Happy Holidays from the CPHFRI Office!

Pictured to the left: UVic CPHFRI Staff Members at a Christmas Potluck. Back row: Rita Schreiber, Diane Allan, Marjorie MacDonald, Stephanie Cram, Megan Kirk, Laura Tomm-Bonde; Front row: Heather Wilson Strosher, Amy Cox, Dominique Duquette, Wanda Martin and Luiza Souza

Upcoming Events:
* Ontario Public Health Convention - April 5-8, 2011, Toronto, ON.
* International Conferences in Community Health Care Nursing Research (ICCHNR) Symposium - May 4-6, 2011, Edmonton, AB.
* Canadian Public Health Association (CPHA) Annual Conference - June 19-22, 2011, Montreal, QC

Announcements:
* We just received notification from CIHR that our letter of intent, entitled "Reducing Health Inequities: The Contribution of Core Public Health Programs in BC", was invited to the full application phase for the Programmatic Grants to Tackle Health and Health Inequities competition. Bernie Pauly is PI and Marjorie MacDonald is co-PI and they are joined by several CPHFRI members as co-applicants and knowledge-users. We will keep you posted on the status of this application which is due March 1, 2011.
* Our KTA (Knowledge-to-Action) project is coming to a close and a full research update will be included in our next newsletter. We would like to thank Wanda Martin, KTA Project Coordinator, for all of her hard work.
* Laura Tomm-Bonde (featured on page 5) received The Gertrude Helen Robertson Graduate Scholarship - given to UVic graduate students registered in nursing who intend to pursue a career in Nursing Administration or Maternal and Child Care.
* A videoconference presented by the Public Health Association of BC (PHABC) was held on Dec. 14, 2010 and a report will be included in our next newsletter: Dr. Richard Wilkinson - Income Inequality and the Community Response: Creating a Healthy and Productive Society

For more information on any of the above, press CTRL click on the green links
UVic’s Health Promotion Network: Using Social Networking to Improve Health

UVic’s Health Promotion Network was enthusiastically formed in September 2010. The idea emerged while two doctoral nursing students (Wanda Martin & Laura Tomm-Bonde) were attending the International Union for Health Promotion and Education (IUHPE) conference in Geneva in July 2010. Together these students attended an information session put on by IUHPE Student and Early Career Network (ISECN). ISECN emphasized their need to grow their network internationally and therefore encouraged their members to be a part of this growth process (for more information on ISECN, see page 3). Martin, a newly appointed board member to the IUHPE, identified immediately with the overall vision for growing ISECN. For Tomm-Bonde, initiation into IUHPE and ISECN was happening during the conference yet she quickly recognized how ISECN was both appealing and a valuable network to be involved in as her dissertation topic fits well with the visions of ISECN.

Additionally, the Public Health Association of BC (PHABC) held a summer school in 2010. The focus on population health promotion and networking opportunities further sparked the interest in a local network to feed into the work of PHABC and nationally with the student ad hoc group with the Canadian Public Health Association, where both Martin and Tomm-Bonde have both been involved in student activities. The provincial, national, and global networks needed a local network to actively engage in face-to-face learning and involvement in the larger organizations.

Martin recognized that in order for her to participate in the growth of an international network from Victoria, a local network concerned with health promotion ought to be established. On return from the Geneva conference, Martin immediately set out to find out what types of health promotion clubs or activism were happening at University of Victoria. Central to Martin’s vision was organizing a group of people interested in health promotion on campus as a means to generate ideas of what a health promotion network might look like and what it might offer. Tomm-Bonde was particularly keen on Martin’s plan as she envisioned that this campus network would include a reading group on health promotion. A reading group with trans-disciplinary discussions would foster varied perspectives on health promotion and assist Tomm-Bonde and group members in understanding the history and roots of health promotion in a dialectic-type atmosphere.

Martin’s resourceful character did not disappoint and by the end of September she organized an initial meeting with students across campus interested in health promotion. Although the network was initially dominated by graduate level nursing students, one graduate student from the English department argued that health promotion was a concern for all disciplines and therefore this group was initiated on the shared value of intersectoral engagement and interdisciplinary involvement.

