

## April 2010 Volume 2, Issue 1

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### Dr. Nancy Edwards presents at UVic on IPPH's Strategic Plan

Dr. Nancy Edwards, Scientific Director for CIHR's Institute of Population and Public Health, visited the University of Victoria on April 20<sup>th</sup>, 2010. Her presentation focused on IPPH's Strategic Plan (2009-2014), "Health Equity Matters" <http://www.cihr-irsc.gc.ca/e/27322.html>. Dr. Edwards began by providing an overview of CIHR's overall Strategic Plan (2009-2014), "A Health Research Roadmap" <http://www.cihr-irsc.gc.ca/e/39977.html>. She then highlighted the initiatives and achievements of IPPH from the past decade and how IPPH's strategic planning built on these achievements. Next, she talked about the shifting state of science within Population and Public Health, specifically:

- From understanding determinants to examining the impact of coherent, multi-level interventions and policy

- From describing socioeconomic gradients to interrogating health inequities and their mitigation
  - From controlling context to understanding the influence of context on interventions
  - From studying intervention components to examining complex interventions within complex adaptive systems
- The vision and mission of the Institute of Population and Public Health were then presented, followed by the new Strategic Research Priorities:
- Pathways to health equity
  - Population health interventions
  - Implementation systems for population health interventions in public health and other sectors
  - Theoretical and methodological innovations
- The goals and objectives of each of these Strategic Research Priorities were presented. Dr. Edwards' concluded by outlining the Institute's plan for addressing the strategic priorities by providing an overview of

recent and future funding initiatives. Dr. Edwards left plenty of time to address questions on funding opportunities and the Strategic Research Priorities. Her presentation was followed by a reception hosted by the School of Public Health and Social Policy, Faculty of Human and Social Development; the Social Dimensions of Health Program, Faculty of Social Sciences; and the Vice President Research.

Dr. Edwards met with the director and faculty members of the School of Nursing over lunch to discuss issues related to nursing research funding and population and public health in nursing research. The remainder of Dr. Edwards' day was spent meeting with faculty, graduate students and public health stakeholders.

See page two for a link between IPPH's Strategic Directions and the work of CPHFRI.



### Upcoming Events:

- \* **CPHA Public Health in Canada: Shaping the Future Together** - June 13-16, 2010 in Toronto <http://www.cpha.ca/en/conferences/conf2010.aspx>  
**Keep an eye out for the several CPHFRI members presenting at CPHA!**
- \* **20th IUHPE World Conference on Health Promotion** - July 11-15, 2010 in Geneva, Switzerland. <http://www.iuhpeconference.net/>
- \* **CAHSR Canadian Association for Health Services and Policy Research** - May 10-13, 2010 in Toronto <http://www.cahspr.ca/Conferences/>
- \* **1st Global Symposium on Health Systems Research** - Nov. 16-19, 2010 in Montreux, Switzerland. <http://www.hsr-symposium.org/>
- \* **11th Interdisciplinary Research Conference: Transforming Healthcare through Research and Education** - Nov. 4-5, 2010 in Ireland. [http://www.tcd.ie/Nursing\\_Midwifery/events/2010\\_research\\_conf\\_with\\_form.php](http://www.tcd.ie/Nursing_Midwifery/events/2010_research_conf_with_form.php)
- \* **16th Qualitative Health Research Conference** - Oct. 3-5, 2010 in Vancouver <http://www.uofaweb.ualberta.ca/iiqm/qhr2010.cfm>
- \* **Philosophizing Social Justice in Nursing: The 14th International Philosophy of Nursing Conference in Association with the International Philosophy of Nursing Society (IPONS)** - Sept. 20-22, 2010 Vancouver [http://www.casn.ca/en/Nursing\\_Notices\\_126/items/17.html](http://www.casn.ca/en/Nursing_Notices_126/items/17.html)
- \* **EUPHA 3rd European Public Health Conference** - Nov. 10-13, 2010 in Amsterdam, Netherlands [http://www.eupha.org/site/upcoming\\_conference.php](http://www.eupha.org/site/upcoming_conference.php)

