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Announcements

- * Congratulations to Laura Tomm-Bonde, CPHFRI Doctoral student, who has just been informed that she received a CIHR Doctoral Fellowship! This is a three year Doctoral Research Award in the area of Health Services/Population Health HIV/AIDS Research and the title of her study is *Black, Female, Poor, and Powerless: An Intersectional Analysis of HIV/AIDS in Mozambique*. Laura was the feature grad student in the last CPHFRI newsletter and is a regular contributor, including the article on page 3-4 this issue. Once again, a big congratulations on this much deserved award!
- * We were recently informed that two Canadian Institutes of Health Research (CIHR) grant proposals submitted by CPHFRI were successfully funded! These are both one year projects and further details of the project objectives are outlined on page 2.
- * Wanda Martin, CPHFRI Doctoral Student, was invited to present at the Canadian Student Health Research Forum in Winnipeg on June 7-9, 2011. She was nominated by UVic as being within the top 5% of doctoral students for participation in the CIHR Research Poster Presentation and received funding from CIHR to attend. She will be presenting on: *Exploring Food Safety and Food Security Tensions*.



Laura Tomm Bonde, CPHFRI Doctoral Student and recent recipient of a CIHR Doctoral Award! Congrats Laura!

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

Upcoming Events:

- * [International Conferences in Community Health Care Nursing Research \(ICCHNR\) Symposium](#) May 4-6, 2011, Edmonton, AB.
- * [Canadian Association for Health Services and Policy Research \(CAHSPER\) Annual Conference](#) May 9-12, Halifax, NS.
- * [Community Health Nurses of Canada](#) May 16-18, 2011, Halifax, NS
- * [Academy Health Annual Research Meeting](#) June 12-14, 2011, Seattle, WA
- * [Canadian Public Health Association \(CPHA\) Annual Conference](#) June 19-22, 2011, Montreal, QC
- * [Advocacy and Health Literacy: Reinforcing Population Health Promotion \(PHABC 2011 Public Health Summer School\)](#) July 5-8, 2011, Vancouver, Victoria and Prince George, BC
- * [Public Health International Conference 2011](#) September 8-9, 2011, London, UK
- * [American Public Health Association](#) October 29 - November 2, 2011, Washington, DC
- * [European Public Health Association](#) November 10-12, 2011, Copenhagen (abstract deadline May 1, 2011)
- * [Public Health Association of British Columbia \(PHABC\) Conference](#), late November 2011, BC

Click on the underlined conferences to link to each website for more information

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

CPHFRI would like to acknowledge our primary funders



Public Health Agency of Canada

Two Newly Funded CIHR Projects!

Complexity Science - Knowledge Synthesis Project

MacDonald, M., Jackson, B., Hancock, T. Carroll, S., Martin, W., Bruce, T., Best, A. (2011-2012). *The relevance of complexity concepts and systems thinking to public and population health intervention research: A meta-narrative synthesis*. CIHR, \$100,000.

The objectives of this project are:

- 1) To conduct a modified meta-narrative synthesis of the diverse literature on Complex Adaptive Systems. The specific aims of the synthesis will be to identify and summarize the complexity science literature specifically related to:
 - a. How complexity science concepts/theories have been applied in the social and health-related science literature in general and specifically to Population Health Interventions (PHIs); and
 - b. The implications for integrating an equity lens;
 - c. Research methods and approaches used in complexity science influenced studies, particularly evaluations of social and/or health interventions;
- 2) To construct a conceptual framework that can be used to guide use of complexity science in the analysis and evaluation of PHIs. This will include practical guidelines for evaluating and applying complexity science concepts, methods and tools to PHIs.

Knowledge Translation Supplement Project

MacDonald, M., Hancock, T., Wharf Higgins, J., Pauly, B., Bruce, T., Wheeler, R., Cutler, A. (2011-2012). *Evidence and action in public health: Learning from research and practice*. CIHR, \$99,999.