By mid-October the health promotion network was in full swing. Tomm-Bonde introduced the idea of a newsletter that would act not only as a means to grow both the local and global network, but give graduate students opportunities to publish their ideas and work about health promotion in a publication that was not overly scholarly and intimidating. It would give students opportunities to network and communicate their ideas as a stepping stone towards producing higher-level academic publications. Simultaneously, the network agreed to engage in a practical session on campus as a means to showcase both the concept of health promotion and give the network the exposure it needed to grow. The members of this network decided that it would be timely and relevant to have a “speaker’s panel” that offered their various perspectives on flu immunization as it relates to health promotion (for a report on the panel discussion, see page 4). A highlight from this discussion was Kathleen Perkins description of preliminary research findings that showed the impact the H1N1 immunization campaign had on the homeless population, a research project she coordinates for Dr. Bernie Pauly. Their study showed how a health benefiting intervention can have potentially negative health impacts on a population when certain implementation strategies do not resonate with the receiving population. This case in point illustrate well the necessity for health promoters to think critically about health interventions and to consider both the positive and negative impacts of implementation strategies. The speaker’s panel was a success in that it encouraged health promoters to ask the question: How might certain strategies impede and promote health simultaneously?

Although the health promotion network is at an early stage of development, it has already produced and published a newsletter and contributed to dialogues about health promotion on campus. The goal for the coming year is to maintain the enthusiasm with which this network started and to continue to grow it locally as a means to grow a global network that recognizes the increasingly blurred borders of the world. Martin, with her innovative ideas and commitment to community, will certainly be central to this network’s success along with the many other members who have demonstrated a commitment and passion for health promotion at UVic.

Submitted by Laura Tomm-Bonde, PhD Student, UVIC School of Nursing & CPHFRI Research Assistant

CPHFRI would like to acknowledge our partners who have provided significant in-kind contributions
IUHPE Student and Early Career Network (ISECN)

The IUHPE Student and Early Career Network (ISECN) is a network within the International Union for Health Promotion and Education (IUHPE). IUHPE is a leading non-governmental organisation working to promote health and health equity within and between nations. ISECN aims at connecting and enabling those in the student and early career membership category of the IUHPE. Also, we welcome practitioners and researchers alike. By doing so, we hope to contribute to a further strengthening of the capacity of this central actor on the global health arena. ISECN has representation in all world regions with regional contacts. ISECN works to strengthen the capacity of health promoters globally, thereby working towards health and health equity. Further information on regional issues and activities can be found on the regional sections of [www.isecn.org](http://www.isecn.org).

What does ISECN do?
ISECN provides opportunities for meaningful engagement in health promotion work through working groups on various topics. So far, working groups have been established on the use of new media in health promotion, on ethics in health promotion, on equity and diversity in health promotion, and on creating interactive communication tools for ISECN members across the world. ISECN provides the stream managers for the IUHPE online discussion forum Views of Health Promotion Online (VHPO), giving members opportunities for developing skills and for contributing to the overall work of IUHPE. ISECN provides opportunities for linking colleagues with similar interests within health promotion to facilitate joint projects and publications. Additionally, student members organize workshops, sub-plenaries and other events at regional and global conferences. We have quarterly phone conferences using the free internet facility Skype, gathering members from across all global regions and exchanging information through our listserv. We also publish a newsletter and use media opportunities such as blogs, Twitter, and Facebook to create contact between members.

How YOU can get involved:
- Become an IUHPE member and request to be added to the ISECN group.
- Register for the ISECN listserv at [http://mailman.uib.no/listinfo/young.iuhpe](http://mailman.uib.no/listinfo/young.iuhpe), or visit the ISECN website at [www.isecn.org](http://www.isecn.org).
- Search for the ISECN group on Facebook!
- As an ISECN member, join in an existing activity or working group, or create a new one according to your interests.

Contacts: Hope Corbin (Global Chair, Seattle/USA, Hope.Corbin@iuh.uib.no); Torill Bull (Global Secretary, Bergen/Norway, Torill.Bull@iuh.uib.no); and Emily Fisher (Global Coordinator, Boston/USA, Emilya.fisher@gmail.com)

Report on the European Public Health Association
1st Annual Learning Forum on Global Health Research

The 3rd European Public Health conference was held in Amsterdam this November. The theme was “Integrated Public Health” with five focused areas: integrating scientific knowledge to practice, policy and education; an integrated approach towards information systems; integrating new knowledge skills, and competencies with public health professionals; public-private partnerships; and integrating public health and health promotion in primary health care. Two CPFHRI members had the privilege of attending.

