CPHFRI welcomes new staff members…

We’ve hired several Research Assistants to work on various CPHFRI projects. Please help us welcome:

Megan Kirk, RN, MN, originally from Ontario, is in her second year of the PhD program in the School of Nursing at UVic. Megan is working as an RA on various CPHFRI projects. Congratulations Megan on being the recipient of a RePHS fellowship!

Robyn Wiebe, a Registered Nurse graduate from UBC Okanagan, recently moved to Victoria to begin her Masters in UVic’s School of Nursing. She is working with CPHFRI developing a literature review on Public Health Systems/Services Research.

Rebecca Spark has been working as an RA in Ontario for the RePHS project for the past year. She is completing her Master’s in Nursing at McMaster. Her thesis will explore the experiences of RePHS participants as they engage in this collaborative research project. Some of you can expect to receive a recruitment letter from her soon!

Stephanie Cram is an RA working on data analysis in final phase of the CIHR funded Knowledge-to-Action project. She is a sociology masters student, who will soon defend her thesis on the newspaper representation of BSE in Alberta from 2003-2005. Her research interests include food safety, communication studies, ethics, and critical theory.

Amy Cox is less than one week away from completing a MA in Sociology. She is interested in communications, democracy, and reflexive social research practice. Her MA research used Critical Discourse Analysis to triangulate data from focus groups, interviews and websites to locate a number of contradictions between local, grassroots, and institutional understandings of youth voter disengagement. At CPHFRI she works for Bernie Pauly on the Health Equity dimension of RePHS and she will soon be coordinating the 2010/2011 Youth Smoking Survey that Marjorie MacDonald is a co-investigator on.

Welcome to our second 2010 issue of the CPHFRI e-newsletter!

August 2010
Volume 2, Issue 2

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The first edition of the newsletter for our Renewal of Public Health Systems (RePHS) project has recently been released, see: http://www.web.uvic.ca/~cphfri/publications/newsletter/rephs_newsletter_vol1num1.pdf
To be added to the distribution list for the RePHS newsletter, please email cphfri@uvic.ca

Check us out online at: web.uvic.ca/~cphfri

Announcements

♦ CPHFRI members receive promotions within the School of Nursing at UVic
All of the hard work has paid off… Marjorie MacDonald was recently promoted to Full Professor and Bernie Pauly to Associate Professor. Congratulations to both of you!

♦ CPHFRI grad student receives CIHR travel award
Wanda Martin, PhD Candidate (pictured to the left), received a travel award from CIHR’s Institute of Population and Public Health to attend the EUPHA Conference in Amsterdam in November. She will be presenting on Food Security Policies in Canada. Wanda’s paper identifies the specific food security policies that are in place across Canada, and analyzes them for different underlying values and the degree to which they are consistent with an equity or social justice perspective.

♦ CPHFRI grant proposal not funded
In November, we submitted a proposal to CIHR entitled, Developing Theory and Methods for Studying Complex Public and Population Health Interventions. Unfortunately, we recently found out that we were not successful. The proposed project was a two year study involving: a) conducting a scoping review on complex adaptive systems; b) developing and applying a conceptual framework to guide the analysis of public and population health interventions; and c) identifying research designs, methods and approaches that are congruent with this framework. We are currently reworking the proposal to be submitted to the fall CIHR Knowledge Synthesis competition.

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From left to right: Stephanie Cram, Amy Cox & Robyn Wiebe
Pan-Canadian Public Health Services Research Think Tank

At the 2009 Canadian Public Health Association (CPHA) Conference, some of our CPHFRI members facilitated a workshop presenting our work on Public Health Services Research (PHSR) and expressed the need for a national agenda. This generated a lot of interest, with the Ontario Agency for Health Promotion and Protection, the Public Health Agency of Canada, and Gilles Paradis (CIHR/PHAC Applied Public Health Chair) all expressing an interest in partnering and providing funding. Since then, the BC Centre for Disease Control, Research Western (Anita Kothari) and one more Public Health Chair (Patricia Martens) have also agreed to collaborate on this initiative. Marjorie MacDonald will also be providing from her CIHR/PHAC Applied Public Health Chair.

We submitted a CIHR Meetings, Planning and Dissemination grant and were successful (ranking number 1 out of 46 applicants with a score of 4.78)! The invitational Think Tank, planned for April 2011 in Montreal, has the following objectives, as stated in the proposal:

- Identifying research priorities in public health services/systems.
- Establishing clear linkages between CHSRF & CIHR (IPPH and IHSPR) strategic directions to ensure a place for PHSR in the research landscape.
- Establishing consensus on a Canadian PHSR agenda.
- Developing a five year plan to advance the agenda.
- Establishing a Canada wide network of PHSR researchers and supporters.