The goal of this project is to further the knowledge translation and exchange (KTE) activities of two recently completed CIHR funded research projects (the Knowledge-to-Action and Healthy Living projects). The objectives are: 1) To hold a set of three KTE workshops with involved Health Authorities (VIHA, VCH & IH) to present and validate findings from the two projects and develop policy and practice recommendations; 2) To develop materials to support the workshops, including lay summaries, interactive media presentations using Captivate software, and environmental scans of healthy living and injury prevention initiatives in each of these health authorities; 3) To hold an evidence symposium with all 6 BC health authorities to present the results of the studies and the previous workshops, as well as to explore the use of evidence in policy and practice; and 4) To hold a provincial workshop with the Ministry of Health Services and CPHFRI members to present findings and recommendations from the previous KTE activities. In addition, in this final workshop, we will develop a set of new research priorities and a research agenda to guide future proposal development and to build on our current, and nearly completed research agenda.

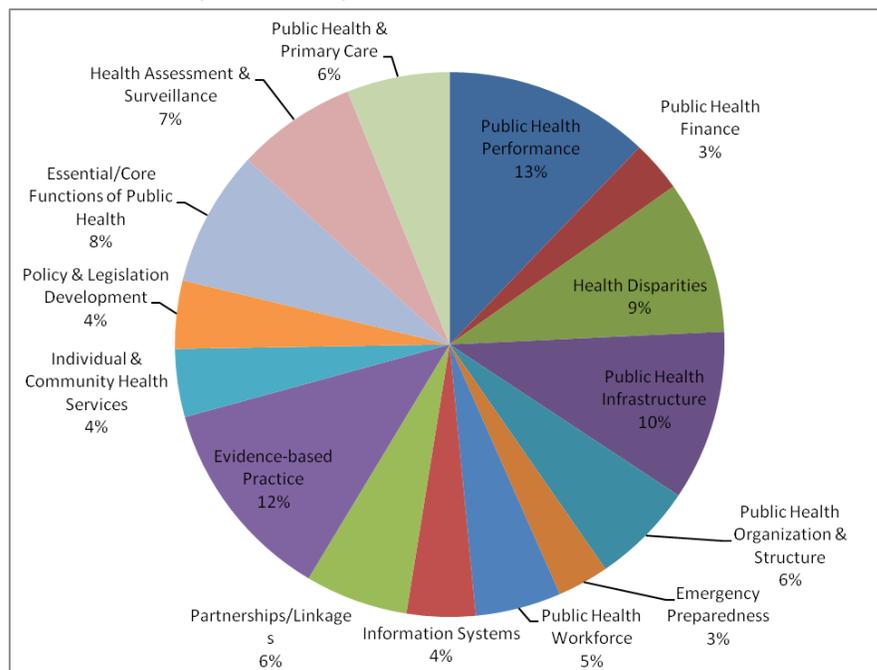
Pan-Canadian Public Health Services Research Think Tank

We have been busy planning our invitational Public Health Services and Systems Research (PHSR) Think Tank which will take place in Montreal on May 26 & 27, 2011. In addition to a CIHR Meeting grant, this project has generated a great deal of interest 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 Oglvie and Bonnie Henry), Research Western at UWO (Anita Kothari) and three CIHR/PHAC Applied Public Health Chairs (Gilles Paradis, Patricia Martens & Marjorie MacDonald).

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.

We are in the process of wrapping up the literature review on PHSR and writing up the results of the national online survey on research priorities. Thanks to those of you who completed the survey - we had over 300 respondents and the results will help guide our thinking in preparation for the Think Tank. When respondents were asked to select their top three research priorities from a list of 15, the top three choices were: a) Evidence-based Practice; b) Public Health Performance; and c) Public Health Infrastructure. As outlined in the graph below, Health Disparities and Essential/Core Public Health Functions were the next highest ranking priorities. We look forward to reporting the outcomes of the Think Tank and will provide a full update in the next CPHFRI newsletter!



The Problem of Unequal Societies: Is Canada ready to tackle the top of the ladder?