Marjorie MacDonald presented as part of a workshop on “Population Health Intervention Research in Canada: Interventions to stimulate population health intervention research and related outcomes, 2010”. In this workshop, Nancy Edwards, Scientific Director of the Institute of Population and Public Health—CIHR, gave an overview of funding and peer review for population health intervention research; Marjorie discussed developing research methods for studying complex population health interventions; Maureen Malowany talked about training future researchers to build capacity for population health intervention research; and Lise Gauvin brought to light the challenges and opportunities in population health intervention research through examples of ongoing CIHR-funded projects.

Wanda Martin (PhD candidate) also presented at the conference as part of the Food and Obesity track, thanks to CIHR Institute of Population and Public Health Travel Award. Wanda presented her recent work on food security policies in Canada as they relate to equity and social justice. It was an odd fit for this conference, since the majority of the presentations in this track dealt with dietary intake, and not with food security from a systems perspective. In fact, the pre-conference workshop titled “European food and nutrition – from field to fork?” that was intended to include discussion on the policy implications of integrating public health in the common agriculture policy in the EU. Unfortunately, some speakers did not attend, resulting instead in a joint workshop on advocacy and communications. It was disappointing to miss this opportunity to get a better picture of EU agriculture policies as they relate to public health. Even the session on future public health challenges to climate change did not include food security as a stressor. The focus was on increased temperature, air quality, floods, atopic diseases, as well as foodborne, waterborne, and vector-borne diseases. We both were able to attend the pre-conference meeting with EIRA (Evidence in Research and Action). It is a network that was established in 2009 to exchange knowledge and experiences in bridging the gap between research, practice and policy in health promotion. You can learn more about EIRA on their website [www.sdu.dk/eira](http://www.sdu.dk/eira).

The main message I took away from the plenary speakers at this conference was the need for politically active public health professionals. Public health education needs to enhance communication and political science skills. There is an additional need to educate journalists in public health (or public health professionals in journalism). Advocacy and change is at the heart of public health and to make change happen, we need public health leaders as political leaders. Overall, the conference was a good opportunity to see how European public health leaders perceive the future challenges to public health.

Submitted by Wanda Martin, PhD Student

Submitted by Wanda Martin, PhD Student (pictured above)
Pan-Canadian Public Health Services Research Think Tank

As we informed you in our last newsletter, we will be hosting an invitational Think Tank on Public Health Services and Systems Research (PHSR) in April 2011 in Montreal. This initiative has generated a lot of interest and support with funding committed from the Ontario Agency for Health Promotion and Protection (Heather Manson), the Public Health Agency of Canada (Greg Taylor, Beth Jackson), the BC Centre for Disease Control (Gina Ogilvie and Bonnie Henry), Research Western at UWO (Anita Kothari) and three CIHR/PHAC Applied Public Health Chairs (Gilles Paradis, Patricia Martens & Marjorie Macdonald). Preliminary work includes completing a literature review on PHSR (see below) and conducting a national online survey to identify potential research priorities and guide our thinking in preparation for the Think Tank (the link to the survey is on page one, please visit it if you haven’t already done so).

The goals of the Think Tank include:

- 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.

Trevor Hancock has been invited to a workshop in Atlanta in January focused on efforts in the US to advance the PHSR agenda; all of the US experts we have confirmed will be at the January meeting. The international advisors confirmed for our Think Tank include:

- Douglas F. Scutchfield, Peter B. Bosomworth Professor of Health Services Research and Policy, University of Kentucky, USA
- Timothy W. Van Wave, Senior Advisor for Public Health Practice Research, Office for State, Tribal, Local and Territorial Support, Centers for Disease Control and Prevention, USA
- Peter Jacobson, Professor of Health Law & Policy, University of Michigan School of Public Health & Chair, Public Health Systems Research Interest Group, USA
- David Hunter, Director and Professor of Health Policy & Management in Public Policy and Health, Durham University, UK
- Mike Kelly, Director, Public Health Excellence Centre, National Institute for Health and Clinical Excellence, UK

We look forward to reporting the outcomes of the Think Tank!

