less talk, more action", "listen to the citizens and act", "take this to heart and pick the top items and do something", "what are you waiting for?", "hurry up and do it", "do not shelve this", "please do something with this", "honour the discussion").

1. INTRODUCTION

1.1 RESEARCH CONTEXT

The purpose of the Citizens' Dialogues, commissioned by the Public Health Agency of Canada, was to use a deliberative process to engage ordinary Canadians in a discussion on what they consider to be most important with respect to determining public health goals for Canada. Participants were randomly selected, and were not affiliated with any organized group. The findings from this dialogue will complement the findings from the other components of the broad national consultation process that is underway. These common health goals will provide a reference framework which all governments can use to coordinate their respective public health activities.

These findings will be made available to the various national working groups examining the direction of public health in Canada, as well as to the participants of the dialogues, and more broadly, to the general public. They will also be used in further discussions and synthesis of the consultations that took place and their implications for new directions and changes in public health policy.

Citizens' Dialogues offer insight into what participants consider to be most important when they have the opportunity to discuss and reflect on an issue. They are not used to provide input into technical or operational decisions. Citizens' Dialogues can provide guidance on what Canadians most value when it comes to public health, as well as an understanding of how they think and talk about public health. This information can be used to help guide responsible officials as they develop specific short, medium and long-term goals and targets and help officials use language and concepts that resonate with the public. This information can also contribute to the development of subsequent communications and outreach strategies targeted at the Canadian public around public health goals and activities.

The critical importance of public health was highlighted in September 2004 by Canada's federal, provincial and territorial First Ministers, who stated:

*All governments recognize that public health efforts on health promotion, disease and injury prevention are critical to achieving better health outcomes for Canadians and contributing to the long-term sustainability of medicare by reducing pressure on the health care system. For the first time, governments **will set goals and targets** for improving the health status of Canadians through a collaborative process with experts.*

A comprehensive approach to public health must take into account the impacts of a wide range of policies and programs across governments, industry and individuals. Canada's public health goals will provide a way to help structure and set priorities in public health programming. The goals will also

support governments, public health professionals and citizens as they seek to encourage healthy public policies in all areas and sectors.

Public health goals should be built from a common vision of what health really means for Canadians, based on our understanding of the factors that are most important to our health and well-being. That is why federal, provincial and territorial governments have undertaken a national consultation process with experts and professionals in the public health field, as well as concerned Canadians, to define public health goals for Canada. As noted, the citizens engaged in this Dialogue process were not affiliated with any organization but were invited to provide their input as Canadians, and this input is intended to complement that of experts and professionals. A series of roundtables focusing on specific public health issues, such as environmental health, have also been held with experts across the country.

1.2 DIALOGUE PROCESS

The dialogue process is significantly different from more traditional qualitative research designs in that it focuses on having Canadians learn and then work through, with each other, the different perspectives associated with different courses of action. The dialogue process offers the opportunity to bring together a representative group of Canadians from different walks of life to provide some direction on a specific issue; in this case, goals for public health in Canada. During the dialogue session, participants were not asked to provide technical answers, but to talk about, and develop a shared understanding of, what is most important to them, individually and collectively, and what they think Canada's top priorities in public health should be.

It is important to ensure that a wide diversity of people are recruited for these dialogues that take place across the country. The premise is that these sessions should provide people living in different regions of an area and different types of places (i.e. rural versus urban), with different socioeconomic backgrounds, an opportunity to come together and talk about the issue at hand. Since people from different places are likely to have different experiences, this coming together challenges people to think of solutions that address their different experiences.

Five dialogue sessions were held across the country – one in each region – in August 2005. Each session involved roughly 20 participants, randomly recruited to be as representative of the region as possible. A total of just over 100 citizens participated in this consultation.

Participants were sent an information package in advance of the dialogue to provide background and help frame the discussion. Each session took place over the course of a Friday evening and a full Saturday. In each of the five dialogue sessions, participants were asked to complete a brief questionnaire at the start of the information (Friday night) portion of the dialogue, and another, similar questionnaire at the end of the Saturday portion of the session. The purpose was to see if some fundamental views about public health changed as a result of the discussions that participants took part in. There are also additional questions that were posed at the end, asking participants their impressions of the

information coming out of the dialogue. Participants were then asked to introduce themselves, with a comment about what they would like to focus on in a discussion about public health goals. Participants were then presented with information about public health, including what public health encompasses, and what progress has been made over the past few decades, as well as some key applications of public health and particular segments in society where health levels are different. This presentation was made by a public health official in the province where each session took place and participants were given an opportunity to ask questions. Participants were then asked to discuss, in small groups, what they had found to be the most interesting or key piece of information that they learned from the presentation.

The Saturday portion of the dialogue session organized participants into small work groups to address a number of particular questions followed by rounds of discussions about their ideas in plenary. These questions included the following:

- What five or six things would you most want to see achieved in public health over the next 10 years? Why are these aspects of public health important to you?
- Organize these ideas into thematic clusters and identify two or three central goals that should be addressed under each theme. Describe your rationale for selecting these goals.
- Which of these goals do you think should be the most important priority for Canada? Why?
- Would this ordering be different, if it were based on urgency, rather than importance? Why?
- Review the overarching goals and specific themes described in their workbook and discuss whether, in your opinion, the goals and thematic areas that you developed over the course of the day are a good fit.

The final step in the process was for participants to provide any insights that they had over the course of the dialogue, their impressions of the process and final messages or advice for decision-makers dealing with public health in Canada. Participants also completed a short questionnaire featuring many of the same items as they addressed in a pre-dialogue questionnaire and some related to their impressions of the outcome of the dialogue.

1.3 SELECTION OF PARTICIPANTS

Citizen dialogue sessions took place in Vancouver, Edmonton, Toronto, Quebec City and Halifax, in August 2005. Edmonton was used as the pilot, which was attended by the two facilitators who led the five sessions, a representative from EKOS Research Associates and from the Canadian Policy Research Networks, as well as two representatives from the Public Health Agency of Canada (who would also observe all five of the sessions). The pilot session was used to examine the process and potential need for changes prior to conducting the remaining four sessions. Some small changes were made as a result of this initial testing and implemented in the other four dialogues.

Just over 100 citizens participated in this consultation exercise. Each session was attended by roughly 20 participants, randomly recruited to be representative of the region, according to gender, age, income and education level. While most participants came from within commuting distance from their respective centres, some were drawn from other parts of the province, adjacent provinces and Territories. For further information about the selection process, see Appendix A.

a) Differences in Participants from the General Public

During the recruitment, all individuals invited to attend a dialogue session were asked a series of questions including a few demographic items and a handful of attitudinal measures. Another 100 or so randomly selected residents from each city centre were also asked these questions, in order to establish the representativeness of those invited in comparison to a wider group of citizens. While participant responses showed a reasonable reflection of the wider group of citizens in terms of basic demographic measures, there were noted differences between the sample and the general public in terms of attitudes toward public health. Detailed results are provided in Appendix A.

- Participants were more likely to express a high level of personal interest in public policy and government affairs than those who were surveyed but did not participate (42 per cent of participants rated their interest as high, compared with 27 per cent of the overall pool of survey respondents). This difference was relatively small, however, in Quebec City.
- Although examinations of differences in specific centres is hampered by small sample sizes, results indicate that participants in Vancouver are more apt than the average for this city to believe that major issues could be solved at the grassroots level (75 per cent of participants agree, compared with 59 per cent of all survey respondents in Vancouver).
- Participants in Toronto, however, appear to be more likely than others in this city to believe that the health of Canadians has improved in the past ten years and that it will be even better ten years from now (although, again, the sample is very small, making it difficult to judge the significance of the difference).
- There are small differences between participants and others in the importance that they attach to a number of public health goals. Overall, participants are somewhat more likely than others to accord a high level of importance to managing infectious disease monitoring and control, particularly in Edmonton, Vancouver and Quebec. Participants in Halifax and Quebec more often view public health emergencies as highly important, compared with the views of others.

While these results provide some insight into the differences between the participants and the broader citizenry, it does not necessarily capture their full depth. Although there is no reason to believe that the participants are vastly different from other Canadians, it is nonetheless likely that they are more involved and generally more interested in and aware of public health issues than many. On the other hand, there is no evidence currently to suggest that other citizens would disagree with the goals developed by these

participants (if they too had the same opportunity for in-depth discussion). It is more likely in fact, that they simply would have a less developed conceptualization of what public health goals should be than the participants included in the consultation (due also in part to the fact that they would not have had the opportunity to learn about and discuss potential public health goals as participants did through this Dialogue process). That said, it may be useful to consider at some point in the future, testing the level of importance and priority assigned to these goals by a sample of Canadians that are more reflective of the broader citizenry.

It is also instructive to see how participants' understanding of and appreciation for public health issues developed along the different stages of the dialogue, from the initial recruitment and questions about public health, through the information package and presentation by public health officials, to the discussions that took place over the course of the day. While it would be impossible to reproduce these steps in informing and communicating with the broader public, it does provide some insights into the extent to which the public appreciates these issues, with and without the benefit of detailed information and discussion on the topic, and also the extent of information and discussion that may be required to bring members of the public to a common understanding of the issue.

1.4 CITIZENS' INITIAL THOUGHTS ABOUT PUBLIC HEALTH

In their opening comments (prior to the presentation by a public health official), participants were invited to share an interest or concern they have on the topic of public health. While a wide range of concerns and interests were identified, a number of themes or ideas were echoed by many participants across groups. The following table presents the themes raised in opening comments by participants across sessions, and illustrates each theme with selected quotes. The themes are arranged in the table in order of the frequency that they were cited across the five sessions. The theme most often raised by participants relates to the lifestyle and health choices Canadians are making today.

Theme Raised	Illustrative Quotes
<p>Lifestyle and Health Choices: Concerns about poor nutrition, lack of physical fitness, and the prevalence of obesity were identified most often as a particular interest participants brought to the discussion.</p>	<p>What really worries me is health among youth. There is less and less physical activity at school, less fitness, obesity is growing, kids are fat, and they are not eating properly – Quebec, translated.</p> <p>What really concerns me is childhood obesity, it is growing more and more, and kids are exercising less and are plugged into their Nintendo – Quebec, translated.</p> <p>You hear the stats of how young people, a higher and higher percentage of them, are overweight and obese and what not, and so I'm intrigued by the trend and wondering what we can do to reverse it – Vancouver.</p> <p>My main concern is about educating people about healthier living and weight and diet - Toronto.</p>

