

The logo for the Atlantic Health Promotion Research Centre (AHPRC) features the letters 'AHPRC' in a bold, sans-serif font. The 'A' and 'H' are blue, while the 'P', 'R', and 'C' are green. Below the letters, the full name 'Atlantic Health Promotion Research Centre' is written in a smaller, blue, sans-serif font.

AHPRC
Atlantic Health Promotion Research Centre

The logo for Atlantic Networks for Prevention Research (ANPR) features the letters 'ANPR' in a large, green, serif font. Below the letters, the full name 'ATLANTIC NETWORKS FOR PREVENTION RESEARCH' is written in a smaller, blue, sans-serif font. A blue oval graphic is positioned below the text, with a small green dot at its top center.

ANPR
ATLANTIC NETWORKS FOR PREVENTION RESEARCH

The title of the report is centered on the page. It begins with a small blue triangle pointing to the right, followed by the text 'Report of the Public Health Research and Knowledge Translation (PHRKT) Network Workshop' in a bold, blue, sans-serif font.

**Report of the Public Health Research
and Knowledge Translation (PHRKT)
Network Workshop**

**Sponsored by CIHR Institute for Health Services and Policy
Research**

**October 24, 2005
White Point Beach Resort, Nova Scotia**

Steering Committee Co-chairs:
Lynn McIntyre, Janet Braunstein Moody, Donna Meagher-Stewart
Research Assistant:
Lucy Harmon

Cover design: Barb Thorne, AHPRC

The mission of the Atlantic Health Promotion Research Centre is to conduct and facilitate health promotion research that influences policy and contributes to the health and well-being of Atlantic Canadians.

This report has been prepared by:

The Public Health Research and Knowledge Translation (PHRKT) Network,
Atlantic Networks for Prevention Research

The Public Health Research and Knowledge Translation (PHRKT) Network is part of the Atlantic Networks for Prevention Research (ANPR), a capacity-building project grant led by Renée Lyons of the Atlantic Health Promotion Research Centre (AHPRC) at Dalhousie University.

Atlantic Health Promotion Research Centre
1535 Dresden Row, Suite 209 City Centre Atlantic
Halifax, NS, Canada
B3J 3T1
Phone: 902.494.2240
Fax: 902.494.3594
Email: ahprc@dal.ca
www.ahprc.dal.ca

Copyright © 2005 Public Health Research and Knowledge Translation Network

How to cite this document:

Public Health Research and Knowledge Translation Network. 2005. *Report of the Public Health Research and Knowledge Translation Network workshop, October 24, 2005*.
Halifax: Atlantic Health Promotion Research Centre, Dalhousie University.

Table of Contents

Executive summary.....	4
Background- The PHRKT Network	5
Workshop components.....	7
1) Story telling - Vision for an enhanced public health infrastructure in Atlantic Canada.....	7
2) What knowledge would support enhancement of public health infrastructure in Atlantic Canada?.....	9
3) Selecting themes	10
4) Refining research questions, creating titles for research projects--working in groups by interest.....	10
5) Plenary results: public health research questions for Atlantic Canada.....	11
Next steps.....	13
Post-script	14
Appendix 1: Workshop agenda.....	15
Appendix 2: Framework model	16
Appendix 3: Workshop participant list.....	17

Executive summary

October 24, 2005, marked the first face-to-face meeting of the Public Health Research and Knowledge Translation (PHRKT) Network at an afternoon workshop held at White Point Beach Resort in Nova Scotia. The workshop was held in conjunction with the Atlantic Networks for Prevention Research (ANPR) Forum 2005, *Building a Healthier Atlantic Canada through Health Promotion and Prevention Research*, October 25-26. The PHRKT Network workshop brought together 30 participants, including members of the network and guests (see Appendix 3 for participant list).

The purpose of the workshop was to:

- identify and develop “researchable” questions that would inform infrastructure improvement in the **publicly-funded public health system** and services in Atlantic Canada; and
- establish preliminary research teams to move the questions forward for external research grant funding over the next year.

