Announcements

- The CPHFRI website has a new look, visit us at: www.uvic.ca/cphfri/
- The full Report from our Public Health Services and Systems think tank that took place in Montreal in May 2011 is available on our website and at: PHSSR_Think_Tank_report_Final
- Please note that the Core Public Health Functions website has moved. The new link is: www.health.gov.bc.ca/public-health/
- CPHFRI will be hosting an invitational 3-day meeting in Vancouver on October 15-17. The goals will be to provide updates on all of our projects and collaboratively identify future priorities for CPHFRI. The third day, October 17th will be dedicated to the ELPH project. More information will be emailed to team members in the next few days.
- Applications are being accepted for two post-doc positions at the University of Calgary: one in Aboriginal Community Health and one in Parent-Infant Mental Health (Nursing)

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Check out our new website: www.uvic.ca/cphfri/

RePHS Project Update

A number of activities have taken place in the RePHS project in 2012. First, we are in the process of completing the final interviews and focus groups for Phase 2 data collection. Once transcribed, the interviews/focus groups are being coded using a joint coding framework developed by both BC and Ontario teams. Over the summer we conducted a concept mapping exercise on equity and these data are now being analyzed. Also, we are in the planning stage of conducting a social network analysis (SNA) that will focus on accountability and decision-making within the health authorities (BC) and health units (Ontario). Finally, plans are underway in both provinces to disseminate results back to knowledge users and academics via face-to-face meetings in October 2012.

Upcoming Events:

- European Public Health Association Conference, Malta, November 8-10, 2012
- Keeneland Conference, Lexington, Kentucky, April 8-11, 2013
- 21st IUHPE World Conference on Health Promotion, Pattaya, Thailand, August 25-29, 2013

Click on the underlined conferences to link to each website for more information.
Five-Year CIHR Grant: Equity Lens in Public Health (ELPH)

The Equity Lens in Public Health (ELPH) project is off to a great start. Our website is now up, have a look: [http://www.uvic.ca/research/projects/elp](http://www.uvic.ca/research/projects/elp). This 5-year program of research is designed to generate knowledge in collaboration with BC’s Ministry of Health and health authority partners about the integration of an equity lens in public health. We will specifically examine the integration of an equity lens in the areas of mental health promotion and prevention of harms related to substance use. One of our first projects is to inventory and evaluate health equity tools for use in public health, and this work is proceeding in collaboration with Ministry and health authority partners. A preliminary scan will be available on our website soon.

Erin Cusack was the successful candidate for the Master's Fellowship with the ELPH team. She holds a Bachelor of Science in Health Promotion with a focus in health promotion research and policy from Dalhousie University. Erin’s undergraduate studies fostered a passion for health and social equity, social justice issues and healthy public policy through coursework, an honour's thesis and a government internship.

Dr. Bruce Wallace is the successful candidate for the Post-Doctoral Fellow. Bruce earned his PhD from UBC, where he focused on oral health inequities in BC. He comes with extensive knowledge of the not-for-profit sector and a keen interest and experience in working with agencies focused on mental health, substance use, and poverty. Congratulations to both Erin and Bruce!

We also welcome Corrine Lowen to the team, joining ELPH staff Kathleen Perkin (research coordinator), Connie Zeisser, Jeremy Riishede, and Wanda Martin. Corrine is an experienced research assistant holding an MA in Studies in Policy and Practice and a BA in Sociology (social justice concentration). Her extensive skills and abilities will complement the growing team and we look forward to working with her on the studies. Please contact elph@uvic.ca for more information about the project.

CPHFRI Speaker Series: John Raeburn comes to UVic

On December 1, 2011, we were pleased to host the first of a speaker’s series through funding from MacDonald’s CIHR Public Health Chair, PHABC, CPHFRI, and with the help of the UVic Health Promotion Network. John Raeburn, adjunct professor in Community Health Development at the Auckland University of Technology delivered a stimulating talk on the Ottawa Charter for Health Promotion: Critical engagement from a health equity perspective. It was followed by a panel discussion with CPHFRI PhD student Megan Kirk, Irv Rootman, and Trevor Hancock.