Theme Raised	Illustrative Quotes
<p>Prevention and Education in Public Health: Many participants spoke of the important role prevention and education can play in public health, including effective information, communication and public education efforts. Many also emphasized the importance of targeting education and prevention efforts at a young age to develop good habits and awareness as early as possible.</p>	<p>One of my major interests is on prevention of disease, I guess primarily through education for people to quit smoking... that type of thing –Vancouver.</p> <p>My biggest concern is also of education, especially for the children and get them sort of on the right path –Toronto.</p> <p>My interest in public health would be education and access to information for all Canadians, so that they're able to make their own choices and have them be informed choices –Vancouver.</p> <p>My concern with public health is making people more aware and that prevention is better than a cure – Halifax.</p>
<p>Canada's Aging Population: Several participants spoke of Canada's aging population, the health of aging Canadians, and supports for this population in their opening comments.</p>	<p>I'm a member of the fastest growing section of our country's population and that's the seniors. I'm particularly interested in our health system as it impacts on seniors –Vancouver.</p> <p>What concerns me particularly is health care with respect to our aging population – Quebec, translated.</p> <p>My concerns include home care for the elderly – Halifax.</p>
<p>The Natural Environment: Participants expressed concerns with the quality and health of our natural environment, the presence and effects of pollution and the protection of our environment.</p>	<p>One thing that concerns me that affects everybody (in all diseases) is the degree of pollution, especially air pollution and in cities, and the effect that's having on everybody's health and every type of disease – Halifax.</p> <p>I'd like to find out what we can do as a society to preserve the integrity of the water, air and food – Vancouver.</p> <p>I think my greatest interest would probably be how environmental issues relate to public health – Edmonton.</p>
<p>Health Care: Some participants included reference to the health care system in their opening comments, expressing concerns relating to the funding of health care, the development of a two-tiered system, and health care access in remote communities</p>	<p>One of my major concerns I guess is how we can achieve predictable and sufficient funding to carry on any existing or new model for the delivery of health care – Toronto.</p> <p>An area of concern for me is the delivery of the health services and resources in remote communities – Vancouver.</p>
<p>Disease Prevalence and Prevention: Some participants expressed concerns with the increasing prevalence or occurrence of disease in the Canadian population (e.g., cancer, heart disease, chronic disease) and an interest in preventative efforts to address or reduce this.</p>	<p>I think that diseases like cancer are increasing and I find that very worrisome – Quebec, translated.</p> <p>My interest is probably environmental factors in health and disease prevention. My sister is going through cancer treatment and so I'm interested in talking about that – Vancouver.</p> <p>My concern is early detection of diseases – Halifax.</p> <p>One of my points is about diseases throughout the Canadian population – Halifax.</p>
<p>Disparities: Some expressed concern with growing disparities and gaps between rich and poor in our society, and the health risks faced by disadvantaged populations.</p>	<p>My big concern is the disparity between the haves and the have nots – Edmonton.</p> <p>My concern is the fact that middle class is starting to disappear and we have low income and moneymakers if you want to call them that – Halifax.</p> <p>My main concern is low-income families and how they deal with severe illnesses such as diabetes, heart disease, and income-wise, how they ever afford their drugs – Halifax.</p>

Theme Raised	Illustrative Quotes
<p>Drug, Alcohol and Tobacco Abuse: A few participants also spoke of concerns with the effects and prevention of smoking, alcohol and drug abuse in their opening comments.</p>	<p>My concern is with smoking, not only the effects it has on the smoker, but the people around them – Halifax.</p> <p>I'm also a foster parent. I have one child that's FASD (Fetal Alcohol Syndrome Disorder). Why we have so many children with FASD is one of my concerns – Edmonton.</p> <p>I would say that my number one concern is the availability of therapists, mental health therapists for youth to provide them the emotional, you know, therapy that they need so that they have alternatives to drugs, alcohol and cigarettes – Edmonton.</p>

Several participants indicated that the concern or interest they raised is driven by their personal experiences. For example, some noted that a brush with cancer (either personally or through a family member) affected their awareness or interest in nutrition and fitness. Similarly, others noted that their role as parent or grandparent coloured their public health concerns or interest, and yet others linked their concerns to their working life or experience (e.g., in their role as a daycare provider, teacher, in social work, or through work with Aboriginal Canadians).

2. WHAT CITIZENS TOLD US

The following is a description of the goals that participants discussed, organized by thematic area. Although each goal area includes some degree of detail about the discussion that citizens had about methods of reaching the goals, we start this chapter with an exploration of the underlying values behind these goals. In looking at the themes expressed across dialogue sessions, common or shared values emerged. It should be noted that participants did not often discuss the values behind the goals they articulated, but that these are embedded and implicit in the theme areas and goals that they developed. Also, while there was some effort made to point participants toward a distinction between means and ends, this is a difficult (and in some ways artificial) structure to impose. As such, it should also be understood that, while we have teased out our own interpretation of some overarching means, participants often did not make this distinction and, in some cases, expressed means (e.g., educate the public about health) as end goals.

Generally, there was a high degree of consensus across the dialogues in terms of areas to focus attention on, if not in terms of specifically articulated goals. Participants emphasized:

- The importance of public health and the huge potential to save health care costs down the road.
- That all applications of public health education, services and programs should be universally accessible by all Canadians.
- That Canadians, and in particular children, including teens (and to only a slightly lesser extent at-risk groups, such as seniors, Aboriginal people and ethnic minorities) should be a top priority, and that education and support are largely the ways by which to achieve better health in Canada.
- That natural and physical environments are of paramount importance in terms of Canadians achieving good health and emphasized the need for education and support to the general public, businesses, employers and communities to ensure that Canadians are safe.
- The importance of ensuring that sufficient education, plans and infrastructure are in place to prevent or minimize the consequences of diseases outbreaks and natural disasters, as they occur.
- The need for governments and other stakeholders to work closely together in planning and developing programs and supports, and also in communicating with each other and with Canadians (both overall and in relation to potential disease outbreaks or natural disasters).

Lastly, while participants were asked to rate the importance of specific goals, often these goals, while similar in nature, were not expressed in exactly the same way across dialogues (although they

did consistently emerge in each session). As such, it is difficult to present a precise ordering of importance of all of the goals that were put forward. On the other hand, the general goal areas did seem to come forward in all sessions in varying levels of importance and we have presented these according to the order of importance that (we believe) participants intended them. What is most important to take away perhaps, is that the first three presented are the top three in terms of importance to participants and the others represent a second tier of importance.

2.1 UNDERLYING VALUES THAT CITIZENS WORKED FROM

While a number of specific themes were discussed, and dialogue participants worked through some reasonably specific goals under each of these areas, there were several underlying values that emerged across all of the sessions. It should be noted that throughout the discussions participants talked about values, goals and means in a fairly fluid and unstructured manner. While we have imposed some order on the results, by presenting the discussions according to underlying values, and then goals (with means often addressed within the description of goals), we have tried not to alter the substantive meaning or intention of participants' comments, and draw on their own words to illustrate each value or goal. It should also be noted that the values and goals have been presented in order of importance that they were expressed across the five dialogue sessions, in particular, with the first three being the top values and the next few falling into the next level of importance.

a) Importance of Public Health

It was clear from participants across the country that there is a deep appreciation for the importance of good health for individuals, families and communities. Participants readily made links between health and a number of other things, including quality of life, economic prospects and health of the economy, and a well-rounded society. They also expressed their recognition of the linkage between good health and the cost benefits for the health care system on many occasions.

- > *I'm interested in the economics, cost benefit analysis possibly done of education and prevention versus the cost of keeping people out of the health system in the first place – Vancouver.*
- > *And I guess probably my area of biggest interest is prevention because in my eyes everything that has been said to some degree has to do with prevention. My father used to always tell us when we were children that an ounce of prevention is worth a pound of cure, and I think a lot of the expenses that are incurred by the medical establishment are done at the end of the line instead of at the beginning where it should be, which is the prevention, and I think if that end was looked at more carefully the expense at the other end would be an awful lot less – Edmonton.*
- > *We have to do this – so that health care is not overburdened – Edmonton, paraphrased from small group discussion.*

Some participants expressed a concern, in fact, that governments seem to have less of an appreciation for these connections than citizens do.

- > *How can we convince the people in charge of education budgets of the importance of physical education, home economics (nutrition) and health classes. These are important, but they are referred to as extra curricular activities. They have valid importance – in the long term they can mean the difference between a healthy society and a lazy society – Edmonton, paraphrased from small group discussion.*
- > *The expenditure on public health is only 26 per cent of the total amount of government (spending). How can anything be done in public health if there is such a small expenditure? – Halifax, paraphrased.*
- > *We spend far fewer dollars on creating health, focusing on children and young people, promoting things, it's a drop in the bucket compared to the amount of money we spend trying to fix people up after they get things, many of which are largely avoidable, either through personal action or through social policy and health policy – Vancouver.*

Over the course of the dialogue, participants in all sessions came to grips with the array and inter-connectedness of various social and physical determinants of health, and the discussions touched on numerous determinants of health – from personal health-related choices to the work environment, the natural environment, and housing among others. Citizens showed a strong appreciation for the importance of public health and its many linkages to other areas. For example, late in the Edmonton dialogue a small group suggested that public health should be given primary importance even in other departments, adjacent to health. This could mean a health unit in all or many other departments to ensure that policy development and decisions, and legislation would examine things from a public health perspective to ensure that they are not in conflict with efforts to support good public health.

- > *I would add as perhaps an overarching goal above these two, that public health take top billing in Canadian government and society – Edmonton.*
- > *We were trying to think what government department would be above public health. And, you know, trying to figure out which department of government would be most important is like, like trying to figure out which one of your children is the most important to you. You can't do it – Edmonton.*
- > *Why are we investing all our money in treatment instead of prevention? We need to get back to the way things were 10 years ago, when we still had physical fitness in schools – Quebec, translated.*

b) Enabling Individuals Through Education

Citizens across all regions recognize that Canadians must chose to become healthy, and that this decision, and the actions that stem from it, are largely driven by information and awareness.

- > *Many of the issues we've talked about, the health problems that have been created were to a large extent created by lifestyle choices. So we have to make sure people are well enough educated and have knowledge so they can make hopefully the right choices for themselves – Toronto.*

- *We would like to see education on attaining improved health. Some people don't have any clue about what it takes to be healthy. I mean lots of people were not brought up and taught those kinds of things – Edmonton.*

Several participants talked about Canadians being able to make “informed choices”. Canadians, it was said, must be made aware of the importance of being healthy and the ramifications of not being healthy, if they are to make the decision to be healthy and change their behaviour.

- *Unless you know what the healthy choices are you can't make them or at least you won't naturally make them. So you need to know about them first – Toronto.*

In some dialogues, people explored ideas on how to track the extent to which public awareness and understanding is increasing over time, as a measure of success.

Citizens talked about public education in a wide variety of contexts, linked to a wide array of goals, such as keeping the natural environment clean and safe, healthy children, reducing the health problems and risks in certain at-risk populations, and so on. In fact, in most sessions, education (and promotion) were discussed as a central goal in and of itself: to ensure that citizens know about the implications of good (or poor) health in the immediate and long term future, as well as the linkages of things like physical fitness, nutrition, a clean environment, healthy physical environments to good health. Some also spoke of the need for education on public health itself.

- *I believe that a lot of people don't even know who Public Health is or what they are or what they do and I think that's part of education that we need to get everybody involved in – Vancouver.*

Beyond basic education and awareness, participants used words like “encouraging” and “promoting” the public in a number of directions toward good health. This has implications for education campaigns and advertising beyond the basics of making people aware, but also for “selling” good health and healthy choices. In some ways, related to this is the sentiment echoed in several sessions that “you can bring a horse to water, but you can't make him drink”. Because you make people aware does not necessarily mean that they will do it. Part of this involves the identification of what will motivate people to act, or “selling” healthy living to the public.

- *Someone used the analogy that you can bring a horse to the fountain but you can't force them to drink; well I say that maybe there is something stopping the horse from drinking and we should ask ourselves what. We should identify and find out what it is – Quebec, translated.*

In the case of the environment, this may also involve making tough decisions that citizens may not make on their own.

- *No matter how good our intentions are, we need political will and engagement. We can only make a difference collectively and our collective representatives are governments. Also, individuals will not make decisions that reduce their physical comfort: we need government to make some tough decisions – Quebec, translated.*

Related to this was considerable discussion about making information available: that Canadians in general and certain at risk populations, in particular, should know where to go to get information. There was considerable discussion of information systems being made readily accessible, so that people can find out what they need to know, when they need to know it. This information could take many forms, such as linkages to disease, preventative measures, "how to" information that would support efforts to become healthy (e.g., becoming physically fit, eating nutritiously). Also, discussed were tracking systems to monitor trends and linkages related to public health (e.g., incidence of specific diseases in relationship to certain societal conditions), with the aim of making this information widely available through the health sector, as well as to other professionals who could benefit society with this information. Examples of making information available were as focused as updating of the Canada Food Guide, cited in several of the dialogue sessions, and as wide ranging as a centralized source (e.g., website/1-800 number) for all information related to health and healthy choices. Tied to making the information available is once again the concept of "selling" or creating an interest in the information, so that citizens will actually seek it out but also recognition of the competition for people's attention as there is so much information out there.