Award winning author, academic and researcher, Richard Wilkinson, was guest speaker in a video-conference forum hosted by the Public Health Association of BC on December 14, 2010. This forum brought people together from across BC to share knowledge and perspectives with Wilkinson, a leading expert on inequalities from Britain. Wilkinson is best known for the 1999 book he edited with Marmot, *Social Determinants of Health*, and more recently for the international bestselling book he co-authored with Kate Pickett, *The Spirit Level: Why Greater Equality Makes Societies Stronger*. The thesis of *The Spirit Level* underscores what many public health professionals have thought for some time about the interaction between income inequality and health. Income inequality is not just bad for those unfortunate folks at the bottom of the ladder: it is bad for everyone! Wilkinson's main message focused on addressing those people at the top of the socioeconomic ladder rather than focusing on the bottom. We need to shift our focus, and perhaps our public health discourse, from the lower rungs of the ladder and notions of welfarism, focused on at risk and vulnerable populations, towards the higher rungs of the ladder, meaning the top wealthy.

Wilkinson supports his thesis by documenting how unequal societies have more crime, more drug abuse, more violence, more of every social pathology one can imagine. Exploring the United States in depth, he shows us how close the pattern of health and the pattern of social problems internationally fit the amount of inequality in each society. He argues that inequalities in society are divisive and socially destructive. An integral component of unequal societies, according to Wilkinson, is the drastic income divides that exist.

Income inequalities in society are problematic. The concentration of wealth in the top 1% of society threatens our quality of life because of the deepening of social class divisions. Wilkinson bases his research on the theory of social gradients. The theory of social gradients is a concept familiar to public health professionals, explained by the image of a ladder. From the bottom to the top, each ladder step indicates the socioeconomic levels where particular groups sit within society. Typically disadvantaged groups sit lower on the ladder than privileged groups.

Wilkinson stresses the need to tackle "runaway salaries" at the top of the social gradient ladder rather than the more common public health response that focuses on those at the

bottom of the ladder. While this approach may not be a new concept within public health discourse it is not something we often see done in practice. More often, public health professionals focus on target populations that address inequalities for those who are experiencing them first hand. Targeted populations are often referred to as at risk, vulnerable and marginalized people. Some people refer to this approach as welfarism.

Wilkinson's suggestion for tackling "runaway incomes" is very much in line with notions of health equity, healthy public policy, and certainly mirrors what many were trying to communicate within the 1986 Ottawa Charter. For example, the Ottawa Charter states that building healthy public policy "combines diverse but complementary approaches including legislation, fiscal measures, taxation and organizational change. It is coordinated action that leads to health, income and social policies that foster greater equity" (WHO, 1986). Tackling the problem of unequal societies requires us to be reminded of the classic public health monuments like the Ottawa Charter, but also requires us to consider what it might mean to employ Wilkinson's suggestion for long-term solutions that focus on fostering greater equity within societies.

According to a recent released report from the Canadian Center for Policy Alternatives (CCPA) we are "*that society*" Wilkinson is talking about. CCPA's report titled "Recession Proof" (Mackenzie, 2011) confirms the stark reality of income disparities in Canada. The author of this report interrogates the drastic divide that exists between the average Canadian and the best-paid Canadian CEOs. Canada's top CEOs appear recession-proof with incomes 155 times higher than the average Canadian (Mackenzie, 2011). "At the rate they earned in 2009, by about 2:30 on January 3 the average of the 100 best-paid public company CEOs in Canada already pocketed what it would take a Canadian working full-time, all year to earn" (Mackenzie, 2011). The income disparity in Canada that the CCPA draws attention to is an illustration of the concentration of wealth in the top 1% that Wilkinson warns us about.

Wilkinson's data and the CCPA's timely report are in some ways acting like a public health warning system that goes off during the quietness before the storm. How bad will this storm hit? Will we be prepared?

