

Implementing content-specific expertise at a provincial public health agency to support health promotion practice

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Health Promotion, Chronic Disease and Injury Prevention

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Disclosure Statement

- I have no affiliation (financial or otherwise) with a pharmaceutical, medical device or communications organization.

Outline

- PHO background
- Development of APHSS positions
- Situational assessments
- Capacity building

PHO Strategic Plan 2014-2019

Evidence, Knowledge and Action for a Healthier Ontario

Mission

We enable informed decisions and actions that protect and promote health and contribute to reducing health inequities.

Mandate

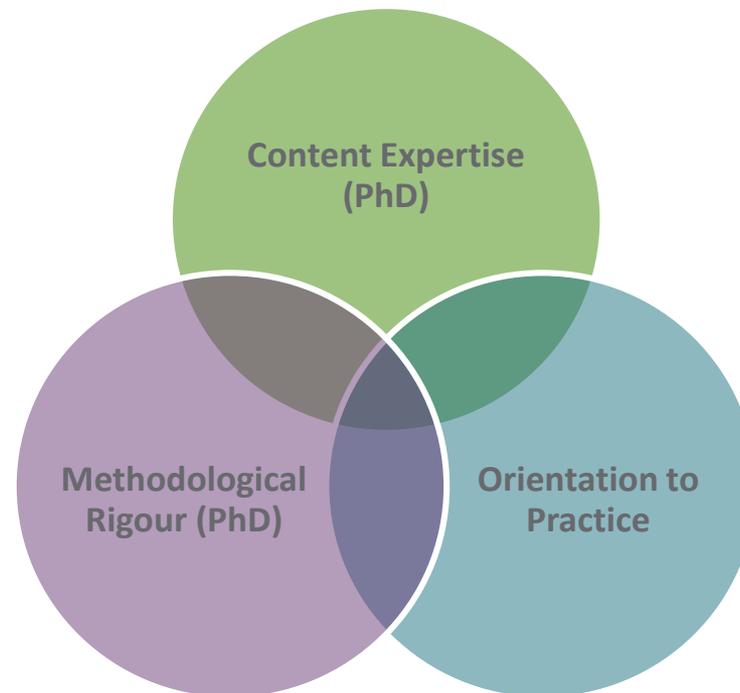
We provide scientific and technical advice and support to clients working in government, public health, health care, and related sectors.

We build capacity, assemble expertise and guide action through

- advice, consultation and interpretation
- continuing education and professional development
- health emergency preparedness
- information management
- knowledge and best practices generation
- laboratory services
- library services
- research, ethics and evaluation
- support to policy and program development
- surveillance and population health assessment

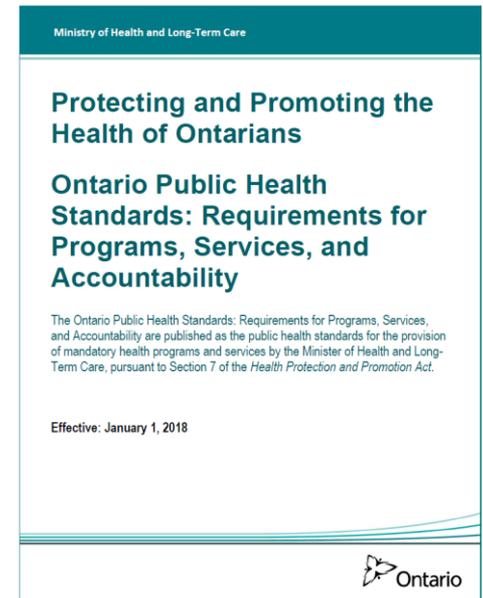
Health Promotion, Chronic Disease & Injury Prevention (HPCDIP)

- One of the science programs at PHO
- Grown from 2 FTEs to 35+ FTEs in past decade
- Identified need for greater content expertise
- HPCDIP established content leads to better meet needs of our clients → **Applied Public Health Science Specialist (APHSS)**



Content Areas – Prioritization

- Started with topics identified in 2018 Ontario Public Health Standards in relevant Program Standards:
 - Healthy Growth & Development
 - School Health
 - Chronic Disease Prevention & Well-Being
 - Substance Use and Injury Prevention
- Applied criteria to prioritize:
 - Importance (burden)
 - Extent of existing expertise (PHO + other system supports)
 - Clarity of public health role and action



APHSS Recruitment

- Initial:
 - Injury prevention – Sep 2017
 - Healthy growth and development (early years) – Oct 2017
 - Healthy eating and food environments – April 2018

- Subsequent:
 - Comprehensive tobacco control – Dec 2018
 - School-aged healthy growth and development – planned

Identifying Priorities

