

### June 2013 Volume 5 Issue 1

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### CPHFRI: Looking back, looking ahead...

Over the past six years, the Core Public Health Functions Research Initiative (CPHFRI) has attracted close to \$6 million to develop a research program, along with training opportunities, aimed at studying public health systems renewal in Canada. This collaborative program of research brings together an inter-disciplinary team of academic researchers, and national, provincial and local public health policy/decision-makers and practitioners. CPHFRI's 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 systems and population health researchers.

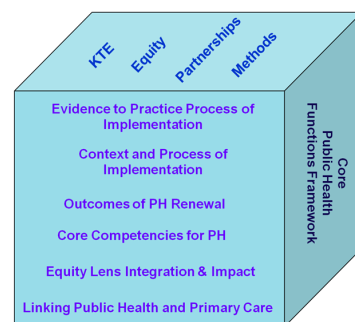
In April 2007, CPHFRI team members, along with national and international experts, participated in a think tank to share their ideas, interests, and concerns related to research priorities for public health systems renewal in BC. The result was a shared research agenda, a research framework, and a time ordered set of research priorities which are illustrated in the cube diagram below.

This process enabled CPHFRI to demonstrate that true partnerships existed and that the research agenda had "built in" policy-relevance based on collaboratively identified priorities of researchers, decision-makers and practitioners which resulted in our high degree of success in obtaining national peer-reviewed funding. To date, we have completed seven research projects, along with the RePHS project which is in year 4 and the ELPH project which is in year 2 (the ELPH team is pictured below; this photo was taken at the May 23, 2013 meeting).

In May 2011, CPHFRI members also organized a national think tank,

held in Montreal, to explore public health systems research priorities for Canada.

Now that all of CPHFRI's initial priority areas have been funded, and given that there have been substantial shifts in public health renewal in the province, we will be establishing a new set of priorities for BC and embarking on a process to re-vision and re-name CPHFRI. We will be applying for funding to hold another think tank to collaboratively develop a research agenda for PHSR priorities for BC which will be informed by the national priorities identified at the Montreal think tank. We also have several knowledge translation activities in the works so stay tuned for more details in the next newsletter!



CPHFRI would like to acknowledge our primary funders



Public Health Agency of Canada

## Announcements

- The one year CIHR Knowledge Synthesis project on Complexity Science / Complex Adaptive Systems has wrapped up. Please have a look at two resources that are now available: a) a [resource book](#) which includes a list of tools with references; and b) a “Prezi” which introduces complexity concepts and practical tools. More resources and a report are forthcoming.
- Two commentaries by CPHFRI leads were recently published in the Times Colonist, they are available by clicking on the links below:  
[Poverty Caries a High Cost to Everyone in B.C.](#) and [Take Prevention Seriously, Make it a Priority](#)
- On February 26, 2013, Marjorie MacDonald was invited, on behalf of the Public Health Association of British Columbia, to Ottawa to speak to the House of Commons Standing Committee on Health on Health System Sustainability.
- Bernie Pauly and Lenora Marcellus, both CPHFRI members and faculty members in UVic’s School of Nursing, were awarded the Queen Elizabeth II Diamond Jubilee medal for outstanding service to Nursing. Dr. Perry Kendall, Provincial Health Officer for B.C., was also awarded the medal.
- At the CPHA conference held earlier this month, Patricia Martens was recognized as a public health leader, educator and researcher through the R.D. Defries award. Dr. Martens collaborated with CPHFRI members on our national public health systems research priority think tank held in Montreal in May 2011 and we would like to congratulate her on receiving this prestigious award!
- Congratulations to the Public Health Association of British Columbia (PHABC) on their Diamond Jubilee Anniversary - for 60 years PHABC has been providing leadership and advocacy to promote and protect the public’s health in British Columbia!

## RePHS Project Update

RePHS (Renewal of Public Health Systems) is a five-year project examining the implementation of public health renewal processes across BC and Ontario. Using a complexity lens, researchers from both provinces are addressing two primary questions: (1) What factors/contexts influence or affect the implementation of these policy interventions? and (2) What have been the impacts/effects of these policy interventions on: staff, the organization, the populations served, other organizations, and communities? Furthermore, the concepts of equity, health human resources, and the relationship between public health and primary care are being examined throughout. The research is taking place in all 6 health authorities in BC and 6 representative health units in Ontario.