Dialogue participants also recognized that public education, and even information, cannot ensure healthy choices – appropriate supports must be in place to ensure that Canadians have the ability and encouragement needed to make healthy choices and that these choices are also both affordable and simple to make. In many cases, individuals are not able to make individual choice for a healthy environment (e.g., the natural environment, work environment) and public policy is the proper instrument to support health. Many of the public health goals developed through the dialogue stressed the need for government and private sector involvement and support, in addition to the efforts of individual citizens to achieve good health. Thus, some goals incorporate an element that is regulatory – workplace health and safety, environmental controls.

c) Universality/Equality of Access

Threaded throughout the dialogue on public health, and reiterated in the closing comments, are participants' views about the importance of universality as it relates to programs and services in the public health realm. In the discussions, many participants noted that the information portion of the dialogue had left a strong impression with respect to the gap in health outcomes among segments of the Canadian population and the social and economic determinants of health. As a result, when dialogue participants discussed public health goals, and in particular, suggested programs and policies that could become means to achieving these goals, often these were prefaced by qualifiers such as "broadly accessible", "affordable", "available" and "every Canadian".

Participants also expressed concern with economic disparities and the need to "bridge the gap" between rich and poor.

- > *There is a big economic disparity. The working poor living from paycheque to paycheque don't have time to be physically active or make healthy food choices – Halifax.*

Participants in many sessions emphasized a need to reduce economic disparity, with some suggesting a need to bring back the middle class. The need to put all Canadians on an equal footing, and alleviate the effects of poverty was considered important. It was felt that all Canadians should be able to benefit equally from opportunities for fitness, nutrition, healthy lifestyles and any public health programs offered in relation to these.

- *We need to provide all Canadians with the opportunity to participate in society and have equal access to all services – Toronto.*

Participants in the Quebec session suggested the use of fiscal measures (e.g. tax breaks, financial assistance) as one tool to help reduce disparity.

- *Suicide, addiction, alcoholism, illness, that all has one thing in common: poverty. We can say that we should give them help, or distribute meals in school, but it would be so much better to give them the means to help themselves. Fiscal measures are therefore one way to do it – Quebec, translated.*

d) Stewardship

An element that was often evident in participants' comments during the dialogue process was a sense of stewardship. This was particularly important in the development of public health goals related to the healthy development of children and goals related to the natural environment.

- *... today's children are the face of tomorrow's Canada – Toronto.*
- *I believe that children are our future. They are going to be where we are going to be in the next ten or 15 or 20 years and if we don't start teaching them how to do things right and how to live a healthy lifestyle now, we aren't going to be anywhere in ten years, so I think we need to start there – Toronto.*
- *From a global perspective too, the world is literally....running out of fresh water supplies at an alarming rate. This country has one of the highest amounts in the world of fresh water, so as a nation it is our duty, it's incumbent upon us to preserve it and protect it. The same as our soil, we're also one of the largest, most fertile countries in the world and it's incumbent upon us to protect that as well. Not just for ourselves... – Toronto.*

In describing their aspirations related to these goals, participants argued for strategies to promote health today that would pay dividends also for the adults of tomorrow and for future generations.

e) Accountability, Trust and Coordination

Some discussions included the notion of government being accountable to the public on the directions and progress made in the area of public health. Layered onto this was a sense of urgency; that some fairly significant progress needs to be made in the short term, combined with a vague notion that there is considerable discussion, but limited progress in the area of public health.

Participants also emphasized the importance of *co-ordination and integration* across organizations for more effective delivery of services related to public health. Dialogue participants discussed the need for co-ordination across different government departments, different levels of government and sectors (e.g., with private industry).

- > *...there's so many different government departments involved in public health and they all need to be working together on that.....having the same goals and vision for instance. And getting private industry involved and policies in place for private industry – Edmonton.*
- > *So there is, you know, real defined roles and sometimes there's overlaps, but we obviously try and work together – Toronto.*

Related to this and underlying some of the discussions about goals is the importance of achieving better coordination and management of an effective public health system (raised in the Vancouver and Edmonton sessions). Coordination across jurisdictions (e.g., roles and responsibilities) and integration of service delivery (across governments, as well as between government and industry, and citizens) were emphasized as important to more effective achievement of public health goals. The concern in most cases was with who has what jurisdiction and the logical and economical division of responsibilities (and does everyone know what everyone else is doing).

Another issue raised by participants relating to improved management and coordination pertains to *information infrastructure and communications*. This would include, for example, coordinated health surveillance that effectively integrates Canadian information with information on global health threats and, related to this, ensures that practitioners are able to access and apply public health related information. Furthermore, participants in Vancouver also noted the importance of public access to timely public health information.

- > *What we noted is that we usually see that the professionals; the doctors, the nurses, the health care providers are the only ones who have accessed the information. What about the ordinary citizens? They should also have some knowledge of these things – Vancouver.*

2.2 PUBLIC HEALTH GOALS

Following is a summary of the main goals articulated by citizens, according to the order of importance given to each goal area (based on results from all five dialogues, although the precise ordering was not the same across each one).

Creating a Safe Natural Environment	<ul style="list-style-type: none"> › Protect Canada's water, air and land › Help reduce pollution globally › Educate Canadians about the impacts of the environment on health and healthy environmental practices
Creating a Healthy Next Generation of Canadians	<ul style="list-style-type: none"> › Make the health of children a priority – as the generation of tomorrow › Focus on fitness and nutrition – addressing childhood obesity › Education, programs and support through families, schools and community, spanning from prenatal to childhood
Addressing the Gaps – Focusing on Vulnerable Populations	<ul style="list-style-type: none"> › Ensure that public health education, information and programs are accessible to all Canadians and that public health goals are inclusive of all Canadians
Encouraging Canadians to Make Healthy Choices (and Providing them with the Opportunities to do so)	<ul style="list-style-type: none"> › Encourage Canadians to lead healthy lifestyles, and support them in achieving these goals › Emphasize the importance of fitness in schools, workplaces and in the community, and make fitness accessible › Emphasize the importance of nutrition and make nutritious foods more affordable and accessible
Safe and Healthy Physical Environments	<ul style="list-style-type: none"> › Ensure that schools, workplaces, homes and public spaces are safe and healthy
Prepared for Emergency/Crisis	<ul style="list-style-type: none"> › Ensure that government and other organizations are able to minimize disasters and respond quickly in the event of an emergency/crisis (including natural, man-made disaster or disease outbreak)
Reducing Drug Dependency	<ul style="list-style-type: none"> › Reduce the number of Canadians who are dependent on legal and illegal drugs, and minimizing the health effects of addictions

a) A Safe Natural Environment

In all the regional sessions, a cluster of public health priorities emerged that related to the integrity of the natural environment. The natural environment was typically defined to include three elements: water, air and food supply (e.g., fertile soil). In their clustering of ideas, the Vancouver group made a distinction between food growing conditions (an aspect of the natural environment) and healthy food affordability, safety and quality (which was categorized under another goal related to basic needs). The Halifax group also raised the issue of noise pollution under the umbrella of natural environment.

As participants worked through and articulated the definition of goals related to the natural environment, goals were proposed that related to both government or societal-level action and individual actions. One group divided their goals into those requiring action at the political level, at the level of industry and individually.

- › *We divided our theme of environment into three streams: one on individual will, one on industrial will/action, and one for political will – Quebec, translated.*

The level of specificity in the articulation of goals varied significantly across the groups. In defining goals under the umbrella of the natural environment, some of the sessions adopted a broad

approach: "protection of/provision for basic needs and natural resources". Other sessions developed goals that were more specific.

Concerning government or societal action, many of the goal statements proposed by participants referred to the development, implementation and enforcement of highest standard guidelines to protect the natural environment and food quality, and, less often, incentives for those who meet or exceed standards.

The protection of the natural environment (similar to themes related to disaster and pandemic response) was acknowledged to have an important international component. According to these participants, Canada's public health goals in this realm must not only include protection of our own resources, but also advocacy in international forums. Participants acknowledged in some discussions that the creation and control of pollution is a global problem and we have to address, not only pollution coming from Canada, but also pollution coming from other countries as well. Quebec participants, for example, recommended implementation of Kyoto and ratification of Kyoto II as a public health goal. Along the same vein, participants in Halifax felt that environmental degradation impacts everyone.

- > *"I mean this planet is finite and if we continue to pollute it to the extent we are, well we're not going to have the human race. And I mean that doesn't affect me, but it's going to affect my grandchildren and great-grandchildren if there are any. And I think this is true for all of you – Halifax.*

Like other goals, there was a public education component associated with natural environment goals – such as educating Canadians about practices they can undertake as individuals to preserve the natural environment, with respect to values (e.g., the impact of consumerism) and increasing public awareness of the environmental impacts on health."

- > *We share the planet with so many other creatures. We have to change the way we think in North America with different products like aluminium, plastics, things that can be reused – Edmonton.*

The goals identified by participants under this theme include:

- > Public sensitization about consumer waste/consumer culture;
- > Education on sustainable practices;
- > Improve public transportation (including availability, price, frequency, dedicated lanes);
- > Reduce industrial/agricultural waste;
- > Sustain and maintain fresh water supply and fertile soil/Canada has the cleanest water supply worldwide; and
- > Canada meeting a high national standard for air quality (in residences and outdoors) and the standard is monitored and enforced.

Dialogue participants indicated the natural environment to be both an important and urgent public health priority – a foundational goal or overarching issue.

- > *It won't matter how many fitness centres you have or how many courses in school...if you walk out that door and the environment is the pits, you haven't got a chance anyway – Edmonton.*
- > *Fresh water and fertile soil is...where all of our food comes from, it touches every single Canadian. And if we don't have fresh water, if we don't have the soil to produce the food that we need then...we're all in trouble – Toronto.*

In the priority-setting exercise, for example, goals related to the natural environment typically drew among the highest number of votes. The exception to the voting pattern was in Halifax where goals related to the natural environment were not among the top-ranked priorities. Although this area was not initially voted as a priority in all sessions, it became a priority through discussion in some sessions. In addition to being identified as a key priority across sessions, participants in several sessions also identified this priority as an urgent one when asked to comment on the relative urgency of goals identified.

b) A Healthy Next Generation of Canadians

A common theme or cluster across almost all of the regional sessions related specifically to children. This occurred as a separate cluster related, for example, to healthy child development, or when within a broader cluster, such as community development, children were specifically identified as a target group.

- > *A message would be... our children are our future and I believe the more we educate, the more we're going to see certain things go on a lower scale – Halifax.*
- > *I would say to the decision makers just keep on investing in children because they really are our future – Halifax.*

Public health goals pertaining to children spanned from prenatal care to the needs of school-age children (including teens). Significant concern was raised in all of the groups about the fitness of the current generation of young people and rates of obesity.

The healthy development of children led most of the groups to consider a wide array of supportive policies and programs. In Quebec, this issue of healthy child development was cast strongly in terms of supporting healthy families and parental responsibility and care for their children.

- > *Well, the family is at the base of everything, human beings have parents, they live within their family, they learn values, they learn about health, their health is cared for within this family. Everything relating to sports and physical activity can also be developed within the family – Quebec, translated.*
- > *The family is the foundation of our society and I think that, well, it is a value that has been lost over time, and we need to recapture that – Quebec, translated.*

In the development of goals related to healthy child development, dialogue participants often recommended specific policy or program areas: such as promoting and providing policies/programs related to prenatal care, breastfeeding, midwives and birthing centres, parenting classes, immunization, and reduction of obesity.

Some goals identified by participants under this theme include:

- Extend parental leaves, and supporting parents' choice to remain at home with children;
- Ensure that prospective parents are educated in all health matters pertaining to prenatal, infancy and early childhood;
- Make the school system a central player in promoting health; and
- Implement a universal daycare program and early child development opportunities.

Public health goals related to children and families were identified as high priorities during the participant voting exercise. Participants' reasoning for this focused on the need to inculcate the values and practices early so adults of tomorrow will make wise and healthy choices.

