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### CPHFRI: A refresher

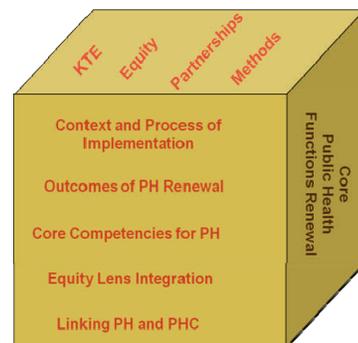
The Core Public Health Functions Research Initiative (CPHFRI), a collaborative program of research focused on public health systems renewal in Canada, brings together an inter-disciplinary team of academic researchers, and national, provincial and local public health policy/decision-makers and practitioners.

Our overarching goals of CPHFRI ("see-free") are to: a) advance the field of public health services research in Canada by implementing a consensus-based research agenda and through the application and development of innovative research

methodologies; b) broadly inform public health systems renewal in Canada that, in turn, will contribute to improving population health and reducing health inequities; c) contribute to better integration and linking of public/population health services and health services more broadly, particularly primary care; and d) train expert public health services and population health researchers.

Initial research priorities were identified at a Think Tank held in April 2007 and are illustrated in the cube diagram. All CPHFRI projects to date focus on these priorities but we envision that the focus of

CPHFRI will expand beyond the core functions framework to incorporate other aspects of public health services research. Now that all of our initial priority projects have been funded, the team will be establishing a new set of priorities.



*Our main office has moved. We are located in the Human & Social Development (HSD) Building at the University of Victoria, room B205.*

*Come visit us!*

CPHFRI has an expanding list of members. We'd like to welcome our new additions from Ontario who are involved in the Renewal of Public Health Services (RePHS) project, as well as new members from our research symposium.

*Check us out online at: [web.uvic.ca/~cphfri](http://web.uvic.ca/~cphfri)*

### Announcements:

- ◆ Anita Kothari, Assistant Professor, University of Western Ontario, awarded CIHR New Investigator Award
- ◆ **Doctoral Fellowships:**
  - \* *RePHS Doctoral Fellowship:* Shannon Turner, currently Director of Public Health with VIHA (pending acceptance into the Interdisciplinary PhD program at UVIC)
  - \* *CIHR PHAC Applied Public Health Chair Fellowships:* a) Kimberly Hunter—interests in primary health care and health equity (supervised by Bernie Pauly); and b) Laura Tomm—interests in HIV/AIDS and health equity (co-supervised by Marjorie MacDonald and Rita Schreiber)
  - \* *CIHR Frederick Banting and Charles Best Canada Graduate Scholarship:* Wanda Martin was one of 129 students in a competition with 257 proposals who was approved and distinguishes herself by ranking 18th. Wanda's research is featured on page 4.

### Special Thanks and Farewell

The CPHFRI team would like to extend a warm thank you to Anne-Mette Hermansen (pictured below) for her many contributions over the past year. To name just a few of her accomplishments, Anne-Mette was invaluable as the coordinator of the Spring Research Symposium and in the development of our website. Anne-Mette worked as a co-op student for us and demonstrated incredible initiative and skills. Sadly, she will be leaving us to pursue other avenues and to complete her Master's thesis. We want to wish her all the best in her future endeavors including her upcoming marriage. Best of luck and thank you Anne-Mette!



CPHFRI Staff from left to right: Wanda Martin, Luiza Souza and Anne-Mette Hermansen

CPHFRI would like to acknowledge our primary funders



## Research Symposium: A Success!

After six months of intense planning, the first annual CPHFRI Symposium was kick started on Sunday May 3<sup>rd</sup> with a reception at the Harbour Towers Hotel penthouse suite, overlooking Victoria's inner harbour. The same hotel would be the frame for the Symposium the following four days, an intense and rewarding experience for the approximately 70 participants. The Symposium had been advertised broadly and participants came not only from our research team, but also from the Ministry of Healthy Living and Sport, the Health Authorities, the Public Health Association of British Columbia and universities from across Canada. We were also happy to welcome a number of our new Ontario partners to the Symposium, from Ontario Health Units and universities, many of them as invited speakers.