Preliminary work includes conducting a literature review on public health services/systems in the Canada, US and the UK which is well-underray. We will also be conducting a national online survey to identify potential research priorities and guide our thinking in preparation for the Think Tank. Please help us by completing the brief survey - you will be receiving an email in October inviting you to participate.

Report on the Centennial CPHA Conference


Let’s have a conversation, and this time let’s make sure it has a purpose! In essence this is what this conference was for me, a conversation about the legacy of public health and thoughtful discussions about how to tackle the challenges ahead. As a doctoral student in the School of Nursing at the University of Victoria, I was mesmerized by the panel of eminent Canadian public health leaders known only through textbooks, come alive before my very eyes. It was history in the making. Madeleine Dion Stout, Hon. Roy Romanow, Hon. Jake Epp, Hon. Monique Bégin, and Hon. Marc Lalonde traced three decades of milestones at the opening plenary Sunday evening. They set the stage for having meaningful conversations and debating about the vision for public health. What was clear from all of the panel members was that questions are always based on acute care and faith in the medical model. Lalonde agreed; however, he did not think this was a feasible direction because of the media’s obsession with medicine. However, Epp stressed that public health policy must be sold on its own merit. Madeleine Dion Stout turned the conversation towards the Kelowna Accord and stressed that it has died and left a legacy of structural violence and health inequities. She pointed out that politics is the gulf between freedom and equality. Assimilation is not working; and addressing health inequities related to economic and social disparities is mandatory for social justice.

As a doctoral student, I am concerned about public health both in Canada and around the world and as a result Madeline Dion Stout’s response about inequities resonated for me. Inequities are paramount and need to be carefully considered. So where do we go from here? Should we consider Trevor Hancock’s suggestion that in order to adequately address these problems, we need to unlearn a medicalized way of thinking and separate prevention, population and public health systems from an illness system? He proposed that we need to grow human development and not markets. He stressed that we need to be clear about what system we are talking about before we can proceed with meaningful conversations. Hancock proposed a new ministry called the Ministry of Human Development. Therefore, if public health is about having conversations, I urge us to consider having a conversation about Hancock’s suggestion. Is it a reasonable move forward and will it address the concerns of emerging public health practitioners in addressing health inequities? Let’s continue this conversation.

Submitted by Laura Tomm-Bonde, RN, BSN, MN, CPHFRI Doctoral Student

Laura Tomm-Bonde and Trevor Hancock at the last CPHFRI meeting

From left to right: Marjone MacDonald, Laura Tomm-Bonde, and Marie Purtzki

Submitted by Laura Tomm-Bonde, RN, BSN, MN, CPHFRI Doctoral Student
Report on the 2010 IUHPE Conference Key Note Address

Are Health Workers Synonymous with Human Rights Activists?

Health equity and sustainable development were overarching themes at the 20th IUHPE conference in Geneva, Switzerland. Discussions on exploring equity, social development and human rights highlighted the conference. Globalization challenges, climate change, the North/South divide, armed conflicts and disorganization invoked urgency for action and reinforced Dr. Hunt’s idea that health professionals are human rights activists!

On her remarks on health equity, Dr. Cook asked; what can be done collectively—is the answer simply to transfuse health into all policies? Cook stressed that our challenge goes beyond health in all policies. She insisted that because health promotion focuses on the wellbeing of individuals and societies, it cannot be separated from gender issues and economic security. Therefore we cannot deny the task of accepting moral imperatives as central to tackling health inequities. Differences of nutritional status between and among nations and disparities in access to care within a population reinforce health inequities. These realities inadvertently bear negative consequences to developing countries who disproportionately suffer greater impacts of health inequities due to their deteriorating health, poverty and food insecurity. This particularly emphasizes that health inequities are issues of human rights. In other words, Cook sees the need to address structural determinants of vulnerability such as oil and financial crisis as paramount particularly since they influence development assistance and aid provisions.

For Cook, the idea of risk is driven within a market framework. This framework is embedded within neoliberalism and what we have is a crisis of ideas that disregard social development policies at the expense of economic growth. On this account, Cook urges the consideration for paradigmatic change in the analysis and interpretation of the problems that we face. The dominant use of Gross Domestic Product (GDP) to measure development is not immune to criticism. In using GDP to measure development, there is an implicit assumption that higher GDP reflects better living conditions of people in those countries – including their health. However, this measure does not demonstrate the equitable distribution of government spending for example. Therefore, targeting and prevention measures are highly constrained in a market driven policy and what is needed is the moral imperative of public health funding to be emphasized and allocated according to the reality on the ground.