The afternoon began with a brief introductory presentation from Lynn McIntyre and welcomes from fellow co-chairs Donna Meagher-Stewart and Janet Braunstein Moody. Workshop facilitator Judy Johnson then guided the group through appreciative inquiry (AI) and nominal group technique (NGT) exercises to identify key elements and themes of a well-functioning public health system.

Research questions and teams to develop these questions emerged around four key themes:

- Social capital in public health/ public health interfaces
- Structure and function of public health
- Public health strategies
- Public health human resources and practice

This report describes the process of arriving at the above themes and the preliminary research questions and/or working titles subsumed under each theme.

Background- The PHRKT Network

The Public Health Research and Knowledge Translation (PHRKT) Network is an interprofessional, multi-jurisdictional network led by a steering committee of 23 public health researchers, practitioners, and policy decision-makers from each of the four Atlantic Provinces. The network is part of the Atlantic Networks for Prevention Research (ANPR), a capacity-building project grant led by Renée Lyons of the Atlantic Health Promotion Research Centre (AHPRC) at Dalhousie University, and funded by the CIHR Institute of Population and Public Health. The purpose of the PHRKT Network is to produce and use research evidence to support the improvement of public health and the restructuring of public health systems in Atlantic Canada. The goals of the network are research development, training, and knowledge translation.

The network was formed in May-June 2005 and began the first of a series of four teleconference calls in July 2005. Assisted by research assistant Lucy Harmon and ANPR coordinator, Sally Walker, the network approved its terms of reference, and oversaw the preparation of background documents, including a framework document, an inventory of public health research conducted in Atlantic Canada over the past five years, and a summary of knowledge translation models that could apply to public health research problems.

The last network call before the workshop also identified some research topics that might be worthy of pursuit. These included:

1) Public health organization in a regionalized structure

- What is the theory behind the structure(s)?
- Comparative structures, influence, integration
- Optimal organizational design for models of service delivery, e.g. chronic disease management
- Framework for evaluation/ to achieve what?

2) Public health human resources

- What are essential pre-employment competencies?
- What public health competence exists among other health staff?
- How does professional development occur among public health staff?

- How do staff access/use evidence?
- How do we quantify time/outcomes in public health work?

3) **Key public health programs**

- What are the programs? Examples include: Healthy Beginnings program (0-6): access to age group, targeted vs. universal, evaluation, primary health care (PHC) interface, disparity reduction
- Evaluation: how do we know if these programs are successful?
- Other functional research, e.g., health surveillance, youth, immunization barriers, and core system gaps.

Workshop components

The workshop agenda is attached as Appendix 1. The purpose of the event was to identify and develop “researchable” questions that would inform infrastructure improvement in the publicly-funded Public Health system and services in Atlantic Canada. The event began with an introduction by Lynn McIntyre, co-chair and opening remarks by the other co-chairs, Donna Meagher-Stewart and Janet Braunstein Moody. Judy Johnson served as the afternoon’s facilitator. It was stressed that the Framework for Public Health Infrastructure Improvement (Appendix 2) should be used in establishing research priorities or questions. Judy guided the 30 participants (see attendee list in Appendix 3) through the following workshop processes:

- Story telling--vision for an enhanced public health infrastructure in Atlantic Canada
- What knowledge would support enhancement of public health infrastructure in Atlantic Canada?
- Selecting themes
- Refining research questions, creating titles for research projects--working in groups by interest
- Plenary results: public health research questions for Atlantic Canada

1) Story telling - Vision for an enhanced public health infrastructure in Atlantic Canada

Participants formed groups of approximately five persons that reflected the affiliations and regions represented at the workshop. Each participant was asked to think about:

- a time when good knowledge was applied well to enhance public health effectiveness
- OR
- a specific situation when you felt the public health system was working at its best and contributing to improved health status for people in Atlantic Canada.

What were the key elements and characteristics of these scenarios that we would like to (re)create? The groups then reported to the larger group.