Raeburn described the Ottawa Charter, identifying the great values of peace, education, food and shelter, social justice and equity, stable ecosystem and sustainable resources, enabling people to get control over their own health, empowerment and community development, intersectoral collaboration and cooperation, and caring, holism and ecology. He also relayed that the charter has a great definition of health promotion, being the process of enabling people to increase control over, and to improve, their health. But the problem is that the charter’s introduction coincided with the introduction of neo-liberalism, which was a justification for the wealthy to increase the wealth of the elite. The resulting inequalities are demonstrated in there being a small fraction of super-rich and over half the world living in dire poverty. The resulting world economic and political system of corporate run economic policies have stressed communities resulting in psychological, social and physical impacts of widespread inequity, widespread poverty, ill-health, and suffering.

Raeburn referred to an article written by Hancock which suggests the derailment of health promotion in Canada was primarily due to the introduction of the concept of population health and significant budget cuts in the early 1990’s. Population health could identify the extent of the problems but did not offer any means to address them. Additionally Raeburn suggested the Charter was out of date, too Eurocentric, and too policy orientated. There were no stated aims, but lots of values.

For Raeburn, the big issue was policy versus the people. Pre 1970 the focus was on health education and in the 1970’s the environment and lifestyle became the focus; behaviour change was the way to improve health. With the Charter in the 1980’s the move was to the social model, and if we could get the social model right, everything would be ok. But all of this assumes that people are passive participants in life. Losing the people may be one of the main reasons why health promotion appears stagnated and in decline. Health promotion has to do with people’s sense of their own power and control. Empowerment and self-determination is at the heart of health promotion. People can be active agents for health promotion and we just need to be the facilitators. The number one contributor to a sense of control is social support and collective action. What is most important is to have policy in balance with people power and people should be the prime movers in making policy.

To save the world with people-powered health promotion:

1. Be committed to a grassroots, people-first, self-determination, empowering approach to HP.
2. The people themselves make the decisions about their health/wellbeing priorities.
3. Start with local projects one by one, and build wider networks and coalitions.
4. Clarify external (to community) relationships.

Submitted by Wanda Martin, CPHFRI Doctoral Student
CPhFRI Grad Student Reports on Canadian Association of Food Studies Conference

With assistance from the Dorothy Kergin Endowment Fund from the UVic School of Nursing, I was able to attend the Canadian Association of Food Studies (CAFS) 7th Annual Conference at the Congress of the Humanities and Social Science in Waterloo, Ontario. CAFS consists of academics and professionals from governmental and community organizations who are interested in promoting interdisciplinary scholarship in the broad area of food systems: food policy, production, distribution and consumption. The conference theme was on food studies in the age of sustainability. As a conference volunteer, I missed the opening plenary, but had the advantage of a personal synopsis from the presenters. I was particularly interested in the Conference Board of Canada’s work toward a national food policy. The first session I attended was on food as a commodity, where we talked about food waste, commodity exchanges, and Ontario’s organic sector. I participated in the PechaKucha session, presenting part of my dissertation work in this alternative style of presentation. PechaKucha originated in Japan as a way for designers to network and share. It is a visual means of telling a story, consisting of 20 slides at 20 seconds each, for a total of 6 minutes and 40 seconds. The timing forces presenters to keep strictly on point, and without discussion in between the six presentations, we wove our ideas together for an interesting discussion at the end. This was followed by a student/new researcher session that allowed us to nibble on fresh food from the farmer’s market, network, and talk about some challenges such as ‘imposter syndrome’, writing paralysis, work-life balance, or transitioning in and out of academia. After the book launch of four separate authors (I restricted myself to only purchasing one!), we met informally at the Grad Pub.