- *By starting young, the ideal is to teach them at a very young age to become healthy and to make those choices and ultimately they will then teach their children and so on and we'll start to get a society that is valued with, with healthy choices – Toronto.*

As well, focusing on children and, particularly, using the schools as a delivery vehicle, was viewed as giving “the best bang for the buck” in terms of reaching the next generation of Canadians.

- *It's [the schools] also I think where you get most bang for your buck as well, in terms of how quickly and how wide spread you can get good information, start advocating this as a value system into the community and into society as a whole – Vancouver.*

Educating children in schools can also help adults to make smarter and healthier choices.

- *“...childhood education was important to teach [children] because they are our next generation and sometimes we learn from our kids. It's interesting when recycling, the idea of recycling first started in HRM (Halifax Regional Municipality). Most parents felt: “Oh! What do you mean separate my garbage from recycling?” But the kids learned about that in school and brought the ideas back home and we're doing it now, as parents – Halifax.*

c) Addressing the Gaps – Focus on “At-Risk” Populations

Building on the overarching value of universality and equity, participants identified a need for a particular focus on vulnerable populations within Canada to ensure that public health goals are inclusive of

all Canadians, and in particular, to ensure that no group is left behind. This theme arose out of the realization, and concern, that health outcomes and health access may not be equitable for all Canadians.

In a number of sessions, participants identified as a priority ensuring that the most basic needs of Canadians be met, with a realization that these needs must be met before the individual can aspire to fulfilling other goals.

- > *I think that before you can even talk about education we need to address poverty...I think for people who are desperate, I think more importantly than education is they need a roof over their head, they need something to eat and they need warmth, clothing – Vancouver.*

A similar sentiment was shared in Halifax.

- > *We wanted to bring people up to the middle class because nobody can actually live healthy or any other way below the poverty line, and people in this province are doing it – Halifax.*

Participants identified as a goal that all Canadians have access to shelter, food and clothing. Many also noted that the housing must be suitable (e.g., accessible, free of mould, etc.).

Protection of the more vulnerable members of society is another theme or goal that was discussed in most sessions. Alleviating the effects of poverty, equal access to health care, ensuring equal access to healthy lifestyle choices, free/easier access to higher education, prenatal care are all identified as goals or means of protecting vulnerable groups which can include the poor, low income groups, new immigrants, Aboriginal Canadians, etc. Participants in a number of groups also identify the importance of public education or information targeted at vulnerable populations in attempting to achieve public health goals.

- > *When we talk about the bottom end of society we're talking about immigrants from other countries that have had to grow up in oppression and haven't had the freedoms that we have. And I think it's important that when they come to our country that they realize that health care is for everybody regardless of their stature or their economic abilities. And I think it just extends what our society is about and that is freedom – Edmonton.*

Many participants identified Canada's aging population, and the health of this demographic group as a concern in their opening comments. Consistent with this concern, participants identified support for seniors as a theme or goal, including assistance to families caring for aging members at home, access to health care and medication, and other services to support the aging members of our society.

- > *The elderly are part of the family/community, and if they want to remain integrated in their home or family environment then they should have assistance to help them do so. They should have opportunities for social and community integration, for activities, etc. – Quebec, translated.*

The goals identified by participants under this theme include:

- > Meeting basic needs and alleviating poverty, including:

- ◇ In 10 years, all Canadians have affordable shelter, food, clothing (build low income housing and shelters);
 - ◇ Access to the basic needs of life;
 - ◇ All Canadians have adequate resources to participate fully in society and have equal access to all services;
 - ◇ Effects of poverty are alleviated (reduced); and
 - ◇ Fewer subsidized Canadians.
- To ensure that the most vulnerable citizens receive the services they are entitled to in an effective and timely manner.
 - Reducing disparity, including:
 - ◇ Less economic disparity;
 - ◇ Bring back middle class;
 - ◇ Increasing equalities – gaps are closed; and
 - ◇ Reduce disparities/inequities.
 - Health care access, including:
 - ◇ Universal access to timely healthcare for all Canadians;
 - ◇ Public health is universal and non-judgmental; and
 - ◇ Make prescription drugs available to all, supplements as well.
 - Affordable access to recreation, medicine and health food/equal access to healthy lifestyle.
 - Healthier low income housing.
 - Being sensitive to and recognizing "cultural" differences in addressing/finding solutions for inequalities/diversity.
 - Assistance for the elderly, including:
 - ◇ Help for the elderly and those who are alone by promoting social and community integration;
 - ◇ Helping families to care for elderly members;
 - ◇ Network of helpers/aids at the disposition of those who are elderly/alone;
 - ◇ Ensuring strong support for seniors; and
 - ◇ Dignity at end of life.

Issues of equity and universality rated very high in the priority rating exercise in Vancouver, Edmonton and Halifax (where it was rated one of the top two priorities), whereas it featured in the top four

priorities in Quebec, and marginally lower for participants in Toronto (in spite of the fact that it started out as a top priority in Toronto).

d) Encouraging Canadians to Make Healthy Choices (and Providing them with the Opportunities to do so)

A common theme emerging from all sessions is the need to encourage or incite Canadians to make healthy lifestyle choices day to day, and to ensure that the supports are there to make these choices possible or easier. Citizens envision a population that is fit, active, eats well, and participates fully in activities in their community. This theme arose out of concerns shared by participants that Canadians are not as knowledgeable as they could or should be about nutrition and healthy eating, and that Canadians are not engaging in physical fitness to the extent that they should. The result is a population that is becoming obese, and experiencing increasing rates of diabetes and serious illnesses. Participants expressed particular concern about young Canadians, and the possibility that we are developing a generation that is video-game obsessed, overweight and unfit. Participants identified a range of benefits that will result from a more active, fit population, which extend beyond physical health.

- > *I think that it is surely true that if we can encourage people to take cultural and sporting initiatives, if we can encourage them to socialize, get out, be active, they will discover new interests and find a better quality of life, and will forget about illness or other problems – Quebec, translated.*

Some groups also expressed concerns with the social and emotional/mental health of Canadians, extending participation in activities to include not only those relating to physical fitness, but also cultural and social activities, as well. While mental health was raised as an issue on a number of occasions, in several dialogues, participants were never able to clearly articulate what the issue was or how to categorize it in relation to the other goals.

Participants identified a need to improve the health choices made by Canadians by targeting nutrition and fitness, and by ensuring that programs and supports are in place to make these choices easier.

- > *The fact is, is to educate people early enough, well enough so that they can make wise choices for themselves – Toronto.*
- > *We also need to change the way that they think about food. Like if a child can choose a [chocolate] bar or an apple, we want them to choose the apple. So we want to change their mind set on how they would pick, or their choices – Halifax.*

Through this, participants hope to create healthier lifestyles among Canadians who are informed and make healthy choices for themselves and their families, and who are supported in this by supports, programs and education/information in the environments and the community around them.

Access to and participation in physical fitness, in particular, was stressed by participants in all sessions. In many groups, free access to physical fitness activities and facilities for all Canadians was identified as an important goal. The importance of making physical fitness available and a part of daily routine in schools and workplaces was also emphasized. Participants expressed concern about the perceived lack of access to fitness in the workplace, and that funding and support for physical education within the education system/curriculum has waned in recent years. Participants identified a more active and fit population as a public health goal, in addition to other benefits accruing from physical fitness such as a reduction in obesity, as well as improved overall health. In the Quebec session, participants also identified a need to make Canadians aware of the consequences of physical inactivity (e.g., obesity, diabetes, other health complications).

- *We need to make society aware of the long term impact of inactivity. You want to show that we will be obese, we might have a well exercised thumb but our heart and lungs, well that's another story. Obesity will also lead to heart disease, Type II diabetes, etc. – Quebec, translated.*

The need to educate Canadians on nutrition and healthy food choices was emphasized, as well as the need to make healthy foods accessible and available to all. The suggestion of making healthy food choices more affordable than junk food was raised in several groups, in order to make nutritional choices easier to make (by equalizing the cost of healthy food, making healthy food more affordable and junk food more expensive).

- *Healthy food is more expensive, much more expensive than junk food. Perhaps we could add taxes, or do something to make nutritious food more accessible so that people are not making poor choices based on cost – Quebec, translated.*

Participants set as a goal that Canadians make healthier food choices and that such choices be made easier (in terms of access and affordability). Access to and emphasis on the importance of nutritious foods in schools, daycares, and in the workplace were also identified as important.

Participants stressed the importance of public education and information in promoting healthy choices. As noted, they identified a need for education and information to be available and promoted within schools, the workplace and the community.

Participants noted that there already exists some education and information on nutrition, fitness and healthy choices, but that Canadians continue to make choices that are leading to increasing rates of obesity and ill health. For the promotion and adoption of healthy choices to be successful and to make these choices easier to make, participants pointed to the need for supportive environments and programs. Supports are needed in schools, the workplace and more broadly in the community:

- **Schools:** Participants stressed the importance of initiatives to improve nutrition and physical fitness in schools, including education on nutrition, removing junk food and providing healthy food choices in schools, rewarding healthy food choices among students, ensuring physical education plays a prominent role, and addressing mental health issues such as bullying within schools.

- > *So if fitness is valued, practiced, modelled and encultured in all of our schools to the extent that it becomes second nature to future generations, we can get that mindset on kids, and hopefully it becomes a lifestyle decision – Vancouver.*
- > *You know, if we truly value good nutrition then let's make sure that's what's available at our schools as opposed to the pop, the chips, the chocolate bars and all that sort of stuff – Toronto.*

A specific goal articulated was: fitness and nutrition valued, practiced, modeled and encultured in all schools to the extent that it becomes second nature for future generations.

- > **Workplaces:** Fitness in the workplace, stress management and general work/life balance were emphasized as important components of creating healthy workplaces which will contribute to healthy human environments and ultimately improving the health of Canadians.
- > **Community/infrastructure:** For goals relating to increased physical fitness to be realized, the necessary supports and infrastructure must be in place in communities. Parks, fitness facilities, social and cultural activities must be readily available.
- > *It is one thing to promote physical activity and to tell people to be fit, but you have to make sure that they have access to structures to do so. I am a mother of young children and there are not a lot of parks in the city and the school yards are really terrible – Quebec, translated.*

One goal put forth was of communities working together and being supportive. In addition to physical supports and infrastructure, many participants identified a need for supports or programs that care for the mental health of Canadians.

Some of the goals expressed by participants include:

- > An overall goal to make Canadians aware of the long-term consequences of inactivity.
- > Teach Canadians the importance of exercise/education promotion for healthy life choices.
- > Make physical activity facilities free for all ages, and make fitness facilities and programs available to all.
- > Have incentives (\$) to encourage participation in non-competitive fitness and sports.
- > Physical fitness, including:
 - ◇ A more active and fit public;
 - ◇ Getting active and staying active;
 - ◇ Canadians of all ages are physically fit and active; and
 - ◇ Canadians of all ages participate in activities that stimulate all aspects of their well-being.

- Encourage adults to engage in physical activity with their children/Promote extracurricular activity.
- Healthy eating for Canadians.
- Make nutritious food more accessible; equalize the cost of healthy food.
- Increase knowledge and awareness of nutrition and advantages of a healthy diet.
- No Canadian will suffer from nutritional deficiency.
- Prevent and reduce obesity.
- Mental health supports, including:
 - ◇ Better mental health prevention/support;
 - ◇ Mental health of Canadians improved; and
 - ◇ People are able to manage stress.
- Reduce total work hours to achieve fitness and family stability/all Canadians have a healthy work-life balance.

Goals relating to healthy choices featured prominently in the goals voted as most important by participants in most groups. Goals relating to healthy choices were rated among the top four priorities by participants in Toronto, Vancouver, Edmonton, and Halifax. Although these goals were not featured in the top priorities in the Quebec session, a few participants in this session expressed dismay that they did not.