Accepting the idea that health promotion work is synonymous with being a human rights activist, calls for action and this starts by asking how can we move towards influencing the paradigmatic change that is at the center of a crisis of ideas? Although the ideas behind the right to health can be said to be radical and idealistic, with will and commitment to health it is achievable. As a nurse and a PhD student I support Dr. Hunt’s view of health workers as human rights activists. In any case, politics and economics profoundly influence health and researchers should acknowledge these interactions in an attempt to bring evidence to the reality of practice rather than providing a half-painted picture.

Submit by Laura Tomm-Bonde, RN, BSN, MN, CPHFRI Doctoral Student

Upcoming Events:

- 1st Global Symposium on Health Systems Research - Nov. 16-19, 2010 in Montreux, Switzerland. [http://www.hsr-symposium.org/]

Marjorie MacDonald, along with other CIHR Applied Public Health Chairs, has been invited to present at the EUPHA conference with Nancy Edwards, Scientific Director of CIHR’s Institute of Public and Population Health. They will be presenting on Population health intervention research in Canada: interventions to stimulate population health intervention research and related outcomes. Wanda Martin, CPHFRI grad student, will also be presenting at the EUPHA Conference on Food security policies in Canada.
CPHFRI: August 2010

Feature Post Doctoral Fellow: Simon Carroll

Simon Carroll has had a long interest in the health research field, completing his doctoral work on alternative approaches to assessing the effectiveness of complex health interventions at the University of Victoria. More recently he has worked closely with both the Public Health Agency of Canada’s Effectiveness of Community Interventions Project, the North American Region of the International Union for Health Promotion and Education’s effectiveness project, and the Pan-American Health Organization’s Health Promotion Effectiveness Working Group.

Simon is currently developing a variety of social theory approaches to assessing the effectiveness of complex public health interventions, particularly in relation to the integration of the contextual dimension into analyses of the effectiveness of these interventions. He also has a special interest in how to develop a framework for public health intervention research that integrates an equity perspective. He has a special interest in complexity science, the application of critical realism in this area, along with methodological reflections on context inspired by ethnomethodology.

More recently, on July 1st, 2010, he was appointed as a Post-Doctoral Research Fellow, funded by the CPHFRI/RePHS program. In this role, Simon has been working on two key theoretical concerns of the overall CPHFRI program: 1) How should we integrate the concept of ‘context’ into research on public health intervention/services; 2) What is the most promising use of ‘complexity science’ in advancing public health intervention/services research?

In pursuing this work, Simon has collaborated with Dr. Marjorie MacDonald and Dr. Bernie Pauly on a forthcoming publication on the value of different paradigmatic approaches to the concept of ‘context’ for public health research. In addition, along with Dr. MacDonald as lead, Simon has helped produce a report for the Public Health Agency of Canada on sociological approaches to complexity science, and in particular, on how to adapt for use in public health research, specific methodologies from the social science literature that have been developed from a complexity perspective.

In the next year, Simon intends to continue to develop, in collaboration with the other members of the CPHFRI/RePHS team, further exploration of the fundamental theoretical and methodological innovations necessary to apply a complex systems and equity lens to public health intervention/services research.

Feature Researcher: Anne George

My research interests in public and population health focus on the health of women and children. I hold faculty positions as Assistant Professor, Pediatrics, Faculty of Medicine, UBC, and Adjunct Professor, Health Sciences, UNBC. My office is located in Prince George, at the Northern Medical Program site, where I can more readily focus on health disparities amongst northern populations. This location also allows me to work directly with people in the north, providing better personal contact with First Nations or with people in organizations such as Northern Health, allowing for opportunities to include them in provincial studies such as CPHFRI.

I graduated PhD (Interdisciplinary) from UBC’s Institute of Health Promotion in 2001. Currently, I am co-investigator of a national longitudinal study, the New Canadian Children and Youth Study, examining the health and well-being of Canada’s immigrant children, PI of a study examining injury in aboriginal communities, co-investigator of a study examining fathering and childhood injury, co-PI of an evaluation of 23 FASD project throughout BC, and co-investigator on a study examining new models of teacher interaction with children with FASD.

I have been a member of CPHFRI since its inception. Within the RePHS project, I have taken on a role in the comparative analysis of Ontario and BC core public health policy documents on the topic of STIs.