Institute of Population and Public Health

POP News

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Message from the Scientific Director

Dr. Nancy Edwards
Scientific Director

Over the past months there have been several RFAs released as part of CIHR's Signature Initiatives. Links to these RFAs are provided in this newsletter (see p. 6). The RFA for community-based primary health care team grants was launched following an announcement by the Honourable Leona Aglukkaq in late January. This RFA was purposefully designed to reflect the full spectrum of primary health care services including public health. A series of webinars was planned for teams interested in applying.

The Personalized Medicine RFA has also been released with joint funding from CIHR, Genome Canada, and the Cancer Stem Cell Consortium.

The next phase of the Evidence-Informed Healthcare Renewal is also underway and the RFA containing the next round of key questions from decision-makers will be released shortly. As part of the latter initiative, there are interesting Science Policy Fellowships available with Health Canada and provincial health agencies.

In my last newsletter, I welcomed our new Institute Advisory Board (IAB) members. Later this spring, we will begin the process of selecting new members to commence their term in September, 2012. For those interested in applying to be on an IAB, applications must be submitted by **April 15th** in order to be considered in the next round to select members. Institute Advisory Boards play a critical role in the work of CIHR's institutes and the contributions of pillar 4 researchers are made not only through our Institute's advisory board but also through the IABs of other Institutes.

In March, 2012, we hosted a forum for pillar 4 IAB members from all Institutes in conjunction with the Montreal meeting of our IAB. We will provide a synopsis of the discussions in our next newsletter.

The New Brunswick Health Research Foundation, in collaboration with the Université de Moncton and Mount Allison University hosted me in February 2012. More information is posted on the Université de Moncton website (French only).

Please note the new CIHR-IPPH mailing address as of April 2012:

1 Stewart Street, Room 124, Ottawa, ON K1N 6N5

Inside this Issue:

Message from the Scientific Director…………………………………….. 1

Applied Public Health Chair Feature: Dr. Saewyc…………………….. 2

Programmatic Grant Feature: Evidence-Based Public Health Interventions…………………………………………………………… 3

Student Corner: Ms. Nguyen...………………………………………... 4

Book Review…………………………………………………………... 5

Announcements………….………………...……………………..……. 6

Applied Public Health Chair Feature: Dr. Elizabeth Saewyc

Based on an interview with Emma Cohen

Tell me about your research focus

I am exploring both risk factors and protective factors related to adolescent health, i.e. factors that contribute to health challenges and factors that can foster healthy outcomes. For example, children who have been exposed to violence from abuse or bullying can have health challenges like higher likelihood of substance use, unintended pregnancy, or suicide attempts, but certain positive supports can help lower those chances. There are lots of different protective factors that can make a difference, including safe and supportive schools, caring and nurturing families, feeling connected to adults in their community, an opportunity to be engaged with community groups and volunteering, being involved in extra-curricular activities like sports, all these can contribute to healthy development.

Dr. Elizabeth Saewyc
Applied Public Health Chair

"[Adolescence] is a critical period of transition and growth."

What are the benefits of focusing on protective factors versus risk factors?

Typically decision-makers tasked with health policy and health practitioners use a "problem-focused" approach to health decision-making, meaning they focus on addressing a single problem, like smoking, or drunk driving. However, if you focus on fostering health protective factors you will not just reduce smoking, you can reduce drunk driving or unintended pregnancy at the same time, and maybe even school performance and emotional distress. With protective factors, you have the ability to address a wider variety of risk factors and to promote a wider variety of healthy outcomes. A collaborative, whole-of-government approach is needed to develop effective population health interventions that address protective factors.

Why have you chosen to focus on adolescent health?

I've always liked teenagers. This is a critical period of transition and growth: puberty, body changes, changes in social environment, and a time to develop skills around health behaviours and make decisions around careers and relationships. There are so many changes happening at the neurological, cellular, and social level, so it is a huge time of promise. Early childhood development is important, but teen years are often forgotten as another key developmental window for health promotion.

Who is the main audience for your research?

There are lots of audiences: policy makers interested in adolescent health issues, like underage drinking and sexually transmitted infections, are a main audience for this research. Health care providers and social workers involved in child welfare are another group. Parents are interested, since it helps them to understand teens. The young people themselves are also an important audience; we engage them since they are the best experts about their lives, and they have good ideas about what can help improve their health and development. Teens are sometimes surprised by the research findings, because they tend to be portrayed negatively in the media, and don't often hear that the majority of them are doing well. We have asked teens what they think should be indicators of adolescent health, and while they do pick some of the risk factors like smoking and violence, they also come up with protective factors. This implies that they understand that health is not just about the absence of illness, but the presence of support, positive growth, and well-being.

What advice would you give to someone interested in pursuing population health research in general and population health intervention research in particular?