- *I am traumatized that nutrition and physical activity did not appear there. We can have the purest water and the bluest sky, but if I am sitting in front of my T.V. with my chips and Pepsi it won't give me much, especially if I am suffering from Type II diabetes – Quebec, translated.*

e) Safe and Healthy Physical Environments

In addition to environments and programs that are supportive of healthy lifestyle choices, participants in all sessions recognized the importance of ensuring that our physical environments are safe and healthy. Healthy physical environments were identified as important to the prevention of injury and illness, and as important in meeting the basic needs of Canadians. Health and safety in the workplace, the home and schools were discussed by participants. In the workplace, participants identified a need to eliminate unsafe practices, control dangerous substances, as well as prevent injury, through a combination of inspections and education/awareness efforts. In the home, participants identified a need to ensure safety of products used (e.g., toys, sporting goods, appliances), as well as the health of the environment (e.g., eliminate mould, mildew and ensure safe building materials).

- > *...that's a real problem, mould and mildew in homes and stuff like that, that are making people sicker with asthma – Halifax.*

At schools, personal safety, food safety, and safety of equipment were all identified as paramount.

- > *Make every workplace a safe work environment by eliminating unsafe practices. That's training properly, your truck drivers driving too many hours, etc. To make every home a safe physical environment by ensuring safety of products used. That's your microwave, your cell phones. Another important aspect of that is in, interior pollution... like pollution from rugs, fabric... – Toronto.*

The specific goals identified by participants within this theme include:

- > Making every workplace a safe environment by eliminating unsafe practices (includes products, inspections, practices, education/awareness);
- > Healthy and equal school and daycare environment and public environments;
- > Safe and improved working conditions; workplace health and safety; and
- > Making every home a safe environment by ensuring safety of products used (such as toys, sport injuries, appliances in the home, etc.).

Although identified as a theme in all five sessions, healthy physical environments did not emerge as prominent in the priority-setting exercise.

f) Prepared for Emergency/Crisis

There was widespread consensus that the government should be able to respond quickly and effectively to emergency crises. Participants in Vancouver, Edmonton, Halifax and Toronto viewed emergency and crisis response as an important theme or goal for public health. There was a shared belief that Canada has been ill prepared to deal with emergencies in the past and, therefore, should make emergency response a priority.

Participants were particularly concerned about two key areas: responding to disasters; and responding to disease. There was significant recognition that the spread of infectious disease is a growing concern with the increasing inter-connectedness of the world. Many cited the spread of SARS as an example. Most citizens felt that Canada is poorly equipped to deal with SARS and in its aftermath, there should be better preparedness and response. Many participants across the sessions were particularly concerned with the avian influenza and West Nile virus and whether the Canadian government has a plan in place to deal with a large-scale outbreak.

- > *...there's a lot of talk about avian influenza. Well is public health across Canada aware of having to deal with that if it does arrive in Canada? And do they have the resources, the newspaper has said recently that they wouldn't be prepared if we had a pandemic – Toronto.*

- > *We were not prepared for SARS, so we would like to know that there's a plan in place if there were influenza epidemic or if something were to come into our country again that we would have to be seriously concerned about – Halifax.*

Perhaps due to recent world events like the Tsunami in December 2004¹, participants stressed the need for Canada to be prepared for disasters (either manmade or natural). Participants felt there was a need to be prepared for disasters, but also there was a need to respond swiftly in the aftermath of disasters. Many participants cited such disasters as floods and earthquakes as areas of particular concern. One individual in Edmonton spoke about the need to be prepared for the unexpected like the Ice Storm in Quebec.

- > *Do you remember the Ice Storm that hit Quebec... that's a huge thing. You know, what if a tornado hit a city and does a huge amount of damage, it's a national issue. So as a nation we need to be prepared. I think that all people with medical training should always be on call if an emergency should take place so that they can be brought in as quickly as possible, whether it's an Ice Storm or whether it's a tornado or some kind of freak thing that we just never thought of – Edmonton.*
- > *... who would be ready in the event of an emergency, for example the Tsunami was one of the issues that we talked about. Of course SARS was one of the issues we talked about, but having capacity ready so that when something does happen in Canada, or when something happens internationally that we have the technical expertise, we have the personnel, we have the equipment, we have the helicopters – whatever it is we need is ready for a variety of different scenarios because right now our perception was that the capacity in Canada is pretty low – Vancouver.*
- > *Yeah we, we said you could have the, the healthiest and longest lived population but if that Tsunami hit, you know, the big earthquake, it's a whole different ballgame – Edmonton.*

In Toronto and Vancouver, participants acknowledged that in a post 9/11 world, Canada is vulnerable to terrorist attacks. Participants praised London's response to the bombings on July 7, 2005 and stressed the need for Canada to be as prepared for similar disasters. Other manmade disasters that received attention in the sessions were the water contamination in Walkerton and the train derailment accident in Alberta.

- > *I think that all of us who have watched the terrorist action in London when they blew up in three or four places. I was very, very impressed with the emergency measures that took place there, how quick and how efficiently they handled both the injured, the unfortunate dead, and the damage – Vancouver.*

While much of the focus was on the government response to emergency, participants in Vancouver felt that public preparedness is another important area to consider. Some participants also felt that there should be greater public awareness and preparedness in emergency situations.

- > *In terms of public awareness education [if an emergency] were to be an issue today, I don't know if I would know how to call or how to respond – Vancouver.*

¹ All five of the regional sessions took place just prior to hurricane Rita hitting New Orleans and other parts of the southern United States, although at the time of the Edmonton pilot, a train had derailed few weeks before.

In suggesting goals for the Public Health Agency, participants often suggested means for the agency to reach its goals. Many suggested that an emergency plan should be developed which would outline how best to communicate with the public about emergencies. In Edmonton, participants felt that the development of a centre for disaster preparedness would be very useful in helping to coordinate, develop and educate emergency response plans. Participants also felt that an important means to achieve the goal of emergency response would be cross collaboration across departments, levels of government and all sectors (private, public and third sector).

Some of the specific goals articulated in this area are:

- Preparedness and responsiveness to global pandemics;
- Have a plan to combat new infectious diseases;
- Free and easy access for all Canadians for testing and immunization;
- Ensuring that all Canadians are protected from environmental disasters; and
- Increasing emergency response capacity.

In Toronto, the region hardest hit by the SARS outbreak, the notion of being protected from infectious disease through preparedness was the top priority in the priority setting exercise. While it did not receive top mentions in other regions, it was still considered by most as an urgent issue.

- *Yeah, it's not something that is going to take months to happen, I mean it could happen at any minute - Toronto.*

g) Reducing Drug Dependency

Participants in Edmonton, Vancouver, Toronto and to some extent Halifax were fairly concerned about the number of Canadians who are addicted to legal and illegal drugs or are drug dependant. There was general consensus that drug addiction and drug dependency have a significant impact on public health. It emerged as an important theme in some sessions.

The discussion was primarily focused on reducing dependency on illegal and legal drugs. In the Toronto, Edmonton and Halifax sessions participants felt that dependency on illegal drugs is a significant problem, but that drug dependency on legal drugs is also a growing challenge.

- *We'd like to see a less drug dependent public and we're not just talking about illegal drugs but also legal drugs. We felt maybe people are over-medicated in some ways - Edmonton.*

Dependencies on illegal and legal drugs are placing a huge strain on the health system. Participants in Toronto and Edmonton cited smoking as an example of a legal drug that causes significant damage to the

health of Canadians and the health system. Participants were also concerned about dependency on prescription drugs, and its effect on Canadians.

Across the sessions, there was a strong consensus that drug users require better community support than is currently available to deal with mental health issues. Some participants suggested better treatment centres, while others stressed the need for better programs that would help to educate Canadians about the harmful effects of drug use and about harmful behaviours like abuse and bullying that are often associated with it.

- > *People who are addicted to various things like alcohol or gambling we provide support, so why should it be any different for something so devastating like drugs? It should be something available to those people who need it. Without any judgment values to why they started – Toronto.*

In Toronto and Halifax, participants pointed out that proper education and proper support are necessary. In Toronto participants were concerned with the need to provide education to prevent drug users from becoming lost in our criminal system.

- > *It's like I think you have to bring [drug dependency] to the health arena as opposed to dealing with it only in the criminal... – Toronto.*

In Halifax participants were interested in drug education/prevention in the school system.

- > *Just that there's such an abundance of drugs in the school and kids need to be educated to stay away from that, to prevent it. And if they are on the drugs we need to support them and get them into different things... – Halifax.*

The following are the goals discussed in relationship to drugs:

- > Eliminate the harmful effects of addictions (such as smoking) for Canadians;
- > Eliminate harmful behaviour relating to addiction in society;
- > Reduce drug dependency in our society (legal and illegal);
- > Canadians smoke less/do not smoke;
- > Decrease the number of substance dependant Canadians through peer education, information, personal example and treatment centres by 25 per cent; and
- > Community assessment of needs of drug and alcohol programs.

While reducing drug dependency was discussed, it was not viewed by any of the regions as a top priority in the priority setting exercise. In Halifax, the concern over addiction to prescription drugs did receive some attention, but it was not viewed as a priority goal for public health. This topic was not discussed in the dialogue in Quebec.

The top four priorities identified by participants in each session (based on a voting exercise conducted with participants in each session) are highlighted in the following table.

Priority:	Vancouver	Edmonton	Toronto	Quebec	Halifax
#1	Fitness, nutrition and health education in schools	Closing the gap of inequality	Being protected from infectious diseases	A framework for a healthy life: policies targeted at families	No one's physical or mental health is jeopardized due to their economic disparity
#2	Basic needs met (shelter, food, clothing)	Improving crisis response	Education and promotion for healthy lifestyle choices	Environment: political will	Ensure that all Canadian children and youth have positive attitudes and behaviours on health matters
#3	Environment: protection of air, water, natural resources and food.	Increase number of people engaged in physical activity	Sustain/maintain fresh water and soil	Environment: industrial will	Ensure year-round free access to recreational facilities for Canadians in all communities
#4	Education/awareness within general public of public health services and programs	Reduce obesity among elementary school children	Every child will say "I am healthy"	Reducing social disparities/inequities	Free and easy access for all Canadians to testing and immunization

2.3 CITIZENS' IMPRESSIONS OF THE CONSULTATION AND ADVICE TO DECISION-MAKERS

At the conclusion of the session, participants were asked to reflect on the discussion and share any insights from the previous day and a half. Across the regions, participants provided positive feedback on the experience saying it was enjoyable and interesting. Most appreciated the opportunity to participate and enjoyed being engaged in important issues for Canadians.

- > *I would just like to say thank you for having these public discussions. I think they're very, very important – Vancouver.*
- > *I guess my biggest surprise is that I actually have been given the opportunity to have a voice, which is the first thing – Edmonton.*

Participants also expressed surprise that Canadians from different areas and backgrounds share such similar views when it comes to public health and public health goals and priorities. They were surprised at how quickly and easily the group was able to reach a consensus about public health issues. They were also quick to note that other participants share the same concerns about public health.

- > *What I found interesting was that we're all a random sampling of people yet our views are really quite unified despite, you know some disagreement but, but for the most part, I think that we really have the same needs and the same requirements and the same values and I think that's really important for the government to take into account – Vancouver.*
- > *I was really surprised at the similarities that we have and not only the similarities we had when we came in but also as leaving and that the goals that we have are all pretty much the same – Toronto.*
- > *It was nice to see a lot of people feel about the health issues close to my opinion, which is kind of nice, it's always nice to have a little support – Edmonton.*
- > *...I was quite heartened to find that areas of concern that I have were shared by so many people of quite diverse backgrounds I think – Halifax.*

Many participants felt the sessions were also an excellent learning opportunity. Some felt that the presentations were very useful in defining and clearly understanding public health. This was pivotal in helping to identify concrete goals that would be applicable to public health and in considering important obstacles to public health.

- > *I think, that my eyes have been opened a little bit these last couple of days. I didn't realize that all of these categories fell under public health so, for me it was quite a good education – Vancouver.*
- > *I was very impressed with, with the speaker. Very shocked at the gaps and I hope they do something with it – Edmonton.*

Because the sessions had a diverse group of participants, many felt they were able to gain a new perspective about health issues that they had never before considered.

