

## The Development of Regional Position Statements

### Purpose of position statements:

Position statements can deliberately articulate the views of the WRHA on publicly visible issues. They are vehicles that can convey issue definition, scope, framing, direction, evidence and commitment to action. They are high level, intended to communicate the general direction that sets the parameters and enables more detailed action on a topic that may be controversial in the public and/or political eye. Position statements can guide practice, programs, partnerships and policies.

The value of position statements is that potentially contentious issues can be thoughtfully considered, inclusively debated, carefully worded and organizationally approved to support and prepare for engagement in policy discourse, partnership alignment, media commentary or the creation of communication products. This protects the organization from inconsistent, misrepresented or absent communication on important issues that affect health. Position statements can then be the foundation for practice, program, partnership, policy and public engagement work. They enable transparency to the community, partners and government, and form the basis to react in a timely way to policy windows or media opportunities that may open and close quickly.

### Background:

Policies, historic and current, shape our social and physical environments. They contribute significantly to the causation of disease and injury at a population level overall, and the extent to which equity-related gaps in health occur. The leading causes of morbidity, mortality and drivers of health system costs (e.g. chronic diseases, mental health issues and injury) could well be thought of in terms of '**policy-related health problems**'. This is because policy decisions, largely unrelated to health care, upstream or in the past, are at the root of many of today's conditions that determine health. As such, rather than looking at health problems and their solutions at an individual behavioural level, it is increasingly recognized that policy shapes the circumstances and opportunities that constrain or enable living well. Policy dialogue is therefore a tool (i.e. a public health 'gamma knife') that can be used to help close health gaps and improve the health of the whole population ('healthy public policy' or 'health in all policy'). Developing position statements to articulate the views, tone and direction on policy-related issues sets the groundwork to anchor health sector involvement in healthy public policy and public engagement work.

Since the WRHA was formed, position statements have been developed and approved on an ad hoc issue-specific basis without a broader context for their purpose, process for approval, use, dissemination, review, or plans to update. At present there are five position statements on the WRHA website:

<http://www.wrha.mb.ca/community/publichealth/position-statements.php> Harm Reduction, Mental Health Promotion and Prevention (2004), Community Housing (2012), Health Equity (2012), and Food Security (2014) with others in the approval process (Healthy Eating, Healthy Built Environments, and an updated Harm Reduction PS emphasizing a public health approach to sex work, HIV non-disclosure and drugs). Two were outdated and removed without replacement (Lifelong Wellness and Cycling Safety).

Some characteristics of issues that may benefit from a position statement include:

- Sufficient evidence exists regarding the health benefit of policy intervention and/or public engagement on the issue
- Potential for diverse opinions, ideology and public controversy on the issue
- May align with or oppose particular world view ideologies and agendas
- May or may not be consistent with the political priorities or positions of a government

- May challenge status quo system structures and historic power dynamics that are not conducive to health or health equity
- May engender significant media interest