The group of participants ranged from academic researchers and students to practice based researchers and decision makers in public health. According to many participants, this mix provided them with a great networking opportunity and they were able to establish contacts across disciplines and organizations. For the nine graduate students who attended the Symposium for course credit, the knowledge exchange they were able to engage in with senior researchers and decision-makers from the public health sector was invaluable for forming the research questions they decided to explore in their assignments for the course.

During the Symposium the air was thick with creative ideas and in-depth discussion as the participants engaged actively with a series of panel presenters and in the workshop sessions. The workshops were designed to give participants hands-on experience with a number of research methods of relevance to the CPHFRI program of research, including Actor Network Theory and Methods, Situational Analysis, Concept Mapping and

### *Developing Methods for Studying Complex Public Health Services and Population Health Interventions, May 4-8, 2009*

Social Network Analysis. The last day of the Symposium was dedicated to an in depth discussion of ways to integrate an equity lens into public health policies and public and population health research through intersectoral analysis.

The CPHFRI team would like to extend a heartfelt thanks to our speakers and all the participants at the Symposium who helped make it a great success. Without your knowledge, your creativity and ideas and all of your hard work, the Symposium would not have been such an inspiring and energizing event as it turned out to be. A special thanks to Anne-Mette Hermansen for coordinating the Symposium, to Luiza Souza for all of her efforts and to the rest of the CPHFRI staff and members whose hard work truly paid off. Thank you! We would also like to acknowledge the Symposium funders: CIHR, MITACS, MSFHR & BC MoHLS; without their support, the Symposium would not have been possible.

We are looking forward to seeing you all again at the next CPHFRI event! There has been much interest in the team's focus on Public Health Services Research (PHSR) and we will be applying for funding to host a forum on enhancing the PHSR agenda in Canada. More information will be posted on our website and in our next newsletter.



Research Symposium Graduate Students with Marjorie MacDonald. In alphabetical order: Victoria Barr, Shawna Boume-Shields, Katie Graham, Caryl Harper, Kimberly Hunter, Emily Jenkins, Marjorie MacDonald, Wanda Martin, Jessica Palma, Laura Tomm

## Update: CIHR Knowledge-to-Action Project

PIs: Marjorie MacDonald & Allan Best  
May 2008-2010

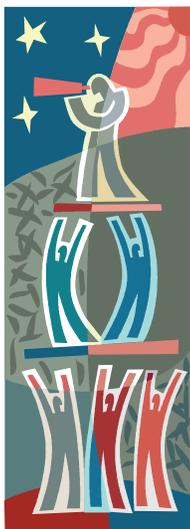
### ***Evidence-Informed Practice and Practice-Informed Evidence: Knowledge Exchange for Core Public Health Functions Implementation in BC***

The purpose of this research project is to engage in a collaborative, participatory process between researchers and decision makers in health authorities to: a) explore the Knowledge-to-Action (KTA) process related to implementation of two core public health programs, Food Safety and Unintentional Injuries, in three BC health authorities (VIHA, IHA, VCH); b) identify, implement and evaluate appropriate KTA strategies to support the use of evidence in core program development and implementation, and c) compare the process and outcomes across health authorities.

Data has been collected on the food safety program, from all three health authorities. A data analysis retreat was held the week of July 6<sup>th</sup>, using situational analysis to map out the knowledge to action process for food safety. We identified a few gaps in the data and will follow-up with additional interviews.

The unintentional injury prevention program (UIPP) is progressing at different rates in the three health authorities. An initial interview has been done for this program in each health authority, and in the fall we will apply what we have learned from food safety to direct our interviews with key people involved in UIPP.

For more information about this project, please email Wanda Martin at [wmartin@uvic.ca](mailto:wmartin@uvic.ca).



## Update: CIHR Emerging Team Grant

PIs: Marjorie MacDonald & Trevor Hancock  
January 2009-2014

### ***Renewal of Public Health Systems (RePHS)***

In the last newsletter, we reported that funding was received from CIHR for a 5-year program of research named 'Public Health Services Renewal in BC and Ontario.' This research is a collaboration between academic and decision-maker researchers in both BC and ON led by Marjorie MacDonald and Trevor Hancock. Since the last newsletter, considerable progress has been made to get the project underway.