In some ways we were comforted to learn at this forum that there are people already ac-

tively trying to address the problem of inequalities within BC. This was a breath of fresh air from Wilkinson's dire message about unequal societies. Two members of community coalitions from Esquimalt and Surrey, BC, working on poverty reduction at the community level spoke about their campaigns to bring back a "Living Wage." A Living Wage is defined as "the minimum hourly wage necessary for a family of four with two parents working full-time to pay for food and shelter, support the healthy development of their children, escape financial stress, and participate in their communities" (Township of Esquimalt, 2010). These two community groups are advocating for the adoption of a Living Wage policy and program in their municipalities. While creating a living wage is an example of a community driven approach to building healthy public policy it is still within the old paradigm of addressing the lower rungs of the ladder and is not quite getting at the paradigmatic shift that Wilkinson calls for.

Wilkinson's main message, though, is much more comprehensive than the Living Wage initiative. In other ways this forum was disappointing in that there was no example of a full uptake of Wilkinson's perspective. Components of Wilkinson's perspective were honoured, such as community driven responses to build healthy public policy. Canadian examples that exemplified Wilkinson's main message were entirely absent. I am still left wondering what a Canadian approach might look like to addressing the top-rungs of the ladder. Wilkinson provides countless examples of top-ladder approaches in his book, but still no Canadian examples.

I think we need to turn to people like Linda McQuaig (2010), a Canadian journalist, who co-authored the book "*The Trouble with Billionaires*" for a Canadian tailored response. She outlines countless strategic and innovative tax solutions and social justice approaches that would be options for a Canadian system. McQuaig's ideas are supported by other authors such as Vega and Irwin (2004), who argue that continuing to tackle health inequalities from the mainstream policy approach of "pro-poor" is insufficient (p. 482). In the same vein as Wilkinson, Vega and Irwin claim that factors other than income powerfully shape the social gradient. They reiterate that *pro-poor* approaches limit intervention to the bottom rungs of the social ladder and leave untouched the core social processes that generate health inequalities.

Continued on page 4...



Continued from page 3... **The Problem of Unequal Societies: Is Canada ready to tackle the top of the ladder?**

Whitehead and Popay (2010) also argue that to reduce inequalities requires action on inequalities in wider social determinants operating outside the health system. Cohen and Reutter (2007), like McQuaig, speak from a Canadian perspective when addressing poverty in the context of children and families. They argue that one strategic response to addressing poverty in this context would be to better prepare public health nurses with advocacy and social policy skills. They claim that nurses are knowledgeable about advocacy but are given few opportunities to practice this within the educational practice arena and lack organizational support in the workplace to fully employ this public health work. Therefore further acknowledgment of public health nurses' potential role in social policy advocacy work is needed with the organizational support to realize their skills. All of these authors would agree that focussing on the most disadvantaged or the lower rungs of the ladder will not reduce health inequities sufficiently. We must take people like McQuaig (2010), Vega and Irwin, Whitehead and Popay (2010) and Cohen and Reutter (2007) seriously if we accept Wilkinson's clear standpoint that we will never tackle inequalities unless we tackle the top rungs of the ladder.

With a lack of Canadian examples of top-ladder approaches, I wonder how a full uptake of Wilkinson's perspective in public health might shift our discourse. It seems to me that a paradigm shift has yet to occur in Canada as it has in other countries. If public health puts healthy public policy at the center of our agenda, a complete transformation will have to occur in our discourses and our practice. This left me wondering what strategies and details one might employ to institute, for example, a redistribution of incomes within Canada. How might an uptake of Wilkinson's perspective change the roles of public health practitioners such as nurses, environmental health officers and medical health officers? I also wonder how academic and research programs will need to shift their focus. If we accept Wilkinson's message to approach inequalities from the top-down rather than from the bottom-up as the only way to truly tackle inequalities, we need to consider how to shift the traditional discourses of welfarism, pro-poor and social safety net, for example, in the overall public health movement to mirror this vision.

