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For an overview of CPHFRI funded projects:
http://web.uvic.ca/~cphfri/research_projects/overview.htm

CPHFRI Co-Leads, Marjorie MacDonald and Trevor Hancock are featured in IPPH POP News, October 2009. Read this Applied Public Health Chair feature (pgs 6-7) at:
http://web.uvic.ca/~cphfri/publications/docs/ipp_h_issue20_oct09_e.pdf

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

CPHFRI: who we are and what we do...

As many of you know by now, CPHFRI, co-lead by Marjorie MacDonald and Trevor Hancock, is a collaborative program of research focused on public health systems renewal in British Columbia (BC). This research initiative brings together a team of interdisciplinary academic researchers, and national, provincial and local public health decision-makers and practitioners. The overarching goal of CPHFRI ("see-free") is to develop a research program, along with training opportunities, aimed at studying the impact and outcomes of the Core Public Health Functions Framework in BC. Inherent in this goal is the intent to increase the capacity of decision makers to use evidence to improve public health policy and practice so that ultimately, the health of the population is improved.

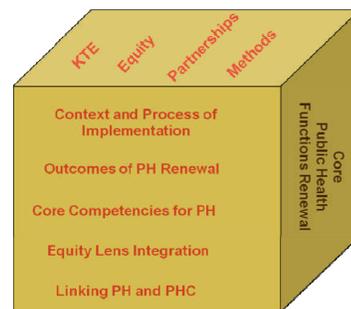
Our specific goals are to: a) advance the field of public health

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.

The CPHFRI team has been engaged in an extensive collaboration and team building process since 2006, initially supported by a Michael Smith Foundation for Health Research (MSFHR) Team Planning grant and now by a MSFHR Team Start Up grant. CPHFRI's research has primarily focused on public health systems renewal in BC but is expanding to include a national focus and inter-provincial comparisons, for exam-

ple the RePHS (Renewal of Public Health Systems) Project, a CIHR Emerging Team Grant funded from 2009-2014 which will compare processes in BC and Ontario.

Initial research priorities were identified at a Think Tank held in April 2007 and are illustrated in the cube diagram below. 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.



Brazil trip not to be...

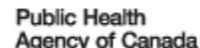
In our last newsletter we informed you that Marjorie MacDonald, co-Lead of CPHFRI, was planning a month long trip to Brazil this fall. She has since decided that given her workload here at home, she needed to cancel the trip. Hopefully all of her work spent learning Portuguese will not go to waste and she will make it to Brazil in the near future.

We welcome submissions to future newsletters! Please send event listings, research highlights, funding announcements, etc. to cphfri@uvic.ca

Upcoming Events:

- * 20th IUHPE World Conference on Health Promotion - July 11-15, 2010 in Geneva, Switzerland. <http://www.iuhpeconference.net/>
- * CPHA Public Health in Canada: Shaping the Future Together - June 13-16, 2010 in Toronto <http://www.cpha.ca/en/conferences/>
- * CAHSR Canadian Association for Health Services and Policy Research - May 10-13, 2010 in Toronto <http://www.cahspr.ca/Conferences/>
- * **Primary Care and Public Health Collaboration: Building Synergies among Three Research Teams through Research Capacity and Knowledge Translation** - With funding support from CIHR (PI: Ruta Valaitis), the Ontario Agency for Health Protection and Promotion and the ON Ministry of Health Promotion, a three day invitational symposium will be held (January 20-22, 2010) at McMaster University that will bring together three research teams who are exploring primary care and public health collaboration. This integrated knowledge exchange event will involve many members of the RePHS team.

CPHFRI would like to acknowledge our primary funders



Research Update: CIHR Knowledge Synthesis Grant

Conceptualizing Action Frameworks and Evidence (CAFÉ)

Using a unique meta-narrative methodology, the CAFÉ project is working toward synthesizing and critiquing the literature on conceptual models underpinning knowledge-to-action (KTA). The aim is to equip researchers, decision makers and others involved in KTA with information and strategies to support health care practitioners to use the best evidence available in their work. There are six iterative phases within the meta-narrative methodology: Plan; Search; Map; Appraise; Synthesize; and Make Recommendations. Through the summer, 2009, the search phase uncovered 5461 possible sources of interest. These sources have been screened and the remaining 868 sources are currently being reviewed for relevancy and if deemed appropriate are undergoing data extraction and mapping (identifying key elements, actors and events in the development and application of each major conceptual model). From this process, narratives (historical and contextualized descriptive accounts of the models) are being built around the major models uncovered, and these will be brought forward to a series of sense making meetings from December to February.