We welcome submissions to future newsletters! Please send event listings, research highlights, funding announcements, etc. to [cpfhri@uvic.ca](mailto:cpfhri@uvic.ca)

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

CPHFRI would like to acknowledge our primary funders



## CIHR IPPH's New Strategic Plan: A good fit with CPHFRI

When Nancy Edwards presented the draft strategic directions for CIHR's Institute of Population and Public Health (IPPH) at last year's Canadian Public Health Association Conference in Winnipeg, I was very excited by its remarkable congruence with the overall direction of CPHFRI. Nancy's presentation at UVIC on April 20<sup>th</sup> confirmed my initial reaction that CPHFRI's research agenda was at the leading edge of new directions in population and public health research in this country. I would like to take this opportunity to highlight the areas of congruence between CPHFRI's research framework and IPPH's strategic directions.

The IPPH Strategic Plan (<http://www.cihr-irsc.gc.ca/e/27322.html>) identifies four strategic priorities: 1) pathways to health equity; 2) population health interventions; 3) implementation systems for population health interventions in public health and other sectors; and 4) theoretical and methodological innovations.

Those of you who have been involved with CPHFRI since its inception will recognize that these four priorities map very nicely onto several elements of our CPHFRI "cube" framework. Across the top of the CPHFRI framework are the four cross cutting themes: equity, knowledge translation, partnerships, and methods development. Each of these themes is integrated in some way in each CPHFRI research project. With respect to **equity**, in our CIHR Knowledge to Action Project (KTA - Evidence Informed Practice and Practice Informed Evidence), one thing we are studying are the ways in which practitioners working in two core public health programs (Food Safety and Unintentional Injury Prevention) understand and apply the "equity lens", a key component of the BC Core Functions Framework. In our Emerging Team Grant program of research (RePHS – Renewal of Public Health Systems), we are also exploring how equity is understood and applied in relation to chronic disease prevention and sexually transmitted infection prevention in BC and Ontario. We are interested in learning how the integration of an equity lens might impact on populations served within these public health services. We are now considering the submission of a grant proposal to the new IPPH strategic competition "Programmatic Grants to Tackle Health and Health Inequity".

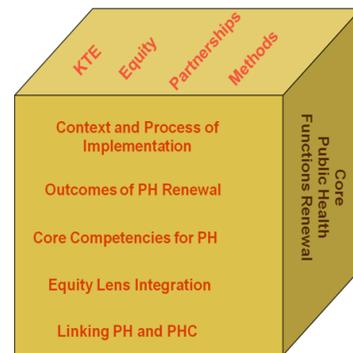
**Population health interventions** are "complex and can include policy, program, and resource distribution approaches. Their complexity arises from the fact that they are frequently aimed at more than one system level, involve the use of multiple strategies, and require implementation both within and outside the health sector. In addition, population health interventions are introduced into systems that are, in and of themselves, dynamic and complex" (CIHR, 2009, p. 13). It was clear to us in CPHFRI that the Core Functions (CF) framework could readily be conceptualized as a population health intervention (PHI). Moreover, we have adopted complex adaptive systems (CAS) as the overarching framework to study the context and process of implementation, as well as the impact, of the CF framework in BC (and now the Public Health Standards in Ontario). This framework has been central in our proposals for the MSFHR Team Start Up award, as well as in our CIHR KTA and REPHS grants. We have also submitted a CIHR Innovation Grant to explore whether and how a complexity lens can integrate the core values of public health (including equity and social justice) and how a complexity perspective addresses the centrality of context.