Make sure that you are engaging the communities in the research. Population research needs to include policy makers, parents, and the teens themselves. The people whose lives will be most affected by the research need to be at the table in guiding the research questions and in making sense of the findings.

Want to learn more?

Read a recent publication by Dr. Saewyc and colleagues *The Safe Harbors Youth Intervention Project: inter-sectoral collaboration to address sexual exploitation in Minnesota*.

Programmatic Grant Feature: Evidence-Based Public Health Interventions

Based on an interview with Louise Potvin by Julie Senécal

Drs. Louise Potvin, Richard Lessard, Marie-France Raynault and co-investigators are the recipients of one of eleven Programmatic Grants in Health and Health Equity funded by CIHR-IPPH and other partners.

What opportunities does this research program offer you, your research team, and your partners?

This research program focuses on four dimensions of public health interventions: public policy, favourable environments, support for community development, and reorientation of health services. We use these four dimensions as a means of examining a number of the programs that Montreal's public health agency, the *Direction de la santé publique de Montréal* (DSPM), develops and implements to overcome social inequalities in health, which is its highest priority.

We had our first funding cycle to create the Lea Roback Research Centre, which was a research-development centre. Through a trial-and-error process, we also successfully created a favourable environment for integrating academic research into a public-health-services structure (regional health planning).

Developing this research program enabled us to build closer ties among our four outstanding teams and to work together on our common focus: research questions arising from the DSPM's programming. We do this work on both a regional scale and a local one. This is the end result of a partnership that the DSPM and researchers at the Université de Montréal have been building for the past 20 years. The opportunity to conduct programmatic research is now ripe.

Compared with conventional operating grants, what is the value added by a programmatic research approach?

This approach fosters greater integration in the research program and hence greater coherence. It encourages researchers to pool their resources; to share tools and community liaison opportunities; to optimize collaboration with the program's partners in Montreal; and, to create a critical mass of research and knowledge-sharing activities within DSPM. That allows economies of scale. It is a matter of intensity rather than diversity.

Programmatic research is about working as a team. It is not a laboratory where the principal investigator is the boss. In a research program like ours, which demands close ties with practice settings, many things have to be negotiated; the principal investigator does not control every aspect.

In your research program, do you plan to study any specific components of the systems for implementing population-health interventions, and if so, can you give us an overview or some examples of them?

All of our research deals with systems for implementing population-health interventions. In my own research program, I am looking at the implementation and the effects of the local-development-support programs funded by regional partnerships among the DSPM, the City of Montreal, and the United Way of Greater Montreal.

Dr. Lise Gauvin's research targets the built environment and works with revitalization programs, which require intersectoral partnerships that reach communities.

Dr. Angèle Bilodeau studies the linkages among the mechanisms for funding co-ordinated consultation initiatives in neighbourhoods. Many forms of action are funded for local thematic interventions, independently. We are studying what that produces locally in terms of integration, links between networks at the regional level, and in terms of action at the local level.

Dr. Marie-France Raynault is looking at the way that the DSPM's activities influence early-childhood policy. She is studying the partnerships that the DSPM builds, looking at the role that the DSPM plays in regional policies and programs that involve multiple regional stakeholders (ministries with a social portfolio), as well as in advocating for the implementation of policies to support young children and families.

Dr. Louise Potvin and colleagues are the recipients of one of eleven Programmatic Grants in Health and Health Equity funded by CIHR-IPPH and other partners.

Do you have any activities that engage citizens locally?
In Quebec, the community movement is very well organized and funded. It is organized around certain action areas in which health plays a prominent role. The youth roundtables in the neighbourhoods are an example of a venue where a variety of stakeholders participate, such as schools, school boards, and recreation departments. We work with these bodies that are organized for and represent citizens. We are working on social development in the neighbourhoods, because that is one of DSPM's important strategies for fighting social inequalities in health.

What are your research methods?
We use a broad range of methodological approaches. For example, DSPM intervenes through several indirect partnerships. We want to develop a number of tools in the form of platforms for exchanging information and applying knowledge and liaising with communities and partners, which is highly innovative. We are going to take advantage of the geocoded databases that exist for Montreal. We are going to study the processes that have direct impacts on health, as well as those whose health impact is longer-term. The programming is organized around the DSPM action framework, based on the Ottawa charter. However, each of the dimensions will have a different action framework.

Student Corner: Ms. Trang Nguyen—pH1N1 Workshop

Trang Nguyen, MSc (candidate)
Clinical Epidemiology Program, Ottawa Hospital Research Institute, Ottawa, Canada
Epidemiology and Community Medicine, University of Ottawa, Ottawa, Canada

The Pandemic H1N1 vaccine in the public's hearts and minds

During a pandemic, vaccine effectiveness and availability alone does not translate into high vaccination uptake by the general public. The success of a pandemic vaccination campaign comes down to individual decision-making by the public as to whether or not to vaccinate themselves and their family, based on available information and personal beliefs. Understanding factors that underlie this decision making process is critical to increasing vaccination uptake in future pandemics.