- > *The one thing I found interesting was what the folks from remote communities brought to the table and gaining knowledge about their unique situations and how things were done there and what things aren't done there – Vancouver.*
- > *I guess my one real insight or surprise actually is being an urban dweller I don't consider the natural environment as much as I should. So I, I'm surprised that that didn't occur to me earlier on – Toronto.*

Some participants were particularly surprised by the number of issues that were raised in connection with public health and felt they learned a great deal. Some of the issues identified were the impact of income on public health, the gaps in public health, the importance of education, children as a key focus in public health, the importance of mental health and the environment.

By far, participants' most common message to decision-makers was to urge them to act and a hope that their efforts would be given serious consideration in the development of public health goals. Participants often coupled these sentiments with a call for immediate action ("less talk, more action", "listen

to the citizens and act", "take this to heart and pick the top items and do something", "what are you waiting for?", "hurry up and do it", "do not shelve this", "please do something with this", "honour the discussion").

Another theme in participants' closing comments was to recommend to decision-makers to "keep things simple" ("act quickly, make it simple", "don't complicate it"). In one group, several participants advised decision-makers to be specific in their articulation of goals ("be more specific and not so broad", "try not to be so general"), largely to ensure that they were not so wide as to allow anything to be classified under them.

Other participants advised decision-makers to focus on specific goals or themes: health disparities, children, the environment, and ensuring universality. Other individuals simply called upon decision-makers to put more emphasis on public health in general.

- > *I would say to the decision makers just keep on investing in children because they really are our future, and well, it sounds the same as what everybody else was saying, but basically they're the only ones that can actually change mindsets and develop into productive members of society.*
- > *A message would be to... our children are our future and I believe the more we educate the more we're going to see certain things go on a lower scale.*
- > *I would like to see the ministers and the government actually put money into this; not just talk about it, but put money into it to develop it and grow it and to make this work so that my children will be healthier than I ever could be or my parents were.*

2.4 HOW CITIZENS' VIEWS CHANGED

As detailed earlier, participants were asked to complete a brief questionnaire at the start of the information (Friday night) portion of the dialogue, and another, similar questionnaire at the end of the Saturday portion of the session. The purpose was to determine if participants' views would change as a result of the discussions. Additional questions were also asked to determine impressions of the information resulting from the dialogue.

A comparison of the results of common questions (asked before and after the dialogue) confirms two themes that emerged during the examination of the discussions overall. First, some elements of public health (and goal areas discussed) were more obvious to participants coming into the session than others were. For example, many participants talked about nutrition and fitness, as well as children as a focal point for education and changes in behaviour in their opening comments and also refer to these areas in their pre-dialogue questionnaire. On the other hand, protecting the natural environment and closing the gap/addressing social inequalities were more commonly cited in the post-dialogue questionnaire than they were in the pre-dialogue questionnaire. Also, there was a wider variety of areas cited in the post-dialogue responses. While many participants cited one or two areas of importance for future focus at the start of the dialogue, in many cases three or four areas were indicated at the end of the session, suggesting that the discussion helped to educate and broaden the view of many participants about public health.

When asked about the future health of Canadians most believe that it will be about the same in ten years time, although there is a slight lean towards optimism in the post-dialogue questionnaire compared with the measure taken at the start (but it is a very slight lean, with roughly a handful more participants becoming more positive over time, compared with those becoming more negative over time). Similarly, most participants expressed a moderate level of confidence in the authorities managing public health in Canada. However, there was also a slight increase in confidence (with a few more participants responding more positively at the end than those who became more negative). These results suggest that exposure to the dialogue had a positive impact on citizens' views about the future of public health in Canada.

Secondly, there are some regional differences in the areas of interest to citizens. Even in the pre-dialogue questionnaires (and also in the post-dialogue questionnaire) participants in Edmonton and in Halifax talked more about substance abuse, drugs and smoking than participants did in other sessions. They were also more apt to discuss economic disparities than other citizens were. Edmonton participants also referred more often to obesity, particularly childhood obesity, and, in Halifax, diet was raised more often after the dialogue, compared with the pre-measure. In Vancouver coverage of basic needs (e.g., shelter, food, clothing) were a greater focus after the dialogue, as was emergency response. In Toronto, lifestyle was a prominent response, as was infectious diseases (e.g., SARS). In Quebec City, the emphasis placed on family through the dialogue came through prominently in the post-measure responses.

2.5 ALIGNMENT WITH OVERARCHING GOALS AND DRAFT GOALS FROM WIDER CONSULTATION

In the course of the dialogue, participants were asked how well aligned they believe the goals that they settled on as a group are with the overarching goals and six theme areas indicated in the workbook. For the most part, participants generally agreed that their goals (developed in the dialogue session) would fit easily under the two overarching goals. They also generally saw their goals as being in line with the six theme areas. Participants often expressed that the goals developed by citizens were more specific than those listed in the workbook. In the Edmonton pilot dialogue, where the discussion was more focused on whether the overarching goals are appropriate or not, it was decided that while they are generally appropriate, that the word "systemic" was needed in front of inequalities (reducing systemic inequalities in health). This was based on the argument that there will always be (individual) inequalities, however, it is the broader, societal inequalities that are of greater concern and can be addressed. Edmonton participants also had a hard time trying to fit emergency preparedness and response to disasters under either of the two overarching goals and wondered about adding a third overarching goal to address it.

The Working Group developed a set of 11 draft goals, based on the input from various consultations, including the results of these five dialogue sessions with citizens. A day-long conference was then held in early October to discuss the draft goals prepared by the Goal Statement Working Group. Ten of

the 102 citizens who participated in the citizen dialogues (two per region from among the five regions) attended this conference. The Citizen Dialogue team produced a summary of the dialogue results which were distributed to conference participants. Highlights of the results of the citizen dialogues were also presented at the conference. A number of the citizens attending the conference agreed that the overview of results seemed in line with what they had heard and discussed in their own individual session.

It is also interesting to see that the goals developed by citizens are generally well aligned with the eleven draft goals prepared by the Working Group. The draft goals outline: children as a priority; that Canadians be given information and general supports they need to be able to choose to live healthy; that Canadians be able to live, work and play in healthy environments; that differences and barriers to equal opportunity be removed; that the air, water and land be safe; and that there be systems in place to deal with threats to safety (although citizens talked in terms of emergencies and crises, not threats to safety). These six goals are precisely aligned with what citizens outlined as important areas for future focus. The draft goals also address diversity and communities, which were touched on by citizens in the dialogues, although often not the focal point. These draft goals also deal with Canada's involvement with other countries in the development of healthy societies, Canada having systems in place to support health, and citizens participating in public decisions affecting people's lives, each of which we discussed in the dialogues, although not isolated as specific goal areas.

The one area covered by the Working Group's draft goals which was not obvious in the citizen discussions is related to the value of lifelong learning. While citizens talked at great length about educating Canadians on matters of health and about education programs in school systems for young people, as well as recognizing the importance of higher education on health outcomes, there was no real discussion about making ongoing educational improvement a goal area to address public health. In all other areas addressed by the draft goals, citizens views are well represented by the eleven goals. On the other hand, citizens rarely settled on this many goals. Typically, the dialogue sessions resulted in seven or eight clusters of themes for future focus. Also, it seemed from the discussions that one or two overarching goals or a vision for the goals would be a good context to provide for the goals. It should also be noted that citizens often used specific terms (like disaster, emergency and crisis), which seemed most natural to them in discussing these goals. It may be useful for those formulating the goals to consider the kind of language that citizens used in their development of health goals.

2.6 SUMMARY OBSERVATIONS

There are two key things that stand out for us in reviewing the results of these consultations. The first is the striking degree of emphasis that participants placed on the importance of public health. Since the purpose of this consultation is to provide Canadians with an opportunity to explore and articulate public health goals, and not to measure the degree to which all Canadians hold or agree with these goals, it is difficult to know whether all Canadians would recognize these as their top goals, or be ready to chose these as primary areas for government focus (and spending). It is also difficult to know whether Canadians would chose public health over health care, or even choose to change the proportion of emphasis in these areas.

Nonetheless, we were struck by the extent of agreement that public health (and prevention) should be given significant attention, and even the emphasis that they placed on the urgency of doing something now in terms of the health of Canadians.

Secondly, we were impressed by the degree of cohesion and similarity in the views held by different participants in any one session and, even more striking, across the different dialogues across the country. While there were certainly some different points of view, by and large, participants generally agreed on the importance of public health, the connection to saving in health care costs, that public health education, services and programs should be universally accessible by all Canadians. They also agreed on most of the general goal areas, if not on the precise goals (recognizing, in fact, that participants were never asked to agree on precise goals across the dialogues).

While the dialogues with citizens produced a considerable amount of information about Canadians' values and priorities with respect to public health, as well as a sense of the language they use in talking about public health, there are a few areas which the consultation did not address. One is the extent of representativeness of these views across the broader public. Since the dialogue consultation is a fairly involved process, there is likely almost certainly considerable filtering that takes place (as suggested by the difference in engagement levels found in the recruitment survey results). While it is useful to hear from those for whom this issue is important in an exercise like the present one, it would also be instructive to know the extent to which these goals resonate with the broader public, and whether this reflects the priorities and ordering of importance that would be found among the majority of Canadians.

Also, the discussions were not designed to ask participants to identify how these public health goals could be best achieved, some means were brought forth in the course of discussions about the goals themselves. It is likely that citizens would have some fairly definite ideas about how to proceed and what is acceptable, or obvious, and what is not. This was not achievable in one round of consultation but it would be useful to have greater knowledge of how Canadians see the path toward these goals in planning next steps. Similarly, it would be useful to have a greater understanding of the roles that citizens believe certain players should have in the achievement of these goals.

APPENDIX A
SELECTION OF PARTICIPANTS

SAMPLING PROTOCOL

In each centre, a sampling protocol was developed. Based on the need for roughly 20 citizens to participate in each session, a total of 35 Canadians were recruited to attend, and were sent an information package, which included a covering letter explaining the objectives and overall approach of the consultation, and a workbook with information about public health. Of the 35 originally recruited participants in each centre, an average of 26 confirmed that they would attend the day and half long event after reviewing the information package.

Households were randomly drawn from a sample of residents in that city, as well as from surrounding areas. Any household with one or more occupants employed in the health industry or in government were considered to be ineligible. There was also a specific requirement established to recruit a set number of individuals from the city, the surrounding area (between half an hour and one and a half hour's commute to the downtown core) and from neighbouring provinces and/or the north. The following are details stipulated for the recruitment in each centre which were met in all but Edmonton:

- Vancouver – one participant from each of Victoria, the northern part of the province, and the eastern part of the province, and two from the Yukon. ⁵
- Edmonton – one participant from each of Yellowknife, Calgary, Red Deer, and Regina. ⁴
- Toronto – several participants from the northern, eastern and southern parts of the province, and two from Nunavut. ^{(10) ?}
- Quebec City – one participant from each of Gatineau, Montreal, and the eastern part of the province. ³
- Halifax – one participant from each of Newfoundland, New Brunswick, and Prince Edward Island. ⁴

Other selection criteria established the need to recruit between one and two Aboriginal participants to sessions in the west, one and two persons with a disability and two to three members of a visible minority in each session. Recruitment also establishes the gender, age, income and education level of participants to ensure a reasonably representative selection of participants along these dimensions. Reflecting the robust recruitment, participants in each session were fairly varied, with a good range by age, gender, and economic status.

The following table presents the results obtained during the recruitment of dialogue participants. At that time, all individuals invited to the sessions were asked a series of questions, as were a wider number of randomly selected residents in the same city (100 in each city). The table shows the percentage responses overall and in each city individually, for each measure included in the recruitment survey. Under each (the overall and individual cities), there are two columns which present results for the full group of respondents asked, including those who were invited to attend and those who were not. This

first column represents the views of the general public (GP). The second column presents results for only those 20 or so participants in the Deliberative Dialogues (DD) in each centre (106 across the country). The table serves to highlight the similarities (and differences) of participants compared with the broader public and is the basis for results summarised on page four of the report.