Results

Participants identified the following elements:

- *Leadership*- characteristics of good leadership included innovation; risk taking within current infrastructure limitations; courage; creativity; trust (on all sides); the capacity to think big and pull something off in a limited timeframe.
- *Social capital*- it is important to build social capital through partnerships; networking; knowledge of and in the community (for example, public health nurses' knowledge about a community).
- *Engagement*- participation of those involved or targeted in a public health intervention requires empowerment and reaching out with access/opportunity/voice. Local emphasis is important.
- *Evidence-based*- the public health system works at its best when there is evidence for intervention. This will bring benefit for all. The intervention must be understandable to the people it is being delivered to. There must also be understanding of the impact of not acting.
- *Outcome oriented*- standards; information/data available; vision.
- *Language and communication*- understanding common terms in the public health system; good communication- information is transferable and easily understood; education/teaching through skill development of recipients and subscribers- helping people to help themselves; mentorship within the system.
- *Bridging theory and practice*- It is important to highlight stories of practice to inform others. Outcomes are important, but so is knowing *how* something happened in order to replicate public health successes.
- *Boundaries*- clear focus on a specific population (youth, etc.); clear beginning and end (time frame).
- *Disparity reduction*
- *Multidisciplinary teams*- intersectoral, crossing traditional boundaries. It is important for community level players and/or the subjects of the intervention to be involved.
- *Timing was right*

2) What knowledge would support enhancement of public health infrastructure in Atlantic Canada?

Participants were asked, “What would we like to study?” Using the elements described above as context, participants generated the following questions and comments.

- How can we be more efficient in our collaboration/teamwork?
- How can public health infrastructure acknowledge and build social capital?
- What factors make public health successful at local levels and how can we replicate that at regional, provincial, and national levels?
- What individual and structural factors facilitate best practices and outcomes?
- What is the undercurrent of the environment that has the most impact on public health? What are the goals, targets and outcomes in use now, and what can we learn from them?
- Bridging theory to practice (incorporating leadership piece). There will be an absence of moving forward if we do not address it. What is the role of mentorship in bridging theory to practice?
- How do we create a pan-Atlantic, coordinated, strategic agenda and how do we know when we have arrived?
- Leadership, convergence- coming together to set directions (figuring out our place makes it easier to deal with constant reorganization)
- What would happen to public health outcomes if public health practitioners were allowed more leeway?
- How can we have a more community development-focused approach and what would happen if we did?
- What models for integrating research practice and professional training work best in Atlantic Canada?
- Towards a theory and practice of the “whole”- Participatory Action Research (PAR) case studies- also identifying what we do not want.
- Highlighting the success stories to the public and policy makers. Showcase what we are doing through our research. Knowledge- how do we sell it, what are the connectors?

- What are the indicators and benchmarks to let us know our timing is right?
- How do we have a structure that allows us to react instantaneously when needed?
- The determinants of health- where do they fit?
- Who are public health's partners? How can public health best work with them? What is the public health sector role? (Key role is influencing- how can public health influence partners?)
- Validation of strategic partnerships otherwise their worth will be lost. A suggestion was made to "officially designate" these partnerships somehow. How do we validate the work we are doing with partners?
- How do we influence timing? How do we make that explicit and be nimble enough to respond?
- Relational nature of public health work- is this competencies, world view, etc. Is this teachable? Can it be nurtured and captured? What is the context to allow relational work?

3) Selecting themes

Four themes were identified from the questions generated:

- Social capital in public health/ public health interfaces- including intersectoral partnerships, etc.
- Structure and function of public health- including models of public health, regionalization, etc.
- Public health strategies- including leadership positioning, control of our destiny, etc.
- Public health human resources and practice- including competencies, qualities, best practice outcomes, and human resources development

4) Refining research questions, creating titles for research projects--working in groups by interest

Participants interested in one of these themes were asked to group with others to generate a research title and research question(s) that could be developed for each topic.

5) Plenary results: public health research questions for Atlantic Canada

The workshop concluded with the identification of preliminary research teams to develop the themes into funding proposals. Preliminary discussions at the workshop yielded the following research questions and/or working titles for the prospective research projects.

Group 1: Social capital in public health/ public health interfaces

Research question: What are the different roles public health plays in intersectoral partnerships?