PHSR Literature Review

A review of PHSR related literature has been underway since June 2010, in preparation for the PHSR Think Tank described above. Over 1000 published and grey literature sources have been identified and collected. The majority of the articles are based on the American experience with PHSR, however, PHSR literature has also been collected from the UK, Canada, Australia and New Zealand. Currently, team members are working on coding the literature sources. We intend to have the coding process completed by the end of December 2010. In the New Year, the team will begin developing a report based on the findings of the PHSR literature review. The report will be used for the upcoming Think Tank. We plan to have the report ready February 2011. We look forward to seeing the results of the PHSR literature review which will help us better understand the current state of, and the priorities related to, PHSR nationally and internationally.

Submitted by Robyn Wiebe, Masters Student, UVic School of Nursing & CPHFRI Research Assistant

Report on “What About the Flu?” Panel Discussion

The UVic Health Promotion Network’s event held on November 8th, 2010 engaged community members in a dialogue with three panellists from varied perspectives. Dr. Hoyano, Medical Health Officer with the Vancouver Island Health Authority (VIHA) presented VIHA’s individual and community/population strategies to prevent and control the impact of influenza. Ms. Perkin MA, a researcher from the Centre for Addictions Research BC, shared research findings about responses to the H1N1 pandemic in the context of homelessness crisis in Canada. Finally, Dr Trevorrow ND MA enthusiastically conveyed the naturopathic approach to influenza in accordance with the Canadian Association of Naturopathic Doctors (CAND) and the College of Naturopathic Physicians of BC (CNPBC) guidelines.

Dr. Hoyano explained VIHA’s strategies at the individual level which focuses on seasonal influenza immunizations for people identified as high risk and people who may transmit the virus to a high risk population as a prevention measure. Immunization is also supported for healthy people who wish to remain healthy throughout the season. VIHA’s public health promoting campaign also encourages individual behaviours such as frequent hand washing, using a sleeve or tissue for coughs and sneezes and staying home when ill, along with staying healthy through a nutritious diet and regular exercise. At the population level, VIHA emphasizes the benefits of immunization such as protection for other vulnerable community members. VIHA is also involved in disease surveillance and outbreak control in healthcare and residential care facilities.

Ms. Perkin’s presentation provided an overview of the multi-site study funded by CIHR with data being collected in Victoria, Montreal, Regina, Calgary and Fort McMurray that she is involved in with Dr. Bernie Pauly, Associate Professor at UVic and CPHFRI member. The research focuses on: a) the impact of H1N1 on systems level responses (involving provincial and municipal governments, public health agencies and institutions that coordinate homelessness services); b) the pandemic preparedness of agencies that provide services to people who are homeless; and c) the experiences and perspectives of the homeless. Some of the most poignant insights about the limitation of traditional public health strategies were revealed through a homelessness crisis perspective where a seemingly simple directive such as hand washing becomes a disempowering command for people who lack access to clean water (Carroll, 2010).

Dr. Trevorroor's naturopathic perspective on health promotion and influenza protection encompassed individual level strategies similar to a public health approach. During the H1N1 epidemic last year, CAND utilized and directed clients towards the available resources through the Public Health Agency of Canada (M. Trevorrow, personal communication, November, 9th, 2010). A major tenet of naturopathic care rests on a shared, informed decision making process and support, and according to Dr Trevorroor, the key to this approach is education. She also talked about how immunization through vaccination is often not an empowering choice for some of the families of children living with autism who doubt vaccine safety.

