

Program Evaluation

Report from the Chair of the Expert Advisory Group

Preamble

The CPSP evaluation process began early in 2003 with the creation of an Expert Advisory Group (EAG). Individual members were selected based on their experience and expertise in the fields of public health, paediatrics, epidemiology, surveillance and administration. The CPSP Evaluation Working Group held a preparatory meeting in May with the chair and circulated extensive background materials to all EAG members prior to a face-to-face meeting in September, followed by in-camera deliberations. The chair of the EAG presented the following final report to the CPSP Steering Committee in November 2003.

Members of the Expert Advisory Group

Dr. Robert McMurtry (Chair), Former Dean of Medicine, The University of Western Ontario; Former Assistant Deputy Minister of Health

Dr. Margaret Berry, Neonatologist, The Montreal Children's Hospital

Dr. Jeffrey Davis, Chief Medical Officer, Wisconsin Division of Public Health

Dr. Philippe Duclos, Project Leader, Immunization Safety, World Health Organization

Dr. Monika Naus, Epidemiologist, BC Centre for Disease Control; Chair, National Advisory Committee on Immunization

Overall comments

The EAG was unanimous in their opinion that the CPSP represents excellent value for money. The achievement in this respect was seen as excellent and unsurpassed by any comparable program known to the EAG. The CPSP was seen as representing an important collaborative tool for surveillance, research and policy development. In this role, it was perceived as unique in Canada. In other words, it provides an important activity that would disappear in its absence, unless a much larger investment is made to replace it.

The core activity of surveillance of low-frequency, high-impact conditions affecting children has created a network that reaches into all parts of Canada. This not only generates crucial information of these conditions ("they are on target"), but it has also established a mechanism to provide important public health information quickly and inexpensively on a national basis. Examples include the work on hemorrhagic disease of the newborn, confirming the Canadian recommendation of vitamin K as the gold standard for prevention, and on baby walker injuries, confirming the need for a commercial product safety ban on these devices.

The EAG was impressed by the survey of clinicians (paediatricians) that affirmed a change in practice pattern by some, and a high degree of recognition by all. The publications generated by the program also received accolades. The CPSP is encouraged to increase its reach to include nurse practitioners and northern communities and territories.

Finally, the EAG underlined the importance of providing more evidence of impact on public health policy and clinical practice. Annual evaluation of the effectiveness of the Steering Committee was also recommended.

Program objectives

The CPSP has done well in regards to its current objectives. It has initiated programs of national scientific significance and developed an effective surveillance system to monitor the health of Canadian children in relationship to low-frequency, high-impact conditions. Nonetheless, there may be an advantage to rewording the program objectives to reflect emerging priorities and new realities (e.g., changes in federal leadership, positive changes in federal/provincial/territorial relations).

Some specific wording for the program objectives was suggested as follows:

- to identify important disease conditions for surveillance to support paediatricians and public health officials in their role of contributing to the health and well-being of Canadian children;
- to ensure a strong infrastructure and maintain and improve a national and collaborative population-based surveillance system to monitor health in Canadian children;
- to facilitate research into low-frequency, high-impact childhood disorders for the advancement of knowledge, the enhancement of understanding and the improvement of treatment, prevention and health-care planning.

The EAG commended the CPSP on performing its core function so well and emphasized that important additional roles, such as responding to public health emergencies and international collaboration, may require additional resources.

Evaluation objectives

The evaluation process was seen as exemplary, and the EAG was impressed with the surveys of the four stakeholder groups and the CDC (Centers for Disease Control and Prevention) framework. The provided integrated background material was well

done and contained both quantitative and qualitative information of value. The logic frameworks provided an interesting context. However, the program goals were not seen as serving CPSP well and could be deleted without ill consequence.

The case in support of the excellent value for money represented by the CPSP might be strengthened, especially in view of the new federal fiscal reality that will likely be similar to the Program Review of 1994-95. The EAG is convinced that the case can be made and, furthermore, an effort to duplicate the essential work of the program by another means would be considerably more expensive.

Strategic issues and conclusion

The events of 2003 have been characterized by large-scale change and high impacts. All provinces east of Alberta held elections this year with new governments being elected in Ontario, Quebec, and Newfoundland and Labrador. Most observers feel that together with the change in federal leadership, a more collaborative approach at federal/provincial/territorial forums can be anticipated. In addition, a significantly negative economic impact was felt from SARS and the case of one animal with BSE (bovine spongiform encephalopathy). Both were low-frequency, high-impact events and, accordingly, both of these latter developments underscore the importance of public health and the crucial importance of surveillance.

In the reviewers' opinion, the asset that the CPSP represents is relevant to these realities. It is a national program and an important mechanism for surveillance of human health as observed in the health and well-being of one of the most vulnerable populations in Canada, our children.