

**World Health Organization
Centre for Health Development
Kobe, Japan**

WKC Partnership Model: The Mississauga Model

*Bridging the gap between policy and research
as City and University meet*

Technical Report



**World Health Organization
2002**

Copyright © WORLD HEALTH ORGANIZATION [2002]

This document is not a formal publication of the World Health Organization Centre for Health Development (WHO Kobe Centre, WKC) and all rights are reserved by the Organization. The document may, however, be freely reviewed, abstracted, reproduced or translated, in part or in whole, after obtaining permission from WKC, but not for sale or for use in conjunction with commercial purposes.

The mention of specific companies or organizations does not imply that they are endorsed or recommended by the World Health Organization in preference to others of a similar nature that are not mentioned.

Table of Contents

1. Preface	1
2. Bridging the gap between research and policy-making with the Mississauga Model.....	2
3. Health research and municipal policy	3
4. Concepts behind the Mississauga Model	4
5. Implementing the Model in Mississauga—City meets University	6
The Model is launched	
Benefits	
Organizational structure	
Lessons learned to date	
6. Possible future directions	8
Partnership with Dunedin and the University of Otago	
Closer collaboration with WHO Kobe Centre (WKC)	
A holistic approach to health policy development	
7. Conclusion	11
Annex 1: Collaborative efforts of University of Toronto, Mississauga with the City of Mississauga.....	13
Annex 2: WHO Centre for Health Development - WHO Kobe Centre (WKC).	17

Preface



Yuji Kawaguchi
Director WHO Kobe Centre



Hazel McCallion
Mayor, Mississauga

Over the last two years the WHO Kobe Centre (WKC) has been working towards its objective of improving urban management for the sake of citizens' health. To help meet this objective Dr Kawaguchi and his Cities and Health team have evolved the "WKC method" which promotes evidence-based policy development through scientific, outcome-oriented research. The Mayor of Mississauga in Ontario, Canada, Hazel McCallion, shares Dr Kawaguchi's vision and strategies to improve health and welfare systems development in cities and also sees the need to tap into the resources of the scientific community to address the health and quality of life issues surfacing in the City of Mississauga. Her endorsement of WKC's approach is evident through her support of Mississauga's City–University partnership, which is helping to bridge the gap between research and policy-making and has come to be known as the Mississauga Model.

This report traces the early stages of the evolution of the Model and outlines future plans as other cities in the WKC's Cities and Health partnership network recognize the gains to be made for citizens' health when City meets University. The reader is reminded that the Model is very much a work in progress.

Bridging the gap between research and policy-making with the Mississauga Model

The gap between research and policy-making is one of the main concerns the WHO Kobe Centre has been voicing, particularly in relation to improving health and welfare systems development to better meet the needs of populations globally. In this regard, the Director of WHO Kobe Centre, Dr Yuji Kawaguchi, has regularly organized international forums where policy-makers and researchers gather together to discuss priority health challenges and avenues of collaboration. The objective of these gatherings has been to address ways to improve the association between academia and policy-makers. The first in the series of these meetings was held in May 1999, as the International Meeting on Cities and Health where a core group of researchers and policy-makers from 14 countries met at the WHO Kobe Centre. They all recognized and agreed that there was a severe lack of research actually being used to inform policy-making. From then on WKC fully undertook to work towards bridging the gap between research and policy-making, so that the policy-makers would be able to acquire evidence-based information in a timely and comprehensible manner, the two points that emerged during this first meeting as the main concerns for policy-makers.

All partner cities of the WHO Kobe Centre have strongly applauded WKC for its leading role in promoting research and evidence-based policy development. The City of Mississauga in Ontario, Canada, one of the pioneering partner cities, was very keen to enhance its policy formulation and implementation and management areas and to infuse them with greater health awareness. Both City and University recognized that municipalities, researchers, funding agencies, nongovernmental organizations and corporations could contribute so much more to the health of the city and its citizens if they were to interact.

They also recognized that within educational institutions the problem is exacerbated by the separation between administrative and scientific education. Administrative education has tended to neglect evidence-based approaches to policy formulation and the kind of decision-making required in today's information-saturated work environments. Students often come to management courses with little or no background in science or social science and apart from some rudimentary statistical techniques are poorly equipped to assess evidence. Certainly this is so in North America where there are, in any case, few administrative programmes directed at training public sector managers.

The situation has been made more acute because government and, in particular, municipal government, has difficulty in attracting candidates with administrative training of any kind. However, there are some signs that public sector managerial training is being upgraded but those with the new skills are likely to choose a career in the higher levels of government where their talents may well, in fact, not work in line with municipal government interests.

As a result the University of Toronto, Mississauga (UTM) played a significant role in closing some of the educational gaps referred to above and is confident it has much to offer in the area of research into issues relating to health and quality of life at the municipal level.