For my MSc thesis, I conducted an interdisciplinary study that spanned the fields of cognitive psychology and public health. I used focus groups to explore cognitive processes and factors underlying the decision of whether or not to vaccinate during the pandemic H1N1 vaccination campaign. My research narrowed the focus of future work to general sets of psychological constructs, such as beliefs about consequences, environmental context and resources, social influences, and behavioural regulation, that are important in this vaccination decision. These sets of constructs can be targeted in population health interventions aimed at increasing the uptake of future pandemic vaccines.

One of the key messages arising from discussions with research experts at the *Health Systems Research on H1N1-Knowledge Exchange Workshop* was the need to understand what is in people's "hearts and minds" when developing interventions. This notion supports my MSc research and highlights the importance of understanding people's beliefs and how they think when making a decision about a novel vaccine released in response to a public health emergency.

Given the urgent need for vaccination during the past pH1N1 pandemic and future emergency situations, understanding what is in the "hearts and minds" of the public can help to inform the uptake of emergency vaccination campaigns. Vaccination campaigns that successfully increase vaccine uptake in the general public will support the overall goal to reduce morbidity and mortality related to the emerging infectious diseases.

Book Review—L’accès aux soins de santé en Afrique de l’Ouest : Au-delà des idéologies et des idées reçues [Access to health care in West Africa: beyond ideologies and preconceptions]

This article first appeared in Promosanté. *It is reprinted here with permission from the author.*

This book presents current knowledge regarding strategies for promoting financial access to health care, and in particular the strategy of exempting the most vulnerable populations from paying for such care.

Part 1 shows the harmful effects that direct payment has on the use of health services, as well as the limitations of mutual health organizations in providing care for the poorest people (specifically in Benin, Chapter 3). And yet, payment for care has enabled health centres’ management committees to accumulate vast sums that they have never deployed to provide the poorest people with access to care (Chapter 1), even though that is what it was recommended they do when the Bamako initiative was generalized in the 1980s.

Against this background, Part 2 of the book evaluates some new initiatives in West Africa to exempt from paying for health care two groups that public policy there recognizes as vulnerable: children under age 5 and women. The studies discussed deal with Africa in general, but more specifically with Niger and Burkina Faso.

Part 3 of the book focuses on payment exemption for an entire category of persons who remain forgotten in health policy: the indigent, who have no means of paying for health care. The chapters in this part of the book show how an experimental initiative undertaken in Burkina Faso may offer special promise for the poorest people. But this book also discusses some of the more political issues raised by such experiments and the difficulties involved in extending them across an entire country when public-policy makers, international donors, and health officials show little concern for the living conditions of the indigent and of the poorest people in general (Chapter 15).

The book’s conclusion, composed of chapters 16 and 17, returns to the challenges and opportunities that these new policies of exemption from payment for health care offer for strengthening health-care systems in West Africa. These systems need such policies to be implemented, because the populations that they serve absolutely do not use them because they still do not meet their needs, despite the promises that have been perpetually made, from the Declaration of Alma-Ata in 1978 to the recent World Health Assembly resolution on Universal Health Coverage in 2011.

L’accès aux soins de santé
en Afrique de l’Ouest
Au-delà des idéologies et des idées reçues
Valéry Ridde
344 pages • February 2012

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CIHR Signature Initiatives

- Canadian Epigenetics, Environment and Health Research Consortium
- Inflammation in Chronic Disease
- Community-Based Primary Health Care
- Personalized Medicine
- Evidence Informed Healthcare Renewal
- International Collaborative Research Strategy for Alzheimer's Disease
- Pathways to Health Equity for Aboriginal Peoples
- Patient-Oriented Research Networks and Support Units

Resources

- Getting Started with Health in All Policies: A Resource Pack
- ECOHEALTH Research in Practice: Innovative Applications of an Ecosystem Approach to Health

For general inquiries, please contact IPPH.
To subscribe to our E-Bulletin list, please visit our website.
Visit the IPPH website for a list of current funding opportunities being offered by the Institute.

CIHR-IPPH Funding Results

- Global Alliance for Chronic Diseases
  CIHR/Grand Challenges Canada/International Development Research Centre/ Canadian Stroke Network Team Grant - Implementation Research on Hypertension in Low/Middle Income Countries
- Planning Grants - Implementation Systems for Population Health Interventions
- Operating Grant - Pathways to Health Equity
- Operating Grant - Population Health Intervention Research
- Advancing Theoretical and Methodological Innovations in Health Research - Population and Public Health

More details are available in CIHR's funding decisions database.