Although the project is now in the final year of funding, we have a no-cost extension until March 2015. To date we have completed three phases of interview/focus group data collection and conducted two concept mapping exercises (evidence and equity). Over the course of the next year we hope to conduct one more round of interviews/focus groups as well as a social network analysis. The social network analysis will focus on public health collaborations within our two exemplar programs – healthy living/chronic disease prevention and sexually transmitted infection prevention.

Dissemination of findings is well underway. In the Fall of 2011 and 2012 we held face-to-face meetings in both provinces (BC and Ontario) to present and discuss the results with knowledge users. Summaries of these meetings are available on the RePHS website (<http://www.uvic.ca/research/groups/cphfri/projects/currentprojects/rephs/index.php>).

We have also published 2 articles:

Pinto D Andrew, Manson Heather, Pauly Bernadette, Thanos Joanne, Parks Amanda, Cox Amy:  
Equity in public health standards: a qualitative document analysis of policies from two Canadian provinces. International Journal for Equity in Health 2012 11:28. <http://www.equityhealthj.com/content/11/1/28>)

Tomm-Bonde Laura, Schreiber S Rita, Allan E Diane, MacDonald Marjorie, Pauly Bernie, Hancock Trevor: Fading vision: knowledge translation in the implementation of a public health policy intervention. Implementation Science 2013 8:59. (<http://www.implementationscience.com/content/8/1/59>)

A number of other papers have been submitted or are in preparation. To help move the paper writing forward, the academic researchers from both provinces will be participating in a data analysis/paper writing retreat on Vancouver Island July 15-18, 2013.

Finally, we have presented numerous papers at conferences both nationally and internationally.

To receive more information on RePHS please contact Diane Allan, RePHS Project Coordinator ([dallan@uvic.ca](mailto:dallan@uvic.ca)).



renewal of public health systems

## ELPH Project Update

ELPH (Equity Lens in Public Health) is a Canadian Institutes of Health Research funded five-year program of research with the aim to produce new knowledge for reducing systemic health inequities through promoting mental health and preventing harms of substance use. The overall propose is to study, explore, and foster learning about the use of an equity lens during a period of complex system change in public health. While promoting health equity and reducing health inequities is an important public health goal, it is not always clear if reducing health inequities is a priority in health care, what a health equity lens is or how it is being applied. We aim to develop knowledge for reducing health inequities that can inform the incorporation and application of an equity lens in public health and health care. The research is being undertaken in partnership with six BC health authorities as well as the National Collaborating Centre for the Determinants of Health, the Public Health Agency of Canada and Public Health Ontario.

We are working on four studies over five years. Specifically we are asking (1) What promotes or restricts the implementation of health equity as a priority in BC health authorities? (2) What mechanisms of collaboration exist between public health and other sectors to take action on health inequities in the areas of mental health promotion and prevention of harms of substance use? (3) What tools and resources can be developed to support health equity oriented policies and programs? And (4) What are the ethical challenges and how do public health providers address these as they work to reduce health inequities in the areas of mental health promotion and prevention of harms of substance use?

We are in the second year of this program of research and nearing completion of phase one interviews for ELPH 1 (health equity as a priority). We are also preparing to launch the first version of ELPH 3 health equity tools

inventory. The health equity tools inventory brings together resources that public health practitioners and teams can draw from as part of a strategy to incorporate health equity into their work. At our recent team meeting in Vancouver, we shared a draft of our inventory of health equity tools. This inventory is in its final stages of development, and will be posted on our website ([www.uvic.ca/elph](http://www.uvic.ca/elph)) over the summer. The current version contains descriptions of 36 tools, but a future version will include assessments of the theoretical relevance and practical utility of these health equity tools.

In a second study, we will be undertaking a social network analysis to gain an understanding of how public health collaborates with others both inside and outside of the health authority to promote health equity. A key goal of the CPHFRI program of research is to contribute to the development of innovative research methods in public health. While social network analysis has been used in some areas of public health, it has not been used to understand the networks of public health practitioners. Principal Investigator Bernie Pauly and coordinator Kathleen Perkin recently travelled to Kentucky to the LINKS Centre for a one week workshop on doing social network analysis. We learnt a tremendous amount about nodes, ties and UCINET that we are looking forward to applying in this work.

We have some changes in staff and trainees. First, we would like to thank research associate, Connie Zeisser, for her work on the health equity tools and wish her all the best in her new position. We'd like to welcome Francie Morgan who recently joined the team as a transcriptionist. We would also like to welcome our new doctoral trainee, Phuc Dang, who is joining us from Brock University, and starting the Social Dimensions of Health Program in September. Additionally, Erin Cusack, our Master's fellowship recipient is completing her term but we are pleased that

she will be staying on as a research assistant with the ELPH team.