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Submitted by Laura Tomm Bonde, CPHFRI Doctoral Fellow

CPHFRI Feature Graduate Student: Robyn Wiebe



CPHFRI would like to thank Robyn Wiebe for her contributions so far and welcome her into her new role as a Project Coordinator!

I received my undergraduate nursing degree from UBC Okanagan in 2008 and since that time, I have continued to practice within the academic setting. As such, I began my nursing career working with the Health & Wellness centre at UBC Okanagan, as a Nurse Clinician. Primarily, my role encompassed campus-wide initiatives and outreach, but I was also involved in providing direct nursing services. In particular, I helped coordinate a community-based participatory action research project called The VOICE Study. This experience stimulated my interest in research, and my desire to work with communities and health systems. For that reason, I decided to return to school, and embark upon a graduate degree in nursing.

In September 2010, I began working towards a Masters of Nursing at the University of Victoria, within the Nurse Educator stream. Since that time I have been engaged in full-time studies, as well as part-time research work. I continue to partner with the Health & Wellness centre at UBC Okanagan, particularly with research initiatives and special projects. In addition, I am working on projects with a variety of faculty members at the University of Victoria. At the University of Victoria, I primarily work with Dr. Marjorie MacDonald, and the CPHFRI research team. I was initially hired as a research assistant for the Public Health Systems and Services research project. My primary responsibility was to engage in a literature review of the emerging field of Public Health Systems and Services Research (PHSR). As the PHSR literature review comes to a close, I have taken on a new role, as project coordinator for the Complexity Science Knowledge Synthesis grant (detailed at the top of page 2). I am looking forward to expanding my knowledge base and skills in this new role and area of study. In addition to the projects mentioned, I am working as a research assistant for Dr. Laurene Shields, looking at the literature related to the lived experience of advanced cancer, HIV/AIDS, and end-stage renal disease. I am very thankful for all of these projects and research initiatives, as they have challenged and stretched my skills. I have had the privilege of presenting at national and international conferences and these experiences will undoubtedly be of benefit as I continue my graduate studies.

As I enter my third semester of study, I have begun planning and preparing for my thesis. I am especially interested in exploring issues related to health equity and policy. Therefore, I have chosen to investigate the Ministry's push to standardize public health services, and the implications this reorganization may have upon equity. In particular, I plan to investigate the experience within the Interior Health Authority. Obviously, I have a lot of work ahead of me, as I am just in the preliminary stages. However, I am very excited to begin this process and the challenging road ahead.

Feature Researcher: Stephen Corber

Steve Corber is an understated public health powerhouse who has just retired (his third retirement, but we suspect not the last!) from teaching at SFU's Faculty of Health Sciences for the past 5 years. He has also been a CPHFRI member since our inception and we have much appreciated his experience, wisdom and his gentle good humour. Prior to coming to BC, Steve spent 10 years in Washington as head of Disease Prevention and Control Programs at the Pan-American Health Organisation, where he was responsible for communicable and non-communicable disease prevention and veterinary medicine. But his international experience goes much further back than that. Following his graduation in medicine from McGill in 1969, he worked as a medical officer in Peru (1970-71) and Papua New Guinea (1972-3), interspersed with stints in Moose Factory on James Bay (1972) and with the Navajo Public Health Service in Arizona (1974-5). Not surprisingly, he has been chairing the Public Health Agency of Canada's External Advisory Committee on International Affairs.

Steve joined the Ottawa-Carleton Health Department in 1975 as the Deputy Medical Officer of Health, becoming MOH in 1980, a post he held until he went to Washington in 1995. During that time, he developed a reputation as a strong, credible and effective public health officer. His credibility was both recognised and enhanced by his appointment as the Scientific Editor of the Canadian Journal of Public Health from 1991-1995. In 2009 he was awarded the Defries Medal, the highest award that the Canadian Public Health Association can confer, for his lifetime contribution to public health. We have indeed been fortunate to have his company on the first years of this journey and wish him well in his retirement – we suspect it is not goodbye, just au revoir.