1. What is a project without an acronym? The team has selected RePHS (pronounced refs – one syllable) which stands for 'Renewal of Public Health Systems'. Henceforth, we will be referring to this project as RePHS and not the Emerging Team Grant.
2. In April 2009, team members from both BC and ON met in Vancouver for a planning meeting. At this meeting a number of decisions were made. For example,
  - a. Two overarching questions will be addressed: (1) What are the processes of public health standards/core functions implementation for two core public health programs in Ontario and BC (chronic disease prevention and sexually transmitted infection prevention), and how do contextual variations within and between each province affect the implementation processes?; and (2) What are the impacts and outcomes of the two core programs and how does variation in context and the processes of implementation affect these?
  - b. Three additional questions, nested within the two questions, will be addressed. These relate to equity, health human resources, and the relationship between public health and primary care.
  - c. The core programs that will be examined include chronic disease prevention (CDP) and sexually transmitted infection (STI) prevention.
3. To ensure that the RePHS project is relevant at a national level (not just BC and ON), an advisory committee has been formed. Key public health researchers and decision makers from across the country have been invited to participate in an advisory capacity. The first meeting of this committee took place immediately following the CPHA conference in Winnipeg in June.
4. A CLASP (Coalitions Linking Action & Science for Prevention) proposal led by Anita Kothari (UWO) has been submitted on July 17th. The purpose of these grants is to build partnerships and enhance capacity building related to chronic disease prevention. We anticipate that the RePHS and CLASP projects will be mutually supportive.
5. The BC Ministry of Healthy Living and Sport, all five BC regional health authorities and the provincial health authority will participate in RePHS. ON will be represented by the Ontario Ministry of Health and Long Term Care, the Ministry of Health Promotion, six health units and the Ontario Agency for Health Protection and Promotion.
6. As part of their final MN course, two University of Victoria students, Kimberly Hunter and Laura Tomm Bonde, are comparing the core public health documents from BC and ON on issues such as history, governance, infrastructure, leadership, values and principles, and accountability. It is anticipated that this comparison will be completed by mid-August.
7. Michelle Pan, a student at UBC working with Sabrina Wong, will use part of her work-term this summer to conduct an in-depth examination of current practice/programs for CDP and STI core programs in BC. This will provide a basis for future comparison.
8. Joyce Cheng, a student working with Heather Manson this summer at the Ontario Agency for Health Protection and Promotion, will be examining the BC and ON public health provincial organizations.

For more information on the RePHS project please contact Diane Allan, Project Coordinator at [dallan@uvic.ca](mailto:dallan@uvic.ca).

### **CPHFRI Co-Lead is off to Brazil**

Marjorie MacDonald, co-Lead of CPHFRI with Trevor Hancock, will be going to Brazil as a Visiting Professor to the Post-Graduation Nursing Program (Masters and Doctoral) of the Federal University of Ceara in Fortaleza from October 17th to November 14th, 2009. She also hopes to attend the national conference of ABRASCO, the Brazilian Public Health Association. In preparation for her trip, Marjorie has been working hard to learn Portuguese.

Pictured from left to right: Su-Er Guo (Assistant Professor, School of Nursing, UVIC), Luiza Souza (Administrative Coordinator, CPHFRI), Diane Allan (Project Coordinator, RePHS), and Wanda Martin (PhD Student, School of Nursing, UVIC & Project Coordinator, CIHR Knowledge-to-Action Project)



## Report on the Canadian Public Health Association (CPHA) Annual Conference

In spite of the cool and rainy weather in Winnipeg, hot topics were on the menu at the Annual CPHA Conference. Beginning on Sunday, with pre-conference workshops, there were numerous opportunities to strengthen connections, including the student welcome reception. Nearly 50 students attended the reception and over 70 attended the student breakfast the following morning. The student breakfast provided the opportunity for Public Health leaders to dialogue with students providing focused attention from some of the great thinkers in public health.