MEASURES	CATEGORIES	All		Edmonton		Vancouver		Toronto		Halifax		Quebec City	
		GP	DD	GP	DD	GP	DD	GP	DD	GP	DD	GP	DD
		%											
* V48 Compared to the average Canadian, how would you rate your personal interest in public policy and government affairs?	1 Low	5	12	5	12	0	15	0	5	10	9	7	16
	2 Mid	53	61	52	56	50	57	44	62	55	70	67	60
	3 High	42	27	43	31	50	28	56	33	35	22	27	24
To what extent do you agree or disagree with the following statement: We could probably solve most of our big national problems if decisions could be brought to people at the grassroots level. V53	1 Low	16	17	25	12	6	20	31	20	5	13	14	22
	2 Mid	22	22	5	14	19	21	19	19	25	24	50	31
	3 High	62	61	70	74	75	59	50	60	70	64	36	47
Thinking about the overall level of health of Canadians, do you think that it is better or worse than it was ten years ago? V59L	1 Low	32	28	57	28	13	34	31	26	37	29	13	24
	2 Mid	53	57	29	55	81	56	38	60	58	55	67	59
	3 High	15	15	14	17	6	11	31	14	5	16	20	17
Using the same scale, thinking about the overall level of health of Canadians, do you think that it will be better or worse in ten years from now, compared to what it is today? V59L	1 Low	22	23	33	23	13	27	13	25	32	24	14	19
	2 Mid	56	56	52	54	63	50	56	60	47	55	64	59
	3 High	22	21	14	22	25	22	31	15	21	21	21	22
In general, would you say that you are very, somewhat, not very, or not at all confident that the authorities responsible for overseeing public health systems in place in Canada have good systems in place to deal with it? V53	1 Not at all confident	13	16	14	15	6	15	19	12	10	17	14	19
	2 Not very confident	33	37	24	35	38	32	31	30	35	34	43	49
	3 Somewhat confident	46	41	48	44	56	48	50	46	40	42	36	27
	4 Very confident	8	7	14	6	0	4		12	15	7	7	5
Importance of: Managing infectious disease monitoring and control V53	1 Not at all important	0	2	0	1	0	0	0	1	0	1	0	5
	2 Not very important	2	4	0	2	0	3	0	3	0	3	13	9
	3 Somewhat important	18	21	14	19	13	18	19	14	25	14	20	38
	4 Very important	80	73	86	78	88	79	81	83	75	82	67	49
Importance of: Responding to public health emergencies V53	1 Not at all important	0	2	0	2	0	0	0	0	0	1		5
	2 Not very important	3	3	0	1	0	1	6	2	5	5	7	6
	3 Somewhat important	14	17	24	19	0	3	13	8	0	12	20	34
	4 Very important	83	78	76	78	13	6	81	90	95	82	73	54
Importance of: Promoting public awareness and understanding of public health issues. V53	1 Not at all important	0	2	0	2	0	0	0	0	0	1		6
	2 Not very important	6	5	0	3	0	4	6	2	15	5	7	9
	3 Somewhat important	30	30	38	32	31	26	19	25	20	22	40	41
	4 Very important	65	64	62	63	69	70	75	74	65	71	53	44
Importance of: Managing chronic disease monitoring and control V53	1 Not at all important	0	3	0	2	0	1	0	2	0	1		7
	2 Not very important	14	6	10	2	0	9	13	6	20	6	27	8
	3 Somewhat important	26	30	29	32	31	25	19	25	30	28	20	39
	4 Very important	60	61	62	63	69	65	69	68	50	64	53	46

APPENDIX B
FACILITATOR'S SCRIPT

**PUBLIC HEALTH GOALS FOR CANADA
CITIZEN DIALOGUES**

**FACILITATOR'S SCRIPT – Revised for One Facilitator
August 17, 2005**

Overview:

The process is designed to foster a dialogue among randomly-selected citizens on possible public health goals for Canada. Called a citizens panel, this process includes an education component, with an opportunity for citizens to ask the questions that are important to them. By the end of the session, participants will have developed and prioritized a number of possible goal areas.

The ideal number for each citizen's panel is 18-20 people. The session begins on the evening of Day 1 (6:30 – 9:00 pm) with the education component. Day 2 is a full day of dialogue (9:00 am – 4:30 pm).

Agenda:

An overview of the agenda as it will appear in the participant discussion document is provided on Page 3.

Requirements:

- A large room, with good wall space and enough room to have 3-6 round tables set-up for small group work as well as a hollow square for plenary work.
- Facilities must be easily accessible by all participants, ideally close to public transit routes, with readily available parking.
- One professional facilitator, experienced with deliberative dialogue
- One note-taker
- Participants will receive background information ahead of time
- Sessions will happen on week-ends, ideally Friday night and Saturday

Logistics:

Day 1

Plenary room seating: Open circle, with room at one end for facilitators and experts (resource people). Tables for participants are not needed. PowerPoint and DVD equipment.

Day 2

- Plenary seating: Hollow square, so people have tables to write on. Facilitators need to be able to walk inside the square. Tables arranged to face a wall that has adequate space for the collective brainstorm.
- In another part of room, 3-6 round tables for small group work
- The room also needs to have adequate space for participants to get up and post things on the wall and adequate space for observers, taping equipment and note-takers.

Both Days

- Audio-tape equipment for plenary room; minimally one lapel mike and three roving mikes that could be put on stands in the middle of the hollow.
- Five flipcharts and non-scented colored markers
- A package of 8.5 x 11 white paper; 40 sheets of 8.5 X 11 colored paper
- At least 10 black non-scented markers
- Masking tape – two rolls
- Ground rules on a wall chart
- Nametags
- 25 copies of worksheet (attached)
- Post-it notes
- Ten tent cards with instruction for small group work on card sort.
- Ten tent cards with instruction for small group work on goal areas.

Before the Session Begins:

- Prepare flipcharts:
 - ◆ Welcome to the session
 - ◆ Introducing Ourselves
 - ◆ Agenda
 - ◆ Key question for vision: ***What 5-6 things would you most want to see achieved in public health over the next 10 years?***
 - ◆ Steps for small group work on the card sort
 - ◆ Steps for small group work on goal areas
 - ◆ Key question for dot vote: ***Which of the goal areas are the most important to achieve?***
 - ◆ Two overarching goals and six themes
 - ◆ Question for closing comments

- Have initial questionnaires ready to distribute

Agenda for the Session
Friday Evening 6:30 PM to 9:00 PM
Saturday 9:00 AM to 4:30 PM

Friday Evening

Welcome

Participant Introductions and Opening Comments

Introductory Remarks

Initial Questionnaire²

Learning About Public Health

Discussion

Saturday

Overview of Process

Creating a Vision for Public Health

Identification of Goal Areas

Buffet Lunch

Choosing Priorities

Considering Overarching Goals

Closing Questionnaire

Closing Comments - Participants

Closing Comments – Facilitators and Hosts

² Note that the Initial Questionnaire has been moved up in the agenda and Considering Overarching Goals moved back. These will be small differences from the agenda the participants will have.

Facilitator's Script:

Time	Activity	Notes
Day 1 – Evening 6:30 -9:00 pm		
6:30 – 7:00 pm	Participants arrive and register (People may be ready to start by 6:45.)	
7:00 –7:15 pm	<ul style="list-style-type: none"> • Welcome and introductory comments • Welcome: Thank you for coming. We are grateful that you have been willing to contribute this evening and tomorrow to participate in this very important project. As you know, we are here to talk about public health and in particular <u>public health goals – what should we focus on achieving in public health in Canada?</u> <u>V55</u> • This dialogue is part of a larger national consultation being undertaken on behalf of Canada's First Ministers (Prime Minister and Premiers), who have made a commitment to develop an overall public health strategy for Canada. • These dialogues are sponsored by the Public Health Agency of Canada. There will be five citizen dialogues in total – Edmonton, Toronto, Vancouver, Quebec City and Halifax. • You were randomly selected to attend this session. The recruiting company worked to bring together a group of participants who are as representative as possible of the whole population. • <u>The purpose of this dialogue is to better understand Canadians' views and values regarding public health goals. During the dialogue session, you will not be asked to provide technical answers. You will be asked to talk as citizens about what is most important to you, and what you think Canada's top priorities in public health should be.</u> <u>V51</u> • The topic is public health and this is different from the health care system – the hospitals and clinics, etc. we are all familiar with. Public health is concerned with promoting health, preventing disease and injury, and improving quality of life through collective or social actions. • At the end of all five dialogues, a report will be prepared, summarizing what citizens had to say at the dialogues. As a participant, you will receive a copy of this report. The findings from the regional citizens' dialogues also will be brought forward to a national meeting at which public health experts and governments will work towards finalizing a set of common public health. • Who we are – facilitators, resource person, note-takers (They introduce themselves) • As you can see, we will be using microphones so that we can be sure we are capturing your ideas, in your own words. These tapes are very valuable in the analysis and report-writing stage. However, nothing will be attributed to an individual. • Other housekeeping details: location of washrooms, use facilities as needed, etc. 	<p>In Plenary (During registration, participants provide their written consent to participation and use of their data, under PIPEDA.)</p>

Time	Activity	Notes
7:15- 7:30 <i>Warmup ①</i>	Participant Introductions; Opening Comments <ul style="list-style-type: none"> • Name, where you're from • One interest/concern you have about this topic, connected if possible to your own experience with public health <i>V46</i> • Try to keep your initial comments to about 30 seconds, as there will be plenty of opportunity to say more during this evening and tomorrow. 	Flipchart
7:30 – 7:45 <i>Instructions</i>	Review agenda for the evening and initial questionnaire <ul style="list-style-type: none"> • You will have all received a workbook that we will be using through-out the session. It provides background information on public health as well as some of the tools we will need for our dialogue tomorrow. • However, given the complexity of public health issues, we will use this evening to provide you with further information about public health and to give you the opportunity to ask questions of a resource person. We hope this will allow you to feel comfortable with the topic so that you are ready to discuss it openly together tomorrow. We'll have until 9 pm this evening to do that. • Before we move into that part of the evening, we'd like to get your initial impressions and views on public health. This will help us check how your initial views compare to those of other Canadians. At the end of the session tomorrow, you'll be asked to fill out a similar questionnaire and it will give us a chance to see if any of your views have shifted based on the dialogue. • Briefly review the instructions on the <u>initial questionnaire</u>. Ask people to put their phone number at the top of the page so that their answers can be compared to some of the answers they gave when recruited. Participants then fill out and hand them in to facilitators who pass them on to Ekos. 	
7:45 – 8:15	Learning about Public Health, with expert. <ul style="list-style-type: none"> • Introduce the DVD: <i>The DVD provides a brief introduction to the public health goals process and its importance as expressed by its two co-leads : Carolyn Bennett – Minister of State for Public Health, Government of Canada and Theresa Oswald- Minister of Healthy Living, Government of Manitoba. Stop just before the section on themes. (3 min)</i> • Introduce resource person and invite him/her to present (20 min). If OK with presenter, allow clarification questions through-out the presentation as appropriate ensuring that no-one dominates this opportunity. Otherwise, ask participants to hold their questions until after the presentation is complete. Note that there is a glossary of terms in the workbook (pg. 15) • Allow a few more minutes for questions at the end of the presentation, if time permits. 	<p>With a 10 minute refreshment/ stretch break, if needed.</p> <p>Take at a convenient time</p>
8:15 – 8:55 <i>②</i>	Buzz Groups and Discussion <ul style="list-style-type: none"> • Invite participants to move to the round tables to discuss the presentation (e.g. <i>What did you hear that was interesting or surprising?</i>) and the questions they have. Each group is to come up with one key question or observation they would like to share with the presenter. (10 – 15 min) <i>V59A-L</i> • Move from one group to the next, asking the presenter to respond to each key question as it is raised or to observations as he/she sees fit. • After all groups have had a chance to ask their key question, open the floor for other questions/comments. 	<p>In Edmonton, the buzz group became an informal warm-up to the dialogue. This is OK.</p>