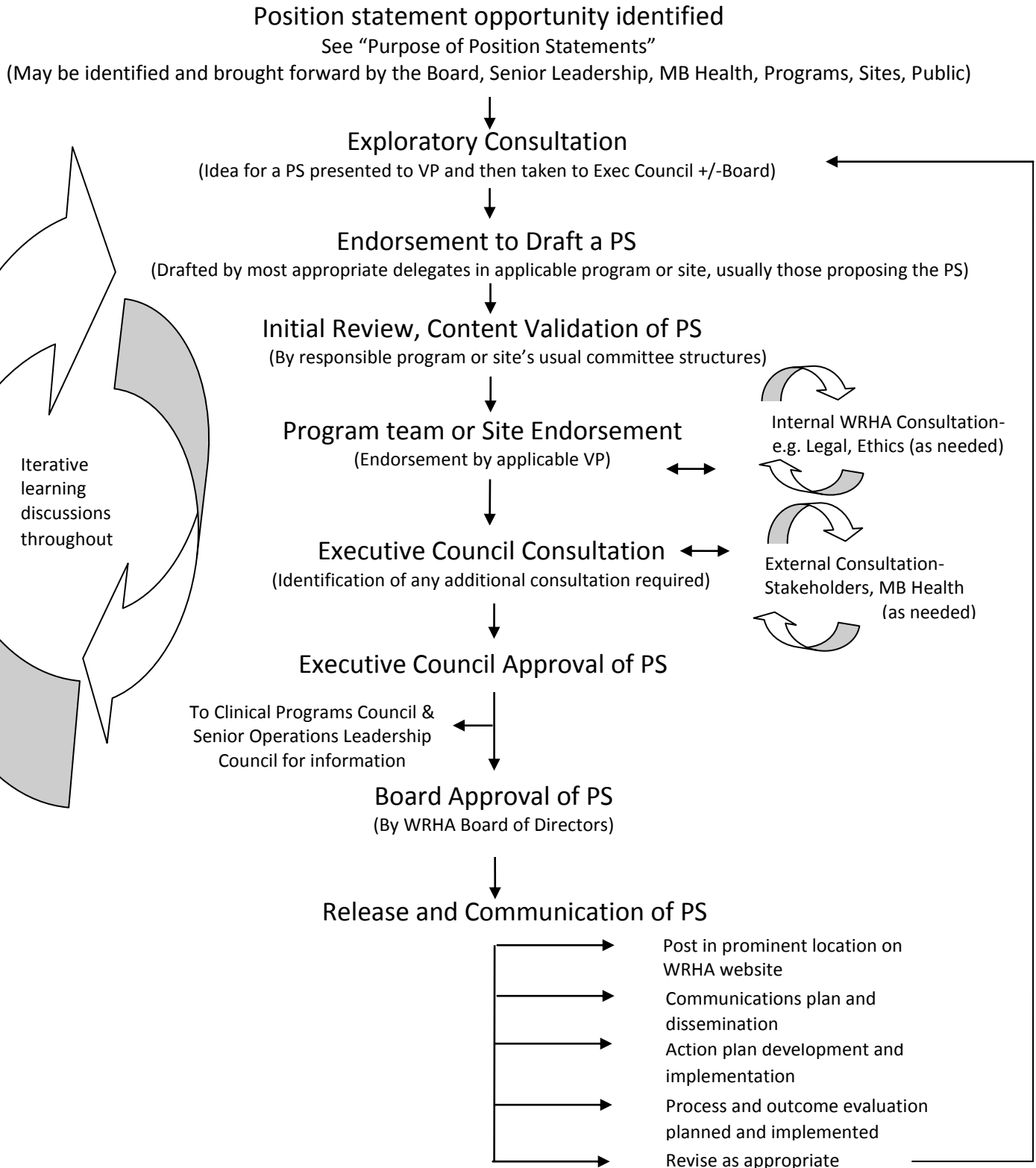
The process for position statement development is depicted in Figure 1 (Appendix 1) and is briefly summarized here. The recognition of the need for a position statement could arise from a variety of sources within the WRHA. Many requests for position statements developed to date have been raised by the Population and Public Health program team since position statement topics are typically related to 'upstream' factors that affect health (addressing social determinants of health), not about the provision of health (illness) care. However, any program, site or other group within the WRHA, including senior leadership or the board, could bring forward a position statement request with a topic that meets the criteria for PS development.

Guidance outlined in Appendix 2 should be used to propose a new PS. Programs or sites bringing forward the proposal should raise it with their VP. Once any clarification or edits are made with VP input, the PS proposal will go to the Executive Council. Proposals coming from the Board or senior management should be sent to the most applicable VP relevant to the topic under consideration. The Executive Council will make the initial determination on whether the topic is appropriate for the development of a PS, and whether any other consultation is required before approving the development of the PS. Once approved to develop, the responsible program or site will put in place resources to draft the PS (writer, PS task group as needed). Appendix 3 has a template to follow for regional PS consistency. Once drafted, the responsible program or site will use their existing decision-making structures to ensure endorsement by their program or site. Following that endorsement, the draft PS should be brought back to the responsible VP through program or site team meetings to review, at which time any additional regional consultation needed will be determined. Once a final draft with all anticipated regional consultation is completed, the VP will bring the draft PS back to Executive Council for approval. At that time it can be determined if any external stakeholder consultation is needed before final approval. The Board should be updated and informed of any external stakeholder consultations planned. Once external stakeholder consultation is completed (if needed), the draft PS can go forward to the Board for regional approval. Simultaneously, it should go to CPC and SOLC for information. Once Board approval is obtained, regional Communications will work with the delegated writer and team to develop a dissemination and communication plan. Throughout the entire process, iterative learning discussions occur.

Note that position statements would have covering briefing notes explaining the context, considerations and recommendations when navigating the approval process. Description of the dissemination and use of position statements requires articulation. This should appear in the appendix of each PS. Details on the processes for regular review, evaluation of the impact and revision of PSs need to be developed.