The opening plenary session featured John Ralston Saul, discussing his new book *A Fair Country*. He proposed we reframe our view of the relationship between aboriginal peoples and those who arrived in this country over the past 4 centuries to rethink cultural stereotypes, allowing more respectful relationships to emerge. Saul noted the “profound failures of Canadian society” as the social inequity seen today by the large numbers living below the poverty line, using food banks or living on the streets. He contrasts this with the social equity practiced by Canada’s First Peoples, and espoused by the earliest political thinkers in English and French Canada.

Judith Maxwell, former head of the Economic Council of Canada and Canadian Policy Research Networks, was the second plenary speaker. Maxwell warned us of the developing permanent economic “urban under-class” and the need to address the economically related social issues through more cooperative, collective, locally-based initiatives.

Canadian Institute of Health Research (CIHR) hosted a planned session

on *New Directions in Population and Public Health Research: A National and International View*. This session highlighted the focus on equity, partnerships, methods, knowledge translation and exchange, and outcomes of public health renewal. Clearly there is a congruence of the IPPH strategic direction and CPHFRI’s program of research.

Keeping with the theme of strengthening connections, the public forum focused on *Public Health, Equity and Human Rights: Having Connections, Making Connections* with journalist André Picard. Looking at how the media, public health and government officials have responded to H1N1, the economic recession and the ongoing chronic issue of worldwide health inequalities, Picard offered an “intellectual stimulus package” focusing on the woes of the wealthy versus the woes of the poor.

Nancy Edwards, Scientific Director of CIHR-IPPH, spoke on connecting research policy and practice, and how we must harness research as a tool for positive change to reduce health inequities.

Marjorie MacDonald, Trevor Hancock, Ruta Valaitis, Ted Bruce and Heather Manson held a workshop on *Developing a Public Health Services Research Agenda in Canada*. Focusing on the RePHS (Renewal in Public Health Services/Systems) project, this team highlighted their hope to contribute to a wider dialogue in Canada supporting the emerging research area of systems reform to strengthen public health infrastructure and services to improve population health.

Submitted by Wanda Martin

## CPHFRI Graduate Student Feature: Wanda Martin

As a research nurse, I have been working at the University of Victoria since completing my Master of Nursing degree at the University of Manitoba. Starting my research work in preventative oncology, and then with family caregivers at the end-of-life, I have returned to the area of prevention and public health. Returning to school was not an easy decision, but the opportunity to study what was a “hobby” and to work with the CPHFRI team, was very appealing. I am approaching my second year of the Nursing PhD program at the University of Victoria, with Marjorie MacDonald as my advisor. My committee also includes Bernie Pauly from Nursing and Aleck Ostry from Geography. From my work as project coordinator on the study involving food safety, and from my interest in food security through involvement in the UVIC Campus Community Garden, I became aware of the potential conflicts between the core functions programs of food safety and food security.

As these two programs are progressing, incompatibilities between them have been identified, impacting small farmers who find it challenging to meet new food safety regulations and continue to stay in business. Local farmers are a key element to community food security. Currently, 90% of food consumed on Vancouver Island is not grown here<sup>1</sup>. This severely limits our ability to obtain a “nutritionally adequate diet through a sustainable food system”<sup>2</sup> (p. 37) as well as “community self-reliance”<sup>2</sup> (p. 37), as required for food security. However, small farmers are continually faced with impediments to food production through new policies and regulations on food safety. The impact of food safety regulations on food security do not appear to be considered within the core

public health program implementation or at the policy table. Where do these programs have common and contradictory ground? What are the risks to our food supply and to foodborne illness that affect our health? Has our food system gone foul? Why do some people think so? How can government policies best support food security and food safety regulations?

The intended outcome of this proposed research is to develop knowledge about how food security policies affect community food security to support HA efforts to develop high quality food security and food safety core programs that are mutually supportive and most likely to impact population health. I will do this using Situational Analysis and by exploring and clarifying risks associated with both sets of policies and by identifying best practice in each core program. I anticipate the study will involve preliminary qualitative interviews with prominent small farmers local to two BC HAs (Vancouver Island and Interior) who can identify specific food safety policies and describe how they impact their ability to produce food. Once the specific issues are known, I will conduct comparative case studies on 4 food safety policies and their implementation to identify the perceived risks involved and the impact these policies have on food security. Because these new core programs are in their early stages, there is an opportunity to assist in securing a high quality outcome that works for everyone. Food safety and food security can work together for improved health in BC.