Getting to this point has required us to work through the challenges of a flexible/iterative review methodology – The early stages of the review demand constant feedback loops among searching, screening, appraisal and mapping. Despite the inherent challenges, when compared to a linear review methodology, this methodology will, we believe, result in a more rigorous and applicable review. Project plans for the new year include a March workshop with decision makers, three conference presentations and two papers submitted for publication.

For more information on this project please contact Jen Bitz, Project Coordinator, at jen.bitz@ubc.ca

Investigators: Allan Best, Craig Mitton,
John Millar & Jennifer Terpstra



Report on the Canadian Coalition for Global Health Research 1st Annual Learning Forum on Global Health Research

As an aspiring minimalist, my trip to the Global Health Research Learning Forum in Ottawa began accordingly with one small carry on tote. However, my bottomless bag filled with anticipation and excitement did not reflect this philosophy. On arrival I was handed the delegate list showing representation from 19 countries around the world, with over 130 participants registered to attend. This one-day learning forum offered a plethora of opportunities to strengthen connections and facilitate constructive dialogue on global health issues. Although I was particularly interested in the HIV/AIDS, malaria and TB presentation, I was also interested in the presentations on equity. Equity appeared to be the cross cutting theme throughout the day.

Most inspiring was the open plenary session which featured Dr. Kyoshi Kurokawa. He delivered a dynamic discussion about global health. He specifically featured major issues and challenges that plague global health agendas such as an aging society and a social structure that is unsustainable. He discussed the history of human population growth and compared the last 100 years with the population growth over 1500 years. He illustrated how it took greater than 1500 years of knowledge sharing to increase the world's population from 200 million to 500 million, yet in the last 100 years, population growth quadrupled in comparison. The result is a global population of 6.7 billion people. Dr Kurokawa questioned why we were not talking about global health issues 100 years ago and anticipating some of these issues?

He captured how human life has advanced positively in so many areas, be it the women's movement or technological advances, but global population health does not seem to produce similar innovations. He questioned why there are so many innovations occurring around us, such as the internet, yet none of them are in relation to global health. Many pithy sayings, such as "think globally and act locally" are part of our daily conversations, but these do not seem to get translated into useful action. For example, there is an epidemic of obesity in North

America while others are starving in places on the Africa continent. Dr. Kurokawa asked why there is such a disconnect? Further, he raised the question of why must those of us working in global health continue to compete against each other for funding?

Some of the challenges that Dr. Kurokawa presented for researchers is linking research to action. This resonated for me, considering my role as research assistant in CPHFRI's Knowledge to Action project. Dr. Kurokawa described how research is in competition with many factors in the policy making process, including institutional constraints, interest group pressure, citizen values and other types of values. Research is not valued sufficiently as an information input in the policy development process. He used the example of how the World Bank's policies diverge so significantly from available research findings, and how the World Bank's work is influenced directly by a value-based movement. As well, Dr. Kurokawa commented on how research is not always easy to use and is not communicated in easily accessible prose. For some reason, research is not available when policymakers need it, nor is it in a form that they can use. Dr. Kurokawa called for "research briefs", one page summaries of evidence, to make research findings more easily accessible to policymakers.

Although Dr. Kurokawa provided us with a rather painful reminder of how little we have achieved in global health and how far we need to go, he offers hope that we could mirror the great innovations that surround our recent history. It is his belief that we can channel this creativity and innovation to improving global health. After attending this workshop, as a woman pursuing a career in global health, I came away inspired by the possibilities before us. It reaffirmed my commitment to doctoral studies and to the global health movement.