We are accepting proposals for research policy internships. These are short-term graduate student internships to work on projects related to the health equity identified by knowledge user partners. Interested ELPH knowledge user partners can submit proposals for graduate student internships by August 1. Contact Kathleen for more details ([elph@uvic.ca](mailto:elph@uvic.ca)).

We are pleased to announce that our ELPH protocol paper has been published in BMC Public Health. This paper outlines the background to ELPH and the methodology we are using in all four studies in the ELPH program of research. It is available online at: <http://www.biomedcentral.com/1471-2458/13/550>.

Pauly, B., MacDonald, M., Hancock, T., Martin, W., & Perkin, K. (2013). Reducing health inequities: the contribution of core public health services in BC. BMC Public Health, 13:550. DOI: 10.1186/1471-2458-13-550



For more information on ELPH please contact Kathleen Perkin, ELPH Project Coordinator ([elph@uvic.ca](mailto:elph@uvic.ca)) or visit the ELPH website: [www.uvic.ca/elph](http://www.uvic.ca/elph)



## Upcoming Events:

- Public Health Association of BC Summer Schools *Recreation and Health*, July 23-24 and *Building Reflexive & Cultural Competencies to Tackle Health Inequities*, July 25-26; for more information, please see the PHABC website: <http://www.phabc.org/>
- Public Health Association of British Columbia (PHABC) Annual Conference, *Health in All Policies: Taking Intersectoral Action for Equitable and Sustainable Health*, Burnaby, BC, November 4-6, 2013.
- 3rd International Public Health Nursing Conference, Galway, Ireland, August 25-27, 2013
- 21st IUHPE World Conference on Health Promotion, Pattaya, Thailand, August 25-29, 2013
- American Public Health Association Annual Meeting and Exposition, Boston, November 2-6, 2013
- European Public Health Conference, Brussels, November 13-16, 2013

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

## Talking About Aboriginal Health: Integrating Primary Care and Public Health

Approximately 100 people attended a community event co-hosted by the Aboriginal Health Strategic Initiatives (AHSI) department of Vancouver Coastal Health and the Public Health Association of BC. The event entitled 'New Visions of Health Care in Aboriginal Communities: Integrating Primary Care & Public Health' was funded by the Canadian Institutes for Health Research as a Café Scientifique and was held on the evening of November 22, 2012 at the Vancouver Public Library in conjunction with the 2012 PHABC conference.

### Some of the key messages from the panel presentations included:

- Primary care and public health are two areas that have the greatest potential as common first points of contact with the health care system to contribute to the reduction of health inequities for First Nations and Aboriginal peoples.
- Collaboration between primary care and public health can leverage resources and momentum towards investing in more equitable, socially just and wellness-centred population health outcomes for Aboriginal communities.
- Inter-sectoral collaboration at intrapersonal, interpersonal, organizational and systemic levels all support effective integration between primary care and public health.
- Health and wellness are not just the responsibility of health care systems, organizations or departments – multiple sectors (e.g. education, industry & justice) have the potential to influence improved primary care and public health.
- Integration between primary care and public health for Aboriginal communities requires relationship building and open communication between partners. Often this requires groups to know each other well internally before establishing partnerships externally.
- The size and breadth of staff and services within a Health Authority is different when compared to a Health Centre in a First Nations community - each context influences how collaboration and integration across primary care and public health is pursued differently.
- The integration of health services has been common practice within health departments in First Nations communities for years and can serve as examples for how the mainstream health system can plan and provide health care services in a more coordinated fashion.



From left to right: Diana Day (moderator), Dr. Marjorie MacDonald, Mara Andrews, Kim Brooks and Dr. Annette Browne (panel speakers)

- Staff within health departments in First Nations communities often wear multiple hats and fulfill multiple roles within their jobs. Work as a result is less silo-ed.
- Both primary care and public health can jointly acknowledge and respond to the historical context of Aboriginal health outcomes in Canada through a culturally competent approach to health service planning and delivery.
- Definitions for and approaches to quality, respectful care can be shared across public health and primary care - working with Aboriginal community members to create this vision.
- The Provincial Health Service Authority's Indigenous Cultural Competency Training program is an example of a resource that can benefit all staff working directly or indirectly with primary care and public health to build the necessary knowledge and skills to support First Nations and Aboriginal clients

Please direct any questions to Kayla Pompu, [kaylapompu@hotmail.com](mailto:kaylapompu@hotmail.com)

## Accelerating Public Health Systems Research in Ontario: Building an Agenda

As Ontario's public health system undergoes major restructuring as part of a national reform agenda, it is important to examine current issues, opportunities and challenges in healthcare that are relevant to Ontario's context. Public Health Systems Research (PHSR) is an emerging field that has the potential to explore these issues and offer insights on improving the public health system and ultimately the health of Ontarians.