## Feature Research Update

PIs: Joan Wharf Higgins &amp; Karen Strange

### CIHR Implementation of Healthy Living as a Core Function in Public Health

September 2008-2009

**Our team:** Michael Pennock (VIHA), Jennifer Scarr (VCH), Karen Strange (UVic), Joan Wharf Higgins (UVic), Victoria Barr (UVic, UBC), Ann Yew (UVic, SFU), Janine Drummond (UVic)

#### Background to the Project:

As CPHRI members know, 'A Framework for Core Functions in Public Health' is now being implemented to support public health renewal in BC. The purpose of the Framework is to define and describe the core components of a comprehensive public health system. One of the hallmarks of the Framework is its evidenced-informed basis designed to guide public health practitioners' work within their local contexts.

Because 'healthy living' is a priority for the BC Government, the recent landscape of programs, policies and resources adds a layer of complexity to the implementation of the Healthy Living Core Program, unlike the other 20 programs. Implementing a Core Program that is influenced by health authority programs, provincial led initiatives (ActNow BC, BC Healthy Living Alliance), and community based strategies, presents a unique opportunity to study the conversion of science into action in a variety of settings.

The purpose of our project is to determine how research 'evidence' and local context influences decision-making in the implementation of the Healthy Living Model Core Program. With ethical approval secured from UVic, VIHA, and VCH, we began our data collection in January, 2009 and hope to have it completed by September.

#### Methodology:

1. Creating contextual analyses to describe the implementation context
  - Environmental scan of healthy living initiatives in these two regions
  - Document Review
  - Social Network Analysis of healthy living stakeholders' perceptions of their relationships (e.g. partnerships, collaborations) to the Healthy Living Model Core Program within VCA and VIHA regions
2. Interviews: VIHA (7), VCH (8), & Ministry representatives (8)
3. Observations: Attendance and observations at relevant meetings (e.g., Provincial Physical Activity Initiatives meeting)

#### Environmental Scan Findings to date:

Summary of Healthy Living Initiatives by Government Level

	Healthy Eating	Physical Activity	Tobacco Reduction	Total
National	12	8	5	25
Provincial	34	36	16	86
Regional	6	8	1	15
Total	52	52	22	126

*Note: Healthy Eating includes Food Security initiatives; Physical Activity includes Built Environment initiatives; Tobacco Reduction includes cessation, prevention & education*

Summary of Initiatives by Type

	Healthy Eating	Physical Activity	Tobacco Reduction	Total
Resource	39	26	17	82
Grant	9	17	0	26
Policy	2	3	2	7
Other	2	6	3	11
Total	52	52	22	126

*Note: Resources include websites, programs, workshops, best practice models; Grants include seed grants, funding for program participation; Other includes events, advertising campaigns, contests.*

In terms of Physical Activity Initiatives, VIHA reported 197 Registered Action Schools! BC initiatives and VCH reported 217 for a total of 414. VIHA had 29 other physical activity initiatives which includes a variety of grant funded initiatives such as Active Communities and Walk BC; VCH reported 32.

#### Interview Data – Preliminary Themes:

- \* Health authority decisions about how to 'cluster' Healthy Living with other Core Programs is reflective of their public health strengths, population health needs, and local context.
- \* Interpretations of 'implementation' & 'evidence' are influenced by local context, professional and Health Authority priorities, organizational structures, and traditional role of health authority in healthy living.
  - e.g., food security and healthy eating; well established leadership in tobacco; involvement in physical activity more varied.
  - implementation does not necessarily mean planning and delivery of new program/policy; it often is seen as an integration or partnering activity.
  - multiple types, levels and sources of evidence that are interpreted and adapted in light of resources and local needs.

For more information, please contact Victoria Barr at [Victoria\\_Barr@telus.net](mailto:Victoria_Barr@telus.net)

**CPHFRI would like to acknowledge our partners who have provided significant in-kind contributions**