- What are the roles? How are they mapped? What makes them effective? What are the lessons for best practices? Which partnerships and relationships are the priorities?

Group 2: Structure and function of public health

Title: “Understanding the opportunities and challenges to the creation of an Atlantic Institute of Public Health”

Research question: What are the opportunities and challenges to Atlantic provincial collaboration in public health?

- Based on a shared service model- what would this look like? A shared service institute that accepts surveillance data, assists with surge capacity, fosters development, supports laboratories, etc.
- An Atlantic Institute of Public Health would have five funding partners: the four Atlantic Provinces and the Public Health Agency of Canada (PHAC).
- Methodology would involve pre-discussion and literature review; a critique of the opportunities, challenges, and models available.
- One of the questions would be: how does it fit?
- A solution-focused question- speaks to the idea of being able to respond quickly.

Group 3: Public health strategies

Title: “Understanding and influencing the health of Atlantic Canadians: defining/clarifying public health strategies”

Research question: What are current public health strategies? (define/clarify)

- What are the strategies for creating a proactive public health system in Atlantic Canada? What are the best practices in multidisciplinary strategies to public health in Atlantic Canada? What influences the direction of public health? What is the role of “Big P” public health within “little p” public health?

Additional question submitted post-workshop:

Research question: What are the challenges and barriers for implementing a (comprehensive) population health and health promotion approach in the publicly funded public health sector, both in Atlantic Canada and in each region (province-specific)? How can they be overcome?

Group 4: Public health human resources and practice

Research question: What are the characteristics that embrace/promote best autonomous public health practice and population health outcomes?

- Looking at leadership and how it is defined, location/geography, etc.
- What are the organizational supports (personal and structural), such as peer and team support, incentives, time, mentorship, etc.?

Next steps

Participants were informed that a workshop report would be sent to them. The background documents would also be published as a monograph. Individuals were invited to sign up for particular research questions, and would be contacted again when the PHRKT Network steering committee had settled upon a research development strategy. This would lead to a funding submission within the next six to 12 months.

Participants were also invited to provide a single word that described their experience of the workshop as a method of evaluation. The response was uniformly positive with such words as ‘energizing’, ‘hopeful’, ‘optimistic’, ‘dynamic’ and ‘excellent’ used.

Post-script

On the last day of the Forum, delegates were invited to participate in an informal Public Health Networking Breakfast. What follows is a summary of the discussion.

Nine Forum delegates attended the public health networking breakfast and focussed their discussion on moving forward after the PHRKT Network workshop held two days earlier.

Participants: Lynn McIntyre, Donna Meagher-Stewart, Shirley Campbell, Andrea Chircop, Lisa Jensen, Jo-Ann MacDonald, Jo Anne MacDonald, Grace Warner, and Linda Young

To this end, several principles were established:

- Research topics and the teams involved need to be inclusive of the four provinces, taking an Atlantic perspective.
- Begin with consecutive rather than concurrent research working groups- the network does not currently have the capacity to deploy multiple work groups.
- Student participation- doctoral students should be added as part of research proposals.
- Proposals have to match the funding competitions that are available.

The research to come out of this process is best thought of as a multi-phase program of research, beginning with a positioning phase. In discussing the commitment to this process that could be asked of the PHRKT Network, it was felt that an appropriate role for members would be to provide direction and editing in specific areas. A core researcher team would manage the actual grant-writing process. An important next step will be getting individuals with the appropriate skills named on the grant applications.

It was noted that matching funding might be required for some funding competitions that are available. Matching funding might come from Capital Health in Nova Scotia and the other Atlantic Provinces would be asked to provide funding as well. Donna Meagher-Stewart mentioned the Canadian Nursing Foundation as a possible matching funds partner. The capacity development capabilities of the Nova Scotia Health Research Foundation (NSHRF) were noted as important.