Time	Activity	Notes
8:55 – 9:00 pm <i>Instructions</i>	Quick Overview of Tomorrow <ul style="list-style-type: none"> We hope this evening has given you a better understanding of public health. Tomorrow we will work together to develop a vision of public health and goal areas that would help us reach that vision. We will use a collaborative dialogue process and we'll review that process and its ground rules tomorrow. We'll start sharply at 9 am, and a continental breakfast will be available from 8:30 on. 	
Day 2 – 9:00 – 4:30 pm		
9:00 am – 9:15	Welcome back and Overview of Process <ul style="list-style-type: none"> Review agenda and note that we are looking for advice from this group to pass on to the decision-makers. The dialogue is generative and deliberative – about creating new meaning and shared understandings. Check to see if there are any pressing content questions that need to be addressed Review debate vs. dialogue chart (pg.12) Present ground rules (pg. 13) and get agreement. 	Reinforce the notion of upstream thinking or “peel back the onion”.
9:15 – 11:15, with break	Activity: Creating a Vision for Public Health <ul style="list-style-type: none"> Explain the card sort process, noting that it is a collective brainstorm process. All ideas are acceptable. Task one : (5 minutes) <i>Individually, brainstorm your answers to the question: What 5-6 things would you most want to see achieved in public health over the next 10 years? Write them on a piece of paper.</i> <i>V59 L/A ou V56 ?</i> Task two: (15 minutes) <i>Share your ideas with person sitting next to you and listen to their ideas. Provide feedback to each other. Revise your ideas and repeat with the person sitting on the other side of you. Write your top two ideas on post-it notes, one idea per note.</i> Task three: (20 minutes) <i>Divide people into groups of 4-5. Explain their task: Put your post--it notes up on the flipchart sheet next to your table. Review them as a group and discuss, seeing if some combine. Write on the 8.5" by 11" sheets provided, the five or six most important ideas that emerge from your group, one per sheet, using a felt pen, in large lettering. Choose some-one from your group to share your ideas in plenary.</i> Task four: (60 minutes) <i>You will see that I have given a number to seven columns on the wall. I will now invite a first group to share a first idea with the full group. Then a second group, etc. We'll go round the groups until we have all the ideas up. Your colleagues can ask clarifying questions as your ideas are presented. After the first idea is shared, place it under column one; the second idea goes under column two and so on. If two ideas touch a similar theme, place them under the same column number. If the very same idea is already on the wall, place it underneath that sheet.</i> Each group then tapes their ideas on the wall, in a similar manner. Six or seven columns will emerge. Additional columns are added as needed.	<p>Flipchart key question.</p> <p>Remind people to think big – we are looking at the ends – where do we want to be, not the means, e.g. how to get there.</p> <p>Have a sample sheet ready to illustrate.</p> <p>6- 7 groups to report – 5 minutes per group, plus some clarification</p> <p>Take the 15 min. break when needed.</p>

Time	Activity	Notes
11:15 – 11:35 (4)	<p>Task five: (20 minutes)</p> <p>Now that we have presented all our ideas and have six or seven columns, I invite participants to give a title to each column (cluster) describing the common theme of that column. (People may want to move some cards around at this point to get clear clusters/columns.)</p> <p>The column titles are written on a different colored sheet and taped above each column.</p> <ul style="list-style-type: none"> • Ask the group to take another look at their collective brainstorm and ask: <ul style="list-style-type: none"> ➤ <i>Is there anything crucial that is missing? You may want to think back to your discussion document or to last night's presentation and the issues you talked about then. (Any new ideas that arise are put up on cards).</i> V56 • Have the group review the cards they have generated and verify that it represents the group's collective aspirations for public health in 10 years. (Note: Everyone has his/her ideas in the picture, but not everyone has to agree on all the ideas as it is a product of a brainstorm.) 	
11:35 – 12:30 (5)	<p>Identification of Goal Areas/Statements</p> <ul style="list-style-type: none"> • Introduce the next activity: <i>Based on what we want to achieve in ten years, we want to start to develop goal statements that could speak to all Canadians and tell us what we should be focusing on. This may mean making some choices between elements of the clusters or you may find ways to combine several ideas in a cluster into one goal statement.</i> Provide an example. • Note that we don't want people to get into wordsmithing; rather we want them to explore what is most important to them in terms of the goals Canada should be working towards over the next ten years. Provinces/territories will take these goals and determine how best to meet them in their region, setting targets that work for them. • Ask people to form into groups of 2-3 people. Assign a cluster to each group - one group per cluster. (People can move to small tables to work once all instructions are given and they have done the individual work.) • Review their task. (Steps are flipcharted.) They have 30 minutes. <ol style="list-style-type: none"> 1. <i>While still at the plenary table, individually reflect on your cluster and note-down 2-3 ideas for goal areas. Use post-it notes to write down your ideas.</i> 2. <i>Move to your small table, posting your notes on the flipchart sheet as we did this morning. Review the ideas with each other, narrowing down to the two ideas that as a group you think are most important as goals for all Canadians.</i> 3. <i>Write the two goal areas on a flip chart – one idea per sheet.</i> 4. <i>Choose some-one from your group to share your ideas in plenary.</i> 5. <i>Post the flipchart sheets next to your cluster.</i> • Reinforce to participants that they can think broadly about these goal areas/statements – they can be stretch goals – i.e. Aspirational and challenging – not too easy, but still achievable. 	<p>Examples of possible goal areas are: All Canadians are fit.; No Canadian has a preventable disease.</p> <p>Normally 6 or 7 clusters emerge. For 7 clusters and 18 participants, there will be four triads and three pairs.</p> <p>Flipchart with steps is posted on wall. Tent cards, with the steps are also on each work table.</p> <p>While people are in small groups, facilitator moves clusters so that goal area flipcharts can be put beside each cluster, if space</p> <p>The terms goal areas and statements are used interchangeably here. Use the one that works best for participants.</p>
12 :30– 1:00	<p>Lunch</p>	<p>Lunch is buffet-style.</p>

Time	Activity	Notes
1:00 – 1:50 6 7.	<p>Presentation of Goal Areas/Statements</p> <ul style="list-style-type: none"> • Provide an overview of the afternoon's process. • Each small group presents their goal areas. Participants have a chance to ask questions and discuss. • Once all groups have presented, the facilitator asks the group to look over the goals areas suggested: <ul style="list-style-type: none"> ➤ <i>Are there any ideas that you think could be combined (and still be relevant)? Eliminated? Why?</i> ➤ <i>Does anyone have a goal area that they think is crucial that has not been covered?</i> <p>(If a new goal area/statements is suggested, allow the group who worked on the related cluster to respond. If agreeable, add it up.)</p> <ul style="list-style-type: none"> • Facilitator synthesizes and tests emerging consensus on the final list of goal areas. Changes to the flipcharts are made so that there is a clear list of goal areas for the next activity (dot vote). 	<p>5 min X 7 groups, plus further discussion</p> <p>Changes are made to the flipcharts as group consensus on goal areas emerge.</p>
1:50 – 2:50 (with break) 8 9ab 10ab 11.	<p>Choosing and Defining Areas of Emphasis</p> <ul style="list-style-type: none"> • Participants are given 8-10 dots each and are asked to put them on the goal areas that they think are most important to achieve. No more than 2 dots on any one idea. • Stress that this is a straw vote to give us a baseline from which to see if we can build common ground about the 8-10 goal areas that should be emphasized. • Lead a discussion based on the dot vote: e.g. <ul style="list-style-type: none"> ➤ <i>These areas are clearly important for most people in the group. For those of you who put your dot here, why is this goal area more important than others? What do you value about it?</i> ➤ <i>These areas received a more mixed response. For people who felt it was a priority, why? For those who didn't? (if time permits)</i> ➤ <i>Are there any tensions between these goal areas – e.g. do any pull in different directions?</i> • As the discussion proceeds, the facilitator uses trade-off questions as applicable, synthesizes points and tests out priorities emerging from the group. By the end of the discussion, the group should have no more than 8-10 priority goal statements. 	<p>Flipchart key question.</p> <p>The number of dots depends on the number of goal areas developed. The number chosen should ensure that participants need to make some choices between goal areas. The idea is to push people to explore relative priorities and their reasoning for them.</p> <p>Take break when appropriate.</p>
2:50 – 3:10 12 13 14	<p>Urgency</p> <ul style="list-style-type: none"> • Ask people about urgency, e.g.: <i>areas of public health where you feel Canada should take action more quickly than in others.</i> <ul style="list-style-type: none"> ➤ <i>Would you have made different choices if you had been asked to choose the most urgent priorities?</i> ➤ <i>Which might they have chosen?</i> ➤ <i>Of the 8-10 priority goal areas, which are most urgent?</i> <p>The facilitator closes the discussion by verifying the resulting areas of emphasis and urgency.</p>	<p>Through the discussion it is possible that the idea of urgency may come up as one of the reasons people have chosen a goal area. If so, note this on the relevant goal area.</p>

Time	Activity	Notes
3:10 – 3:55	<p>Validation of Themes and Overarching Goals</p> <p>Introduce the activity, noting that there are several themes and two overarching goals that have been proposed in the discussion document. <i>Now that you have created your own goal statements and clusters, we want to get your thoughts about how similar or dissimilar these proposed themes and overarching goals are with what you came up with.</i></p> <ul style="list-style-type: none"> • Note the two overarching goals (pg. 2) that are presented in the discussion document: <ol style="list-style-type: none"> 1. <i>Improve the length and quality of life of Canadians</i> 2. <i>Reduce health inequalities among Canadians</i> • Ask: <ul style="list-style-type: none"> ➤ <i>How well do the clusters and goal statements you've developed today fit into these overarching goals?</i> ➤ <i>Is anything missing? If yes, what would you add?</i> ➤ <i>Would you change or modify these overarching goals in any way? If yes, how?</i> <p>Note the themes (pg. 2): Ask:</p> <ul style="list-style-type: none"> • <i>Compare the clusters you developed this morning to the themes provided in the background document:</i> <ul style="list-style-type: none"> ➤ <i>What similarities do you find?</i> ➤ <i>Are there key differences?</i> ➤ <i>How well do the goal statements you've developed today fit with these themes?</i> • Ask participants to form into buzz groups of three (<i>find two people near you</i>) to briefly discuss the questions above. A worksheet is available to help them capture their ideas. Note that there are two parts: one on the overarching goals and one of the themes. Ask the group to assign one person to take notes on a worksheet on behalf of the group. Assign a number to each group so they can put it on the worksheet. (20 minutes) • Lead a report-back gathering the key ideas from each buzz group. Explore if there is any group consensus on the usefulness/applicability of the overarching goals and themes, and if not, what the reasons for differences are. (20 minutes) 	<p>The two overarching goals and themes are on a flipchart.</p> <p>Participants can move to small tables if they wish.</p> <p>Facilitator (or an assistant) flipcharts ideas for changes or additions.</p>
3:55 – 4:05	<p>Closing Questionnaire</p> <ul style="list-style-type: none"> • Introduce the questionnaire: As we mentioned yesterday, we'd ask you to fill in a closing questionnaire. It will give us a chance to see if any of your views have shifted based on the dialogue and it will also give you a chance as individuals to make any comments you'd like on the priority goal areas developed as a group. • Briefly review the instructions on the Closing questionnaire. Participants fill out and hand them in to facilitators who pass them on to Ekos or PHAC. 	
4:05 – 4:30	<p>Closing Comments and Evaluation Form</p> <ul style="list-style-type: none"> • From each participant (one insight or surprise and one message to decision-makers) • From facilitators and hosts (thanks and remind people that there will be a report.) • Ask people to complete the evaluation form and expense form if appropriate. Hand both of these in when they collect their honorarium at the door. 	<p>Instructions for closing comments are on a flipchart.</p>