Sunday morning started with a field trip to either a large organic farm, an asparagus farm, or a little city farm. I attended the later to experience the one-third acre with hens, greenhouse, cob oven, straw bale house addition, grey water system, and multiple raised beds. As with the previous day, the afternoon was filled with so many interesting options, but I chose the health and safety discussion where we discussed raw milk, child-targeted food marketing, relationship with food during kidney disease, and the quality turn and the new public health regulation for food. After a second engaging PechaKucha session, we had a round-table discussion on interdisciplinarity in food studies, emphasizing the importance of reaching beyond boundaries, being able to connect the dots, and looking for the sectoral synergies.

The final day started with a round table discussion on provincial food movement networks represented by BC, Manitoba, Nova Scotia and Ontario, followed by the last paper session on food environments and practices. The afternoon consisted of the annual general meeting and the keynote address by Terry Marsden. Dr. Marsden is Director of PLACE, the interdisciplinary Sustainable Places Research Institute at Cardiff University as well as the Dean of Graduate Studies. He highlighted the conundrum of capitalism in food and how we are in an era of neo-productivism or sustainable intensification, in the face of land pressure, climate change, resource depletion and health and welfare challenges. Dr. Marsden suggested there is a co-evolution of clusters of eco-economy and bio-economy happening at the regional or local level and to be sustainable, we need to get beyond the mindset of neoliberalism.

The conference ended with a local food banquet and awards presentation for the student essay, and excellence in food studies research. An overall highlight (besides reconnecting with friends) was the exploration gallery of a variety of artistic food representations. It is always a privilege to attend the CAFS conference and to be immersed in new and interesting research on a topic we all enjoy!

Submitted by Wanda Martin, CPhFRI Doctoral Student

CIHR Knowledge Synthesis Project Wrapping Up: Project Summary

The relevance of complexity concepts and systems thinking to public & population health intervention research: A meta-narrative synthesis

There is an emerging interest by public health policy makers and practitioners in applying complexity science to public and population health problems and solutions. Therefore, this modified meta-narrative synthesis explored the diverse literature on complexity science, including complex adaptive systems and systems thinking. This synthesis identified and synthesized complexity science literature specifically related to public and population health. From this body of literature, two unique narratives were identified, Systems Thinking & Complexity, and Networks & Epidemics.

Systems Thinking & Complexity

Systems thinking emerged simultaneously in several disciplines in the early 20th century. Over time a number of methods and theories have added to the development of systems thinking, and it’s application to public health. Since 2000, public health literature has begun to incorporate complexity science and complex adaptive systems theory. Much of the complexity science literature in public health is metaphorical, and therefore lacks practical applications. However, recently the public health literature has realized the need to integrate the long-standing tradition of systems thinking in public health with both a complex adaptive systems perspective, and an ecological approach, particularly with the aim of reducing health inequities. In a similar vein, the emerging area of Public Health Systems and Services Research is beginning to encourage a complexity science perspective in order to improve public health systems and services.

Networks & Epidemics

Complex network science has historically been very separate from the public health literature. Physicians and mathematicians were the key players in the development of complex network science. Since 2000, physicians and mathematicians have been applying the study of networks and epidemics to disease transmission (i.e. SARS, Avian flu). Public health and epidemiology has ‘missed’ much of the substantial progress made in modeling disease transmission with complex network science, because it has occurred primarily in the academic journals of physicists, mathematicians and theoretical biologists. However, connections are being made back to public health’s central concerns, along with new developments in applying the learning from the complex network science literature to chronic disease epidemiology.

Submitted by Robyn Wiebe, CPhFRI Masters Student
Dynamic Modeling for Health Policy: Understanding Social Determinants of Health and Reducing Health Inequalities

The University of Saskatchewan hosted the third annual workshops on Dynamic Modeling for Health Policy July 18-20, 2011. Marjorie MacDonald and graduate student, Wanda Martin, were among 30 participants from across North America. This workshop series is a forum for convening small groups of mathematical/computational modellers, policymakers, community organizations, and domain experts who share a common interest in applying dynamic modeling to health policy concerns. The theme of the third workshop in this series was leveraging dynamic modeling to better understand the broader determinants of health, and to produce momentum for promoting equitable health for all.