APPENDICES

Appendix 1: Workshop agenda

Research Priorities for Public Health Infrastructure in Atlantic Canada

**Workshop of the
Public Health Research and Knowledge Translation (PHRKT) Network
White Point Beach Resort
October 24, 2005**

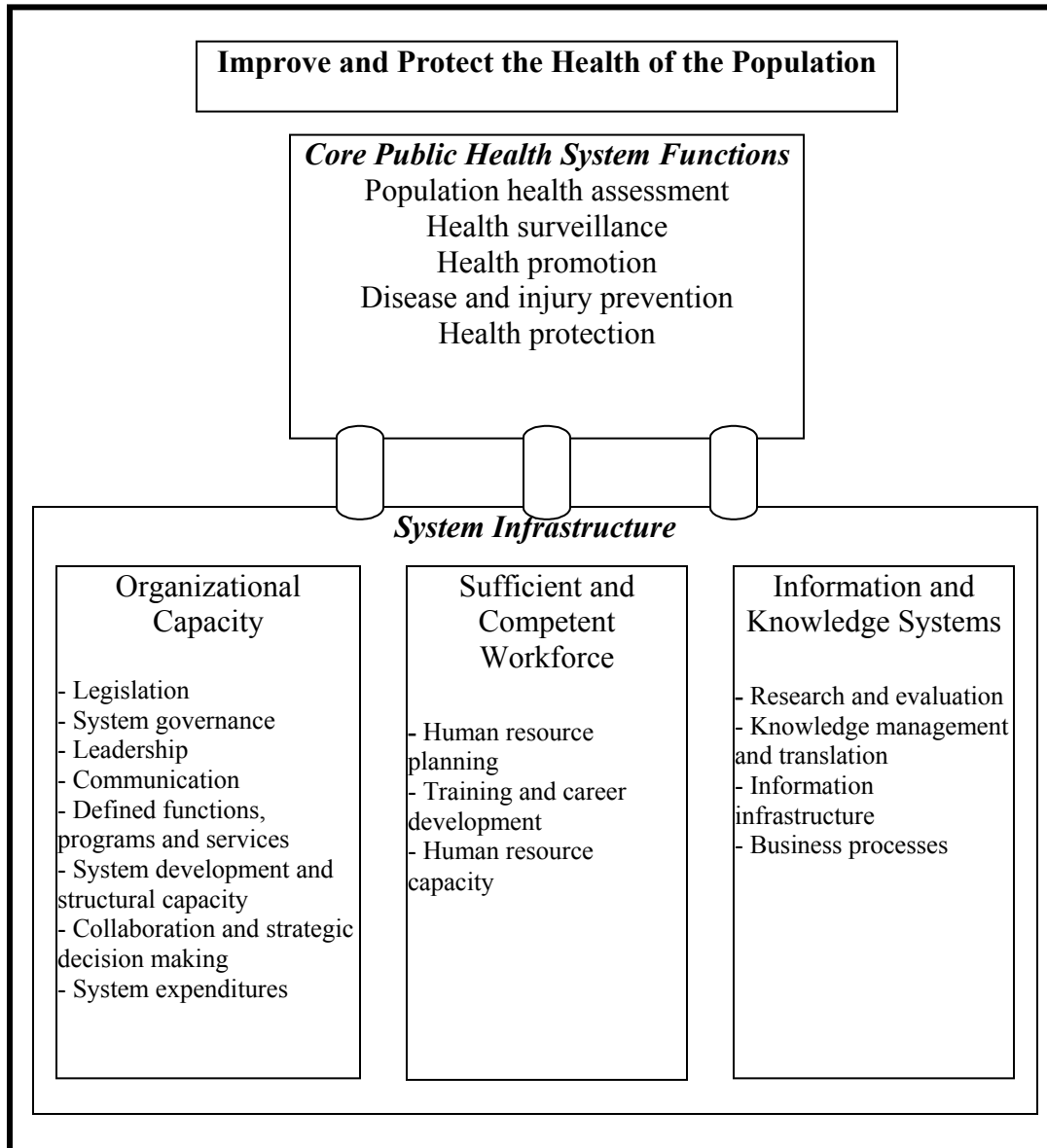
AGENDA

***Purpose:** To identify and develop “researchable” questions that would inform infrastructure improvement in the publicly-funded Public Health system and services in Atlantic Canada.*