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

Connecting with Ontario's Health Units... impact of H1N1

The RePHS (Renewal of Public Health Systems) Ontario team has been hard at work building the foundation for data collection and establishing liaisons within the Public Health community throughout the province. To date, two provincial ministries have been very involved on the research team - the Ministry of Health and Long-Term Care (MoHLTC) and the Ministry of Health Promotion (MHP) - along with the Ontario Agency for Health Protection and Promotion (OAHP). Representatives from these agencies are members of both the RePHS Ontario team and the BC/Ontario Liaison team including Paulina Salamo (MoHLTC), Daina Mueller (MHP), and Heather Manson (OAHP). These key members of our team have provided insight and aided the team in completion of Terms of Reference and draft timelines for the project. These decision makers, along with other representatives from the Middlesex-London Health Unit, Ottawa Public Health, McMaster University, University of Wa-

terloo, and the University of Western Ontario are collaborating to advance the development of the project in Ontario and are currently strategizing how to best approach the Public Health Units (PHUs) with the goal of engaging them in RePHS. To date, the Council of Medical Officers of Health (COMOH) has been informed of RePHS and is eager to stay in touch with the progress of the program of research. Six PHUs have been identified as potential participants and three have confirmed their involvement. As details regarding the engagement of the remaining PHUs were being finalized, flu season and H1N1 began and subsequently slowed this process. The team recognized the tremendous effort that would be required by the PHUs as they manage H1N1 and its sequelae and acknowledging these efforts, decided to delay requesting participation in RePHS. As the team awaits a lull in the flu season, they continue to be busy planning for data collection and a provincial project launch to happen in the Spring of 2010.

Congratulations Paulina!

This year's Ontario Public Health Association (OPHA) Conference held in Toronto in early November centred on the theme *Building for the Future*, highlighting collaboration, knowledge exchange, innovation, health equity, and public health workforce as key components of this theme. At the event, one of the Ontario RePHS Team members, Paulina Salamo (pictured to the right), was bestowed with an Honorary Membership Award. Paulina was honoured for her participation in numerous Public Health initiatives within the province and specifically for her recent leadership in the development of the Ontario Public Health Standards and Protocols (OPHS). The introduction of the OPHS by the Ministry of Health and Long-Term Care marked a key milestone in the provincial government's strategy to renew public health in Ontario. Paulina and her team spearheaded a complex process which included a Program Standards Technical Review Committee, Writing Teams and Protocol Development Teams. Her leadership and negotiation skills combined with her unfailing commitment to public health resulted in successfully developing the standards. Paulina was also involved in the *Operation Health Protection* strategy launched in 2004, which focused on revitalizing Ontario's public health system through preventing threats to health and promoting healthy province. Paulina is currently the Manager of Practice and Standards at the Ministry of Health and Long-Term Care and is continuing her championing of public health policy and practice issues within the province. Her long-term dedication to Ontario's public health system is exemplary. She brings this wealth of knowledge to the Ontario RePHS team and helps us understand the history as well as current processes and structures which are guiding public health renewal in Ontario. Congratulations Paulina! We are proud to have you on our Team!



Research Update: CIHR Healthy Living Intervention Project

"Connecting the Dots: Coordinating and Collaborating on Healthy Living Initiatives"

In the final phase of our project, the data collected thus far (that is, through assembling an Environmental Scan (http://web.uvic.ca/~cphfri/research_projects/healthy_living_intervention_research_project.htm) of healthy living initiatives and conducting 30 interviews with Ministry, VIHA and VCH staff), we have 'stumbled' upon a research question not identified in our original proposal: how are these approximately 125 healthy living initiatives connected? More specifically, what are the most effective partnerships, what expertise is shared, who do health authorities need to work with, how do health authorities contribute to what is already happening without duplicating efforts or wasting resources, and facilitate efficient and effective provision of healthy living?

This need to understand the 'landscape' of healthy living initiatives in BC has prompted us to launch an organizational (social) network analysis web-based survey of approximately 100 healthy living stakeholders (e.g., municipal recreation centres, not-for-profit health promotion agencies etc.) to identify to what extent (if any) these organizations are partnering with/connected to each other, including provincial ministries, VIHA and VCH. We are interested in knowing if and how initiatives are connected, the frequency of who are involved in partnerships, and what expertise is shared, so that health authorities can facilitate efficient and effective provision of healthy living. While the importance of collaboration within the public health system has been recognized, there is little information about what this actually means – who to partner with and what kind of partnerships to develop - the structural and relational aspects of healthy living initiatives.

Identifying the breadth and depth of coordination, collaboration or competition among healthy living initiatives will be important to inform the implementation decisions of health authorities – where are the gaps, overlaps, opportunities for maximizing resources etc? To date, the landscape in BC of healthy living initiatives remains largely undocumented, and this survey will contribute to understanding the context within which health authorities decide how to be involved in implementing healthy living programs, policies etc.