Systems dynamic modeling is a qualitative and quantitative modelling process for understanding complex systems over time\(^1\). It involves feedback mechanisms that can be pictorially represented through causal loop diagrams, and simulation models. Systematic dynamic modelling can describe a system for managing complex situations, and help to make sense of the interaction of diverse information as well as ways to interact with the system\(^1\). Group model building is a process that builds a causal model capturing ideas from a broad range of people. While individuals are often faced with narrow mental models, dynamic models document how a group describes the way system works around a specific problem, to recognize leavers in the system for taking action toward change. “Group model building is a process in which team members exchange their perceptions of a problem and explore such questions as: what exactly is the problem we face? How did the problematic situation originate? What might be its underlying causes? How can the problem be tackled?”\(^2\)

The workshop provided the opportunity to experience a group model building process with the guidance of Dr. Peter Hovmand from Washington University in St. Louis. We modelled the problem of health inequities. In the course of five hours, we identified major causes of health inequities, built a causal loop diagram, and considered points of leverage in the system where health inequities could be reduced. As an introduction of causal loop diagrams, the workshop included case studies on modelling for the challenge of obesity\(^3\) (Diane Finegood), modelling the determinants of health in complex policy environments (Aziza Mahamoud), participatory modelling HIV-AIDS (Kristen Hassmiller Lich), environmental participatory modelling (Krystyna Stave), and modelling social structures to support healthy aging (Sara Metcalf). We also discussed qualitative mapping tools and strategies such as using photovoice and concept mapping together (Nasim Haque), various modelling tools (Geoff McDonnell), and rich data sources for modeling insight (Mohammad Hashemian and Lisa Lix).

I left Saskatoon considering how I can use the concept mapping brainstorming statements for my dissertation work to generate a causal loop diagram. I also left with a list of references and recommendations for further exploration on group model building and simulation models. The value in the group model building is the participatory nature of identifying the problem, the causes of the problem, and the most important and feasible ways to move toward solutions. If the goal of the workshop was to produce momentum for reducing health inequities, it certainly has stimulated thinking on next steps and future research.

Submitted by Wanda Martin, CPHFRI Doctoral Student


Example of causal loop diagram can be found here: [http://www.shiftn.com/obesity/Full-Map.html](http://www.shiftn.com/obesity/Full-Map.html)

Feature Researcher: Michael Hayes

I came to the University of Victoria in July, 2010 as the inaugural Director of Health Education and Research. I have appointments in the School of Public Health and Social Policy in the Faculty of Human and Social Development, in the Division of Medical Sciences, in addition to an appointment in the Department of Geography. Prior to coming to UVic, I spent 22 years at Simon Fraser University in the Department of Geography. Prior to coming to SFU, I spent 22 years at Simon Fraser University in the Department of Geography and, in 2004, as a founding member of the Faculty of Health Sciences.

My research interests concern social geographies of health from a life-course perspective. I am particularly interested in health inequities and urban structure, social gradients in health outcomes, disability and public policy. I have also done research on childhood obesity and on newspaper coverage on ‘health’ in Canada.

I became involved with CPHFRI when I was invited to be a co-applicant on a CIHR proposal for the Programmatic Grants in Health and Health Equity competition in the fall of 2011. This five year program of research was subsequently funded and is now referred to as the Equity Lens in Public Health (ELPH) project. Given that one of my primary research interests is health equity, I am thrilled to be a member of the ELPH team and look forward to it unfolding in the coming years.
Feature Graduate Student: Mary Hill

Having worked in Public Health Nursing for most of my career, I have always had an interest in learning more about the effectiveness of our services, particularly in the work done with vulnerable families in the perinatal period. Consequently, my doctoral research will focus on the outcomes that Public Health Nurses (PHNs) hope to achieve in working with perinatal families.

For the past 90 years PHNs have been providing support to new mothers and their families. However, despite the move to electronic health records (iPHIS) more than a decade ago, little information is available to determine if key health outcomes are being achieved in BC. Increased rates of breastfeeding and infant immunizations, along with decreased maternal tobacco use, are three outcomes that PHNs strive for. Although immunization rates for the general population are routinely collected, we do not know much about the immunization rates for children in vulnerable families. We also know very little about breastfeeding rates and maternal tobacco use for this sector of the population.