- | | |
|-------------|--------------------------------------------------------------------------------------------------|
| 12:00-12:45 | Lunch |
| 12:45-1:00 | Background presentation by Lynn McIntyre, brief introduction by co-chairs |
| 1:00-1:45 | Story telling – Vision for an enhanced Public Health infrastructure in Atlantic Canada |
| 1:45-2:15 | What knowledge would support enhancement of PH infrastructure in Atlantic Canada? |
| 2:15-2:40 | Break |
| 2:40-2:50 | Selecting themes |
| 2:50-4:00 | Refining research questions, creating titles for research projects
Work in groups by interest |
| 4:00-4:30 | Plenary |
| 4:30 | Closure |

Appendix 2: Framework model

Public health system core functions and supporting infrastructure



Source: Adapted from: *Improving Public Health System Infrastructure in Canada*. The Report of the Strengthening Public Health System Infrastructure Task Group of the Federal/Provincial/Territorial Advisory Committee on Population Health and Health Security, March 2005 (DRAFT)

Appendix 3: Workshop participant list

Name	Affiliation	E-Mail address
Lynn McIntyre	Dalhousie University	Lynn.mcintyre@dal.ca
Donna Meagher-Stewart	Dalhousie University	Donna.meagher-stewart@dal.ca
Janet Braunstein Moody	Nova Scotia Department of Health	MOODYJB@gov.ns.ca
Todd Barr	Atlantic Health Promotion Research Centre	Todd.barr@dal.ca
Claire Betker	Public Health Agency of Canada	clairebetker@yahoo.ca
Meredith Campbell	Nova Scotia Health Research Foundation	campbema@gov.ns.ca
Fiona Chin-Yee	Public Health Agency of Canada, Atlantic Regional Office	Fiona_chin-yee@phac-aspc.gc.ca
Andrea Cochrane	Child Safety Link- IWK Health Centre	Andrea.cochrane@iwk.nshealth.ca
Cora Cole	Guysborough Antigonish Strait DHA and Cape Breton DHA, NS	Cora.cole@publichealth.ns.ca
Keith De'Bell	University of New Brunswick-Saint John	kdb@unbsj.ca
Jacqueline Gahagan	Dalhousie University	Jacqueline.gahagan@dal.ca
Donna Gallant	St. Francis Xavier University	dgallant@stfx.ca
Doris Gillis	St. Francis Xavier University	dgillis@stfx.ca
Rosemarie Goodyear	Community Services Central Regional Integrated Health Authority- NL	rosemariegoodyear@gov.nf.ca
Andrea Hilchie-Pye	Public Health Association of Nova Scotia	andrea@hilchiepye.com
Lois Jackson	Dalhousie University	Lois.Jackson@dal.ca
Susan Kirkland	Dalhousie University	Susan.Kirkland@dal.ca
Jennifer Lowe	Public Health Agency of Canada	Jennifer_lowe@phac-aspc.gc.ca
Renee Lyons	Director-AHPRC; P.I.- ANPR Project	Renee.lyons@dal.ca
Jo-Ann MacDonald	University of Prince Edward Island	jammacdonald@upei.ca
Jo-Anne MacDonald	St. Francis Xavier University	jtmac@tru.eastlink.ca
Gerry Mugford	Memorial University of Newfoundland	gmugford@mun.ca
Adam O'Neill-	SafetyNet: Community Alliance	adam@mun.ca

Sherrard	for Health Research	
Sue Pettit	Child Safety Link- IWK Health Centre	Sue.pettit@iwk.nshealth.ca
Ann Ryan	Memorial University of Newfoundland	annr@mun.ca
Patricia Seaman	University of New Brunswick	seamanp@unb.ca
Shirley Solberg	Memorial University of Newfoundland	ssolberg@mun.ca
Grace Warner	Atlantic Health Promotion Research Centre	Grace.warner@dal.ca
Elizabeth Wright	Public Health Agency of Canada	Elizabeth_wright@phac.aspc.gc.ca
Linda Young	Public Health Services, Capital DHA, NS	Linda.young@cdha.nshealth.ca