**Implementation Systems for Population Health Interventions** is actually a significant focus of our REPHS project. Many of the research priorities identified in our Think Tank in 2007 related to the implementation and impact of the CF framework particularly around systems issues and contextual influences. This is all in keeping with the complex systems focus. The IPPH Strategic Plan also identified the need for research on inter-sectoral initiatives. PHIs (in our situation – the CF framework) are often implemented through public health services within the health system but require support for implementation in other systems (e.g. the education system, agriculture system, etc.). To date, intersectoral collaboration has not been developed extensively within our CPHFRI program, although the CIHR Intervention Study on the Healthy Living Core Program led by team member Joan Wharf Higgins did explore relationships and programs that went beyond the health sector. We also anticipate that intersectoral collaboration and action will be a focus of the Tackling Health Inequities program of research, if we do decide to submit a proposal for that IPPH strategic initiative.

With respect to **theoretical and methodological innovations**, CPHFRI's goal has been to explore innovative research approaches and methodologies that would be appropriate for studying complex population and public health interventions. To that end, we have integrated methods that are new to or have not often been used often in public/population health research. These include new approaches to analysis that take into account the importance of context (e.g., situational analysis) and the intersecting influences on health and health equity (e.g., intersectional analysis). Other methods relatively new to public health include concept mapping, Q-Sort, and social network analysis all of which are congruent with a variety of complexity concepts. A year ago, CPHFRI held a research symposium, funded by a CIHR Meeting, Planning and Dissemination Grant, in which we held a series of presentations and workshops on methods that we believed were emerging as congruent with a complexity perspective. We will be presenting a paper on this topic at the CPHA Conference in June of this year (Allan & MacDonald) and will continue to build methodological innovation into all of our work in the future. Also within this strategic priority, IPPH identifies the need for methodological and theoretical innovation in relation to public health ethics. In our Think Tank, we identified ethics in relation to public health functions as a priority. Although it did not fall within the initial set of priorities for which we sought and received funding, it is likely to figure more prominently in future grant submissions.

Finally, the IPPH strategic plan identifies knowledge translation, partnerships, and capacity building as necessary for addressing the other strategic priorities. As noted above, knowledge translation and partnerships are two of CPHFRI's cross cutting themes. The unique and collaborative partnerships we have developed among decision maker, practitioner and researcher team members are at the heart of our knowledge translation efforts. The active and full engagement of partners in all stages of our research processes means that KT is embedded throughout each research project. The nature of our team, which comprises multiple disciplines and includes members at various career stages and with different job descriptions, sets us up well to build capacity for conducting practice and policy relevant research that is likely to be well utilized and ultimately to influence population health.

Overall, we are pleased and encouraged that CPHFRI's vision is now reflected in the new IPPH Strategic Plan. We hope this bodes well for future success in obtaining funding to support our evolving research agenda. At present, all the research topics initially identified as first level priorities in our Think Tank have been funded. The next step is to identify the next set of priorities for which we will seek funding. We will raise this issue at our next BC CPHFRI meeting.



Submitted by Marjorie MacDonald

## Research Update



There has been considerable progress on the RePHS project since the last update. First, we have an official logo. Giving our project an identity is important as we head into the field to begin data collection. Here in BC we have received ethical approval from UVic/VIHA, UBC and most of the health authorities. We anticipate having the others within the next month. In anticipation of these approvals, we have arranged meetings with Health Authority representatives to discuss individualized data collection strategies.

The first year of the RePHS project in Ontario involved building partnerships and solidifying the team. We would like to acknowledge our strong team of Ontario partners: Tracy Allan-Koester (Perth), Gayle Bursey (Peel), Vera Etches (Ottawa), Michelle Haavaldsrud (Porcupine), Orhan Hassan (Ottawa), Heather Manson (OAHPP), Daina Mueller (MOHP), Nancy Peroff Johnston (MHLTC), Paulina Salamo (MHLTC), Joanne Thanos (MHLTC), Carol Timmings (Toronto), Claire Warren (Sudbury), Maureen Dobbins (McMaster), Anita Kothari (Western), Linda O'Mara (McMaster), Sandra Regan (Western), Barb Riley (Waterloo), and Ruta Valaitis (McMaster). Charlene Beynon (Middlesex London) has changed positions in her health unit so is no longer able to participate in the RePHS study. We are grateful to her for all her contributions, particularly with helping us to get the project up and running in Ontario. We wish her luck in her new role.