For more information about the environmental scan, please contact Ann Yew at anncyew@gmail.com

Investigators: Joan Wharf Higgins,
Karen Strange, Michael Pennock,
Jennifer Scarr & Jennifer Terpstra

CPHFRI Feature Researcher: Bernie Pauly

My specific research interests focus on health inequities associated with poverty, homelessness and substance use and enhancing health equity in policy and practice. As a nurse working in acute care for many years, I was deeply troubled by inequities in access to health care and barriers such as stigma and discrimination that effectively reduce access to health services. Such inequities are morally concerning and are deeply rooted in societal structures. As I studied inequities in access to health care for people experiencing homelessness and poverty during my dissertation work, I saw the dramatic impact of lack of housing on health and reoccurring health problems that arose because of lack of housing, food and income. This has fundamentally informed the direction of my work and research in the area of health inequities associated with housing and homelessness.

Recently, Colleen Varcoe and I co-lead a CIHR funded ethics seed grant along with several policy makers including Trevor Hancock that focused on equity in health policy. We focused on developing a series of conceptual papers on equity, social justice and applications of

these concepts to substance use policy to illustrate the way in which the social determinants of health approach could inform policy that enhances health equity. As part of this work, we developed a conceptual understanding of the key features of an equity lens. Our policy maker partners in this grant clearly identified that understanding equity needed to be done within the policy context and directed us to look at understandings of equity within the messiness of the policy process. This work had clear and relevant connections to the overall CPHRI program of research given that an equity lens is integrated into the BC core functions framework and included in the development of the core programs. In the RePHS project and CPHRI program of research my priority focus is on gaining insight into the incorporation an equity lens into public health programs and policies. In addition, to the RePHS and CPHRI research, Colleen and I with other Ministry partners are continuing to explore the role of values in developing policy aimed at reducing health inequities in mental health and addictions policy.



Bernie Pauly, Assistant Professor in the School of Nursing at UVic, has been a CPHFRI member since its inception and is a leader of CPHFRI's cross-cutting theme of equity

CPHFRI Feature Graduate Student: Shannon Turner

The Province of British Columbia is engaged in a Public Health Core Programs Review process. Although safe and healthy communities have always been a public health concern "Violence Prevention" is now a new core program in public health. The Core Public Health Functions Research Initiative (CPHFRI) at the University of Victoria provides support for focused research relevant to these functions. My ability to pursue a PhD focused on Violence Prevention is due largely to the support of the CPHFRI and its Co-Lead, Dr. Marjorie MacDonald. I have recently been awarded a doctoral fellowship through CPHFRI that will make it possible for me to pursue this lifelong interest.

Citizens should expect to grow and develop in communities that are sustaining to their health. Domestic violence, child abuse, gang violence are a few examples of failures to create supportive and nurturing environments central to the establishment of healthy communities. Prevention is a critical strategy to reduce human suffering and excess social costs resulting from violence related injuries and deaths. It is hoped that the analysis emerging from this research will contribute to the creation of health promoting and safe communities as models and standards of practice for Public Health. Of particular interest is the potential and historical role of 'sanctuary' and 'amnesty' as they relate to recovery from or avoidance of violent incidents. This research will examine both the root causes of violence and explore the appropriate public health – population based interventions needed to reduce and eliminate violent behavior.

I am currently Director of Public Health for the Vancouver Island Health Authority. I serve as a member of the board for the Canadian Public Health Association and am also an active board member of the Public Health Association of BC where I am immediate past president. I am serving as the National Co-Chair for Prevention of Violence Canada and I represent Canada on the World Health Organization, Violence Prevention Alliance.



Shannon with her husband Cameron

Each of these experiences has helped to underscore the importance of prevention and health promotion as primary instruments for constructive social change. I have been privileged to receive the following awards. I was named to the Delta Omega Society for Public Health by my Graduate School for outstanding contributions to Public Health. I have most recently been awarded by the University of British Columbia, the James M. Robinson Award for Significant Contributions to Public Health and the Presidents Award from the Public Health Association of BC. These honours have encouraged me. My interest in public health and social justice has not wavered over my life course. I undertake this study with a vocation to shift our humanity by pragmatic methods, careful research and cautionary innovation.

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