At WKC's Global Meeting on Cities and Health held in Kobe in May 2000, the need to incorporate local health and environmental concerns into urban policy at the planning phase surfaced frequently as a discussion theme. WKC's dedicated Cities and Health Programme picked up on this and work began on exploring directions that could enrich municipal planning with research-based evidence in relation to health and quality of life concerns. The mayors of partner cities, who had attended the Global Meeting, followed these developments closely. WKC's promotion of outcome-oriented research and city-university collaboration struck a chord in Mississauga, where Mayor Hazel McCallion formally declared to take up WKC's partnership model to bridge the gap between research and policy-making, leading to the birth of the Mississauga Model.

Before the concepts, implementation and possible future directions of the Model are described, some general comments on the development of environmental health policy at municipal level are pertinent.

Health research and municipal policy

The development of environmental health and health and welfare policies at the municipal level is crucial because it is at this level that many of the impacts of environmental change are felt and municipalities are a central link in translating research results into effective public health interventions, policies and protocols.

Environmental health comprises those aspects of human health, including quality of life, that are determined by physical, chemical, biological, social, and psychosocial factors in the environment. It also refers to the theory and practice of assessing, correcting, controlling and preventing those factors in the environment that can potentially affect adversely the health of present and future generations.

However, work done in the area of environmental health policy at the municipal level is marginal, so the current knowledge base for local government planning for health and quality of life is somewhat thin despite the fact that environmental contamination in water, air, soil and food is known to pose considerable threats to human health.

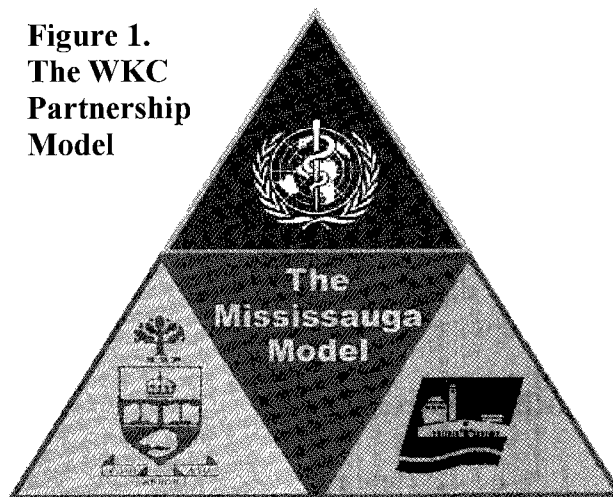
On the local government side there are other challenges. The various municipal departments often suffer from the "silo effect", where each department compiles its own data for its specific initiatives and fails to share it. Major stakeholders in the community also have a tendency to pull in different directions on environmental health issues.

Research helps to ensure that communities know if they have been exposed to harmful water, air, soil and food contaminants, if the exposure will affect their health, and if they can do anything to reduce the potential harm. It plays an important role in how well municipalities identify, assess and intervene in cases of community exposure to hazardous substances. It helps municipalities to improve how effectively they meet their health goals and provides a scientific basis for their decision-making. But research is likely to perform these useful roles only when researchers meet with local policy-makers and forge a partnership to address the issues affecting the communities they serve. This is where the Mississauga Model comes into play.

Concepts behind the Mississauga Model

The Mississauga Model is fundamentally about developing a framework that will bridge the gap between research and policy-making at municipal level. Interaction with WKC through its Global Meetings on Cities and Health stimulated the City of Mississauga to focus more closely on health and quality of life issues in its planning. UTM's scientific expertise was at hand and researchers there were enthusiastic to contribute. So City, University and WKC formed a trio to lay the foundations of an interactive partnership model (Figure 1) whereby the three would work together to establish a sound evidence-base to inform and improve policy-making, with respect to matters affecting the health and well-being of citizens, the ultimate objective of the partnership. The strengths of the Model lie firstly in formally bringing the policy-making and research institutions closer together, facilitating the establishment of an integrated working relationship, and secondly, in operating in the policy-related area, thus enabling outcome-oriented and pragmatic research.

Figure 1.
The WKC
Partnership
Model



In this section the theoretical workings of the Model are described in its various evolutionary phases. How the Model is beginning to work in Mississauga is referred to on page 6.

As stated in the Preface, the Mississauga Model is a work in progress. It began life as a four-step action plan for local governments (Figure 2). Firstly, local government develops a profound appreciation for the importance of health and quality of life issues. These issues are considered at all stages of policy formulation, implementation and management rather than being seen as the province of one or two departments. Secondly, it establishes close links with universities and other knowledge-creating bodies. These relationships involve a two-way flow of information. Thirdly, it opts for

预览已结束，完整报告链接和二维码如下：

https://www.yunbaogao.cn/report/index/report?reportId=5_30347