Feature Graduate Student: Laura Tomm-Bonde

The vast majority of my nursing career has been spent working in Mozambique, along with small assignments that have taken me to Zambia and South Africa. My first overseas appointment was working for an international non-governmental organization during an emergency drought and relief operation where I managed a supplementary feeding program for pregnant and breastfeeding women, and children under five years of age. This UNICEF program also included participatory education, food distributions, malnutrition assessments, and vitamin D and de-worming campaigns. From there I moved into a Program Coordinator position where the focus of our efforts was on community development and capacity building in the context of infant and child feeding practices and HIV/AIDS. This position offered a unique opportunity to work on policy development and combined international, national, and local perspectives in the process. At the same time, I was working for the US Embassy as a nurse clinician providing care to 270 American diplomats and their families, and occupational healthcare services to Foreign Service Nationals. I worked with a Family Nurse Practitioner in a primary care setting within the embassy. These positions offered me increased responsibility that expanded my desire to learn more and to understand and analyze research on a deeper level. They also increased my appreciation for the importance of research and how it could inform my practice. All of these experiences led me to relocate with my family back to Canada to continue my education. I have now finished my masters degree in nursing, trained as a nurse practitioner, and I am midway through my second year of the Nursing PhD program at the University of Victoria, with Dr. Marjorie MacDonald as one of my advisors. Dr. Rita Schreiber from Nursing shares co-advisory responsibilities with Dr. MacDonald and my other committee members include Dr. Anne Bruce from Nursing and Dr. Michael Prince from Policy and Practice. From my work overseas, I often saw the tensions that exist between local perspectives on national development issues and the international aid/development community perspectives which often conflicted. I witnessed how public health and population health programs, policies and projects were transplanted from different contexts and did not mirror the same contextual uniqueness or the ideological standpoints of the host country. As a result, the implementation efforts to solve local problems were ineffective. During my time overseas, HIV/AIDS programming under the President’s Emergency Program for AIDS Relief (PEPFAR) was rapidly being implemented; this was President Bush’s massive international efforts to combat HIV/AIDS worldwide. Mozambique became one of the chosen beneficiaries of this aid.

Despite this aid from PEPFAR and other donor agencies, Mozambique continues to experience rising HIV rates. Mozambique has prevalence rates ranging from 3-35% with a national estimate of 16% predominantly heterosexual infections. Mozambique is characterized by poor knowledge of HIV/AIDS and lagging access to preventive and therapeutic services relative to the rest of southern Africa; this is compounded by the world’s most severe health worker shortage. Exacerbating factors include inadequate education systems, poverty, and gender inequality. In this country, HIV/AIDS disproportionately affects women, through both infection and their social role, increasingly rendering it a women’s issue. HIV/AIDS is three-times higher among women than men aged 15-24 years in Mozambique. What remains unclear is exactly how influences such as gender, culture, history, power and other health determinants interact to make HIV/AIDS both an epidemiological and sociocultural problem in Mozambique.

In my dissertation work, I am interested to explore the following questions: How do vulnerable women in Mozambique manage the multiple factors that contribute to the HIV/AIDS epidemic? How does gender intersect with other factors and how do these intersections contribute to the HIV/AIDS epidemic? The intended outcome of this study is a substantive theory to explain how women navigate the intersections between and among gender and other social determinants and policy in relation to HIV/AIDS in Mozambique. My hope is that my study will contribute to HIV/AIDS public policy in Mozambique and elsewhere by illuminating how, and to what extent, women manage their lives in the context of HIV/AIDS. Further, study findings will highlight any incongruities between policy, practice, and women’s realities. This study will generate substantive theory to explain the intersectional relationships that create HIV/AIDS in Mozambique, and their impact on women.

Submitted by Laura Tomm-Bonde

Feature Researcher: Anita Kothari

In my usual life, I am an Associate Professor in the School of Health Studies at the University of Western Ontario. This year I am on sabbatical, and my family and I have relocated to Vancouver. You can find me at Simon Fraser University, Faculty of Health Sciences. Being on sabbatical has given me uninterrupted time to focus on my two main areas of research.

I am interested in understanding the knowledge translation process in community-based settings, such as homecare and public health. My research team and I are just finishing off a study examining the role of tacit knowledge in public health program planning. I am also keen on testing potentially effective knowledge translation interventions in community-based settings. For example, we are currently assessing the usefulness of knowledge management tools in selected public health units in Ontario. My perspective is that there is still much to learn about the power of community networks in sharing research evidence, co-creating knowledge for local applicability and stimulating deliberate decision-making. My second area of interest is focused on the broader area of public health services research. As for my role with CPHFRI, As a transplanted member of the Ontario RePHS team I am scheduled to carry out some RePHS data collection in Vancouver in the coming year. I am also involved in reviewing some public health systems literature generally, and more specifically, some chronic disease prevention policy literature. Finally, I am delighted to be involved in planning the upcoming Think Tank on public health services research.

If any of this excites you, and you are looking for an Ontario-based postdoctoral fellowship opportunity starting in the fall of 2011, then please contact me at akothari@uwo.ca!

Submitted by Anita Kothari (pictured above)