By doing a retroactive review of iPHIS records, I hope to compare outcomes for vulnerable women who received prenatal support from a PHN, with those of vulnerable women who were only received postnatal contact. Additionally, it will be important to compare both these sets of outcomes with those of the larger population of new mothers.

Along with the Nurse-Family Partnership program launched this spring, the Ministry of Health has encouraged Health Authorities to review the delivery of public health nursing services for perinatal families. Without knowing how the current level of PHN practice affects outcomes such as breastfeeding, maternal tobacco use, and infant immunizations, it will be difficult to determine the effectiveness of any new program changes.

With so much information available in the electronic health record, it makes sense that these data be used to assess the effectiveness of services at the local, regional, and health authority levels. As the province moves to the new electronic system of Panorama, it will also be important to support PHNs in the collection of quality data in order to better inform reports on population health outcomes.

I hope that this line of research will help to inform Health Authorities about the effectiveness of PHN programs and services, and at the same time provide some insights into the use of electronic documentation as a tool to guide program planning.

Feature Knowledge User: Victoria Lee

Closing Research Policy and Practice Gaps

My introduction to CPHFRI occurred in 2010 when I was invited to join the inaugural meeting to identify and discuss the research questions for the Equity Lens in Public Health (ELPH) research project. The welcomed opportunity to join the CPHFRI research group coincided with my commencement as a Medical Health Officer at Fraser Health Authority (FHA). At the ELPH team meetings, key challenges of applying an equity lens for Core Functions in Public Health were collectively discussed by the interdisciplinary team of researchers, decision-makers and practitioners. With the leadership of the co-Pls, Bernie Pauly, Marjorie MacDonald and Trevor Hancock, the team was successful in securing CIHR funding for a five year period. As a member of the core research team for ELPH, I look forward to producing new knowledge to reduce systemic health inequities with a focus on mental health and substance use.

Concurrently, I became involved in the Renewal of Public Health Services in BC and ON (RePHS) project. Having trained in the public health system in Ontario and working in BC's public health system, RePHS provided me with an opportune platform to reflect on the public health renewal processes in the two provinces with relatively dissimilar public health systems. Most recently and related to the second goal of RePHS, FHA representatives were invited to participate at the BC Think Tank on Primary Health Care (PHC) and Public Health (PH) Collaboration. The discussions at the Think Tank were guided by the findings from the 4-year tri-province program of research on PHC and PH collaboration. It was a rewarding experience for the diverse participants of front-line practitioners to senior leaders from the two sectors to network and to map what future collaboration may look like in BC and beyond. The Think Tank was also timely for FHA as we have been systematically examining and beginning to implement innovative strategies to better align PHC and PH. The national Think Tank on Canadian Public Health Systems and Services Research (PHSSR), which took place in Montreal in 2011, was another exemplar of robust intersectoral collaboration. The objectives of this project resonated strongly with my interests in comparative health systems and complex adaptive systems. Given the diverse context of “natural experiments” in public health systems in Canada, I am excited about being a part of the PHSSR network and look forward to further exploring research agendas in this emerging area of health services research.

With CPHFRI projects, knowledge translation and exchange (KTE) has become trenched in the ethos of the work that we do as public health researchers, decision-makers and practitioners. The reciprocal and symbiotic partnerships have taken root in the initiative because each of the aforementioned perspectives are valued and reflected in: defining problem statements; identifying research questions; developing methodologies; and applying knowledge. This not only leads to the strategic application of findings in our respective organizations, but also capacity building and enhanced partnerships within and outside of our organizations. FHA has been involved in the CPHFRI projects since its inception, and has benefited from such positive outcomes.

While desirable and necessary, the KTE equilibrium that exists in CPHFRI is a rare gem, and it has been a privilege to be a part of such an esteemed team.

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