In Ontario, six health units have agreed to participate: Porcupine, Toronto, Peel, Ottawa, Perth and Sudbury. A RePHS Ontario project launch took place April 15-16 in Toronto. The purpose of the launch was to bring together the project stakeholders for various team building and project planning activities. Ontario is also in the process of submitting ethics applications to participating universities and health units. Finally, we have had four REPHS-related abstracts accepted for the CPHA conference in Toronto in June. These abstracts stem from the BC-ON Comparison Document and focus on; (1) development of the research framework; (2) chronic disease prevention; (3) public health/primary care collaborations, and (4) equity.

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

## A program of research complementing RePHS:

### *Strengthening primary health care through primary care and public health collaboration*

A primary health care based health system ensures universal coverage and access to services that are acceptable to the population and equity-enhancing. It is widely believed that primary health care systems can be enhanced by building stronger collaborations between public health (PH) and primary care (PC) sectors, which will lead to a more integrated systems and ultimately improved health outcomes. The Renewing Public Health Systems (RePHS) program of research aims to explore collaborations between primary care and public health as one of the cross cutting themes in their case studies. A complementary program of research called: Strengthening Primary Health Care through Primary Care and Public Health Collaboration is also currently being conducted in British Columbia, Ontario and Nova Scotia.

This four year program of research aims to explore structures and processes required to build successful collaborations between PH and PC at the systemic, organizational and interactional levels. Data is being collected through 4 studies: Study 1) A scoping literature review to determine what is known from existing primary studies, literature reviews and descriptive accounts; complemented by the preparation of 3 environmental scans just completed for provincial health care systems, including those of British Columbia, Ontario and Nova Scotia – to provide current information about the provincial context of PC and PH that may be contributing, either positively or negatively, towards integration and collaboration between these two health sec-

tors; Study 2) Qualitative Descriptive Exploratory Method in which 70 key informants were interviewed to elicit information related to inter-agency collaborations between PC and PH that take into account interactions at the systemic, interactional and organizational levels. Data from this study will help inform the selection of cases in Study 3. Using a multiple case study approach (two cases per province), we will explore in depth where collaborations make the most sense and the process which can best support collaborations. Study 4 will involve a cross sectional descriptive survey to examine the nature and extent of collaborations which currently exist in the three provinces.

Lead by Ruta Valaitis (McMaster University) and Co-decision-making leads Jack McCarthy (Canadian Alliance of Community Health Centres) and Penny Nelligan (Ontario Ministry of Health Promotion) the research team represents academic researchers and decision-makers from British Columbia, Ontario and Nova Scotia, as well as national leaders in PC and PH. Two CPHFRI members are the BC academic researchers, Marjorie MacDonald and Sabrina Wong. By gaining a better understanding of structures and processes that support and hinder the development and maintenance of successful collaborations and the extent to which and in what settings they exist, this program of research will answer how to create and enhance future collaborations between these sectors. Our program of research is also committed to support the training of health services and policy

researchers through the active involvement of graduate students as well as the development of training materials focused on collaboration.

The combined efforts of these two programs of research will move us towards a much richer understanding of how the primary health care system can be enhanced through collaborative efforts across the health sector. More information can be found at: <http://strengthenPHC.mcmaster.ca>



Ruta Valaitis

*Dorothy C. Hall Chair in Primary Health Care Nursing & Associate Professor, McMaster School of Nursing.*

## Recently Submitted CPHFRI Grants

In November, we submitted a proposal to CIHR entitled, *Developing Theory and Methods for Studying Complex Public and Population Health Interventions*. This is 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. Should it be funded, Simon Carroll will be working on this project as part of his post-doc. The date of notification is May 31st. We will keep you posted!