Building on the existing Ontario RePHS team and funded by a CIHR Meeting Grant, co-principal investigators, Dr. Anita Kothari and Dr. Sandra Regan along with co-investigators Dr. John Garcia, Dr. Ruta Valaitis, Dr. Heather Manson and Dr. Linda O'Mara hosted a provincial Think Tank titled "Accelerating Public Health Systems Research in Ontario: Building an Agenda", in Toronto on October 22nd and 23rd, 2012.

The Think Tank was designed to generate discussion and ideas around a PHSR agenda for Ontario, bringing together policy-makers, researchers and practitioners to determine top research priorities and brainstorm around how to move those priorities forward. Participants were presented with the results from an environmental scan, an on-line survey, and multiple presentations and panel discussions to provide context for agenda setting. Among presenters was Dr. Marjorie MacDonald who spoke to the national work to develop a PHSR agenda. Participants identified the six most important PHSR priorities for future research in Ontario. These included:

**Public Health Performance** - How do we create theoretically based performance indicators and measurement tools to evaluate the efficiency, equity and effectiveness of public health services, while improving quality and safety?

**Evidence-based Practice** - How do we use existing data to create the foundation for future research initiatives? How do we ensure that public health services and decision-making processes are guided by evidence-based practice?

**Public Health Organization and Structure** - How do the size, boundaries and structures of public health agencies/departments impact the delivery and performance of public health services?

**Public Health Workforce** - How do we recruit and retain public health professionals, while addressing the issues of education and accreditation?

**Public Health Infrastructure** -How do we ensure the infrastructure resources (organizational structures, financing systems, workforce characteristics, and delivery mechanisms) necessary to implement effective and appropriate interventions for individuals and communities?

**Partnerships/Linkages** -How do we create and mobilize partnerships/linkages to improve public health system performance (i.e., within and between government, public health agencies, community-based organizations, health care providers, educational institutions and private sector organizations)?

Currently, the core Think Tank team is in the process of creating an Ontario PHSR website and reaching out to additional stakeholders to expand and diversify a budding PHSR network. The Think Tank proceedings will be available on Ontario PHSR website or from Dr. Anita Kothari (akothari@uwo.ca). The identification of these Ontario PHSR priorities will spark interest, bring focus, and lead to collaborative inquiries in this important area of research.

*Submitted by Dana Gore, Anita Kothari, and Sandra Regan*

## Feature Knowledge User: Lorna Storbakken

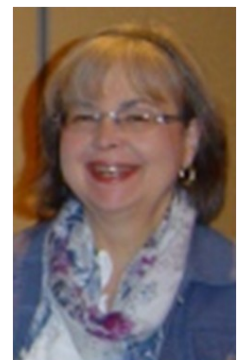
Lorna Storbakken has been a valuable member of CPHFRI since our inception and we truly appreciate the time, wisdom and valuable insight she has contributed to our team. Lorna has just retired from her position as Director of Core Functions Implementation with the Ministry of Health and we know she will be greatly missed there, as well as here with CPHFRI.

Lorna started her working career in 1971 as a nurse in St. Mary's Hospital in Sechelt. She found her true calling in Public Health and spent the better part of the 1980s working as a front line Public Health Nurse in Salmon Arm and Princeton before taking a Public Health Nursing Administrator position in 1988 in Kelowna. In 1996 Lorna accepted a Manager of Public Health Nursing position at the Ministry of Health, and the rest they say is history. It was here that Lorna found her true home, the ability to combine her public health nursing background and management experience at a macro level. Lorna has been responsible for providing strategic policy direction and management in a variety of public health programs at the provincial level, including communicable disease, healthy living, chronic disease prevention and injury prevention.

As the Director of Core Functions Implementation since 2005, Lorna was key to facilitating the implementation of core public health functions and providing project management for the initiative. She worked closely with Trevor Hancock for many years and from all accounts, did a fantastic job of keep him on track!

We wish Lorna all the best in her retirement and hope she enjoys her time on Pender Island doing what she loves: sewing, gardening and creating art.