## Appendix 1: Figure 1

### Position Statement (PS) Development, Approval and Dissemination



## Appendix 2: Position Statement (PS) Proposal Guidance

**Instructions:** *Briefly* describe (minimum: a paragraph, maximum: a page) the issue you think requires the development of a position statement and explain why. Bring the proposal brief to your program/site for discussion and decision. If endorsed, your VP will bring the brief forward to Executive Council where you will have the opportunity to speak to it and provide more detail if needed. While keeping the proposal very short, some considerations are outlined below to either include in the brief, or be prepared to answer questions on at Executive Council.

### Considerations (NOTE: not a template)

- Name of the proposed PS
- Proposed PS author
- New or revised
- Main content
- Reason why PS is needed
- Background relevant to this topic including evidence to support the PS and precedence
- Actions that will be taken once PS is in place
- How it is anticipated this PS will improve health in the region
- How it is anticipated this PS will help to close health equity gaps
- Describe the controversies around this topic
- Describe any existing or potential political sensitivities around this topic
- Describe any current or potential media attention on this topic
- Who should to be consulted within the WRHA
- Identify key advocacy or community groups involved in this topic
- Which external stakeholders should be consulted
- What are the proposed timelines

## Appendix 3: Position Statement Template

### Title

Winnipeg Regional Health Authority's Position Statement on \_\_\_\_\_

### Description/Definition

Describe and/or define the subject of the position statement in paragraph format.

### Context

What are the contextual factors that influence the subject of the position statement? This should be written in paragraph format.

### The WRHA Recognizes That:

This section should include key facts from the literature review in bullet format.

### The WRHA Commitment

This section should address what WRHA will do to address the issue in bullet format.

### Links

Include links to related position statements and documents relevant to the topic.

### References

Include relevant references from the Description/Definition and Context sections.

### Appendices:

**Backgrounder** (literature, evidence, more detail on the content)

**Action Plan** (high level- what will be done)

**Evaluation Plan** (how impact will be assessed)

**Date of Review** (determine date when PS will be reviewed to check if still relevant and effective, or if needs updates or deleting).

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### Notes:

- A position statement should be 2-3 pages. A backgrounder or literature review should be a companion document, and not embedded within.
- Header should include the WRHA logo (right); footer should include "WRHA Board Approved, DATE" (left) and page number (right)

## Appendix 4: Process for Review and Evaluation

Position statements (PSs) are time and context sensitive. As such, there needs to be a plan articulated to review and assess the relevance and impact of the PS at the time it is created. Some position statements that are value based may be enduring over time, but others that are policy specific may become outdated quickly. There are organizational risks associated with having position statements left in the public domain if they no longer reflect the position of the WRHA.

The area (program/site) that authored the PS remains responsible for ongoing accuracy and context of a PS at all times. Even if the original PS author leaves their position, the program/site of authorship retains accountability. Monitoring the impact of position statements should be part of the authoring program/site's annual monitoring report.

Additionally, at the time a PS is written, a date should be articulated when the PS will be routinely reviewed (if circumstances have not required a change earlier). It is anticipated that all PS would need to be reviewed at least every five years.

PSs are not direct program interventions that are amenable to a structured evaluation, but should be subject to insightful reflection. The following questions are provided as an overall guide, but other considerations related to the PS content should be included.

### Routine Position Statement Review

#### Relevance

- Is this PS still relevant and needed given current context?
- Does this PS have outdated ideas, language, attitudes, context or recommendations?
- Have views from the community changed the way this issue is now understood?

#### Accuracy

- Is there new knowledge in the areas of the PS that is not yet included?
- Is any data, literature or research that informed this PS now outdated or incomplete?
- Has the knowledge informing this PS been challenged by different knowledge traditions or perspectives?

#### Impact

- Has this PS been used? (describe)
- Has this PS influenced dialogue, media, decisions, public opinion, community relationships? (describe)
- Has this PS contributed to change that is positive for closing gaps in Indigenous health, promoting health equity, or improving the health of the WHR population?
- Has this PS had unexpected or negative impacts?

#### Recommendation:

#### This PS should be:

- ✓ Extended in its current form for \_\_\_\_ years
- ✓ Minor updates needed
- ✓ Major revision needed
- ✓ No longer needed- can be removed.

At a regional level, the Executive Assistant for Population and Aboriginal Health is tasked to itemize and track the status of all Board approved position statements and ensure reviews occur at the designated time.

Additionally, the Vice President, Population and Aboriginal Health will convene a discussion and provide a written statement reflecting on the impact, utilization and value of regional position statements annually.