*Investigators: Marjorie MacDonald, Bernie Pauly, Trevor Hancock, Ruta Valaitis, and Anita Kothari*

A CIHR Meetings, Planning and Dissemination grant was submitted to hold a Think Tank on developing a national agenda on Public Health Services Research. There has been considerable interest at the policy level with several agencies committing funding towards this Think Tank, including the Public Health Agency of Canada, Ontario Agency for Health Protection and Promotion and the BC Centre for Disease Control. One of the goals of this meeting will be to develop a national Public Health Services Research network. Notice of Decision is May 1st.

*Investigators: Marjorie MacDonald, Trevor Hancock, Gilles Paradis, Greg Taylor, Gina Ogilvie, Heather Manson, Patricia Martens, and Anita Kothari*

## CPHFRI Feature Graduate Student: Andrew Pinto



CPHFRI would like to thank Andrew Pinto for his contributions!

Throughout medical school, I was drawn to the connection between social justice and health. Public health was a natural choice for residency, allowing me to train as a family physician and gain skills in addressing the broader forces that shape a community's health. I am currently in the fourth year of this five-year program at the University of Toronto. The first two years were at St. Michael's Hospital, where I now practice part-time in the Department of Family and Community Medicine. During my third year, I was privileged to complete an MSc at the London School of Economics and the London School of Hygiene and Tropical Medicine. The focus of my dissertation was on national programs to reduce health inequalities.

This January, I began a placement at the Ontario Agency for Health Protection and Promotion with Heather Manson. Knowing my interests, she invited me to take part in an aspect of RePHS: a comparative analysis of the Ontario Public Health Standards and the British Columbia Core Programs, examining how each set addresses equity.

With Bernie Pauly, Ingrid Tyler and Amanda Parks, we are critically examining the documents using a grounded theory methodology. This involves generating a series of preliminary questions, reading through the Standards and Core Programs to find answers, and then generating more in-depth questions in an iterative fashion. This process has been an opportunity for me to explore my own understanding of equity. Our work will be presented at the Canadian Public Health Association meeting in June, where feedback on our preliminary findings will be instructive.

This analysis is only a starting point for examining how equity can be a core feature of public health practice. Future work will involve interviews with key leaders in public health and bringing together best practices from jurisdictions around the world.



## Feature Knowledge User: Amanda Parks, Interior Health Authority

Interior Health has participated in CPHFRI since its inception and has been involved in a variety of research projects to date. The opportunity to collaborate with researchers, other decision makers, and now partners in Ontario has been beneficial to me and the work I do as the Core Functions Coordinator in Interior Health.

Through relationships with researchers, I have learned new methods to apply to Core Functions work, been involved in the research design of current projects, and participated in presentations on findings from the research.

The Knowledge Translation Action project featured interviews with our Injury Prevention and Food Safety staff in Interior Health. Initial findings around the understanding and application of the equity lens to their Core Functions work has been particularly interesting and useful as we move forward with the application of this lens.

The most recent project, Renewal of Public Health Services (RePHS), has given Interior Health opportunities for involvement in research design and collaboration with researchers

and partners in Ontario. The Research Methods Symposium this past year was a great opportunity to learn about current research in the field, new techniques for Public Health Services research, and knowledge sharing with various partners.

The opportunity to present on the application of the equity lens in Core Functions with Bernie Pauly from UVIC, Trevor Hancock from the Ministry of Healthy Living and Sport, Jennifer Scarr from Vancouver Coastal Health, and Roger Wheeler and myself from Interior Health has led to further work and collaboration in this area. Upcoming presentations in this area will be occurring at the Canadian Public Health Association in June where I hope to learn more from our Ontario Partners as we move forward with RePHS research.

Overall, I have valued participating in CPHFRI and look forward for future opportunities for collaboration to enhance Public Health Services Research.



**Amanda Parks**  
Coordinator – Public Health Core Functions, Quality, and Performance

Thanks Amanda for all you have contributed to CPHFRI!