*Thank you to Cheryl Martin and Lorna's colleagues at the Ministry of Health for providing much of the text above.*



CPHFRI extends our deepest gratitude to Lorna Storbakken for all of her contributions and wishes her the best in her retirement. You will be greatly missed Lorna!

## Feature Graduate Student: Bruce Wallace

Since Fall 2012, I have been a Post-Doctoral Fellow with the Equity Lens in Public Health (ELPH) program of research. As detailed on page 3 of the newsletter, the purpose of this CIHR funded grant is to generate new knowledge to inform systemic responses that promote health equity through strengthening of public health systems. Specifically, we are examining and learning about the integration of an equity lens in public health in a time of complex system change. The ELPH program of research is focused on two public health programs: the prevention of harms of substance use, and mental health promotion/prevention of mental disorders as outlined in the Healthy Minds, Healthy People, A Ten Year Plan to Address Mental Health and Substance Use in BC. As a Post-Doctoral Fellow with ELPH, I am benefitting from tremendous opportunities to learn and work with a team of brilliant academics, knowledge users, students, other trainees and staff.

I completed my PhD from UBC last year where my research explored oral health inequities in BC and the emergence of community dental clinics as a response. Recently I have been able to see three academic articles published from my doctoral research. My prior academic training includes a Master of Social Work degree, specializing in social planning and administration at Carleton University, and a Bachelor of Arts in Sociology at University of Calgary.

My research and community involvement has focused on poverty, health and equity and I have over twenty years of experience with non-profit agencies, often collaborating with consumer-led agencies addressing issues related to poverty, homelessness, poor health, mental health and problematic substance use. As a community-based researcher I work with the Victoria Cool Aid Society's Community Health Centre as well as their housing and shelter programs. Previously, I was Researcher for the Vancouver Island Public Interest Research Group (VIPIRG) and a collaborator with the Canadian Centre for Policy Alternatives (CCPA)'s Economic Security Project.

At the same time, I have been working with consumer-based movements and agencies focused on addressing issues related to mental health, substance use and poverty. This includes being the founding Executive Director of a local non-profit agency addressing homelessness that engaged the street community in service provision and policy evaluation in the 1990s, over a decade of involvement with the consumer-based Movie Monday Society which uses media arts to educate about mental illness and stigma, and many years as Advisor with the Society of Living Illicit Drug Users (SOLID).

As a post-doctoral fellow with ELPH, I see new opportunities to build on my past experiences and develop new research directions that can inform policy and practice on public health issues through application of health equity and social justice perspectives. To date, I have been involved in many aspects of the ELPH program of research including the development of the health equity tools inventory as well as planning for the social network analysis. With Bernie Pauly, nominated Principal Investigator for ELPH, supervising my fellowship I have many opportunities to pursue my research interests in reducing health inequities and contributing to social change. Being located at the Centre for Addictions Research of BC (CAR-BC) at the University of Victoria further increases these opportunities as I am able to work within a vibrant centre that supports research, publishing and training.



## Feature Researcher: Sandra Regan

I am an assistant professor in the Arthur Labatt Family School of Nursing at Western University (London, Ontario). Prior to taking up this position in 2009, I worked at the College of Registered Nurses of British Columbia (formerly the Registered Nurses Association of British Columbia) for 10 years (1999-2009) as a policy consultant. In that role, I was responsible for policy on nurse human resources including the nurse shortage and new graduate nurses, education policy including entry to practice, and advanced nursing practice. Those 10 years working in policy were a busy and exciting time for me in BC – the nurse shortage emerged and focused decision-makers in BC and across the country on the issues of the nursing workforce; after years of political action, BC nurses achieved baccalaureate as entry to practice; and I was on a research team led by Dr. Rita Schreiber and Dr. Marjorie MacDonald that examined advanced nursing practice and influenced the development and implementation of the nurse practitioner role in BC.

In my current academic position at Western University, I continue to develop my scholarship with a focus on policy. I teach undergraduate and graduate courses in health policy. My research interests focus on health human resources policy. I am interested in the influence of government policies on the health workforce; new and emerging roles in health care; and new graduate nurses as they begin practice. I am on a Western University-led team funded by the Canadian International Development Agency working in Rwanda (Maternal Newborn Child Health in Rwanda – MNCHR) where I support health human resources policy.

I am a co-investigator on the Renewal of Public Health Systems (RePHS) Study. This five year study examines the implementation and impact of the Ontario Public Health Standards and BC Core Public Health Functions framework. My focus is on examining the implications of these policies on public health human resources. I am delighted to be part of this incredible team!