Submitted by Trevor Hancock, CPHFRI Co-Lead



CPHFRI would like to extend our sincere gratitude to both Steve Corber (pictured above) and Cindy Anderson (featured below) for their contributions to CPHFRI over the years and wish them both all the best in their future endeavours!

Feature Knowledge User: Cindy Anderson

Cindy Anderson is a highly respected and well known public health figure in British Columbia. Cindy recently retired from her managerial post with Vancouver Island Health Authority (VIHA). Her commitment and passion have been the trademark of her long and distinguished service to the people of Vancouver Island. Cindy brought an incredible energy to her work. She was at the forefront of a number of public health developments from Health promoting schools, the core programs review, to shifts in public health nursing practice. During her career, Cindy directed a range of public health professionals including speech/language pathologists, nutritionists, dental hygienist, audiologists, nurses, and even emergency management personnel.

In her capacity as a leader throughout her career she strove to bring standards for best practice forward, to innovate and make more efficient use of often scarce public health resources. She introduced new public health programs, like vision screening and worked incredibly hard to ensure that the mandate, mission, and scope of the program or service required was understood and evaluated. During the last three years, Cindy has served as the Core Functions Coordinator for VIHA. In this role Cindy was responsible for ensuring that each of the 21 core programs under review was understood by VIHA staff responsible for delivering the program and that a thorough inventory of service strengths and gaps were conducted as part of a program assessment. Cindy worked hard to ensure that staff participated fully in the process and were an integral part of service planning. Cindy took great pains to develop a strategy that married VIHA's service paradigm with the core functions framework. Her conceptual strengths, written and oral communication skills made the difference to the successful completion of core requirements by VIHA

teams. Cindy was faithful to the vision of core functions while bringing a critical review of its assertions and the evidence to the table. This established her as a key leader in the provincial process.

Aside from all of these gifts, Cindy provided a grounded and practical voice to HINI planning process in VIHA. She also served on the provincial public health leadership council for a number of years. Cindy has been a faithful member of the Public Health Association of BC working to advocate for public health infrastructure and investment. We shall all miss our day to day contact with Cindy, even though we understand she is but a phone call away. It is hard to think of anyone who gave so much, so consistently for so long. Your leadership will be missed Cindy, but we acknowledge that no one deserves their liberty more! All the best in your retirement.

Submitted by Shannon Turner, CPHFRI Doctoral Fellow



Cindy Anderson

Cindy has just informed us that she didn't stay retired for long as she is currently working with IBM as a subject matter expert on the British Columbia and Yukon Panorama Implementation Project. Cindy worked for many years with the Public Health Information System (iPHIS) that is currently used by many health authorities in BC and more recently on the pan Canadian electronic initiative for public health - Panorama. She looks forward to further work in this area and we look forward to Cindy's continued in-

Recently Submitted CIHR Grant

In March, Bernie Pauly, Marjorie MacDonald, and Trevor Hancock along with a large team of researchers and knowledge-users submitted a proposal to CIHR entitled, *Reducing Health Inequities: The Contribution of Core Public Health Services in BC*. We submitted an LOI last year to the CIHR Programmatic Grants in Health and Health Equity competition which was invited to the full application stage. The purpose of this program of research is to study, explore, and foster learning about the use of an equity lens during a period of complex system change in public health and develop implications for systemic responses for reducing health inequities. This is a five year proposed project involving four inter-related studies. The goals of this research are to: 1) Identify and understand the contextual influences that promote uptake of health equity as a priority in the health systems and the extent to which health inequities associated with mental health and substance use are a priority for health systems; 2) Explore and examine the engagement of public health with other sectors in health inequities reduction in mental health and substance use; 3) Critically analyze the theoretical and practical utility of existing equity tools for policy and inform program development, learning, and capabilities requirements to apply relevant tools; 4) Develop an understanding of the ethical issues encountered by public health practitioners in their efforts to reduce health inequities and the process of managing tensions. The date of notification is June 30th. We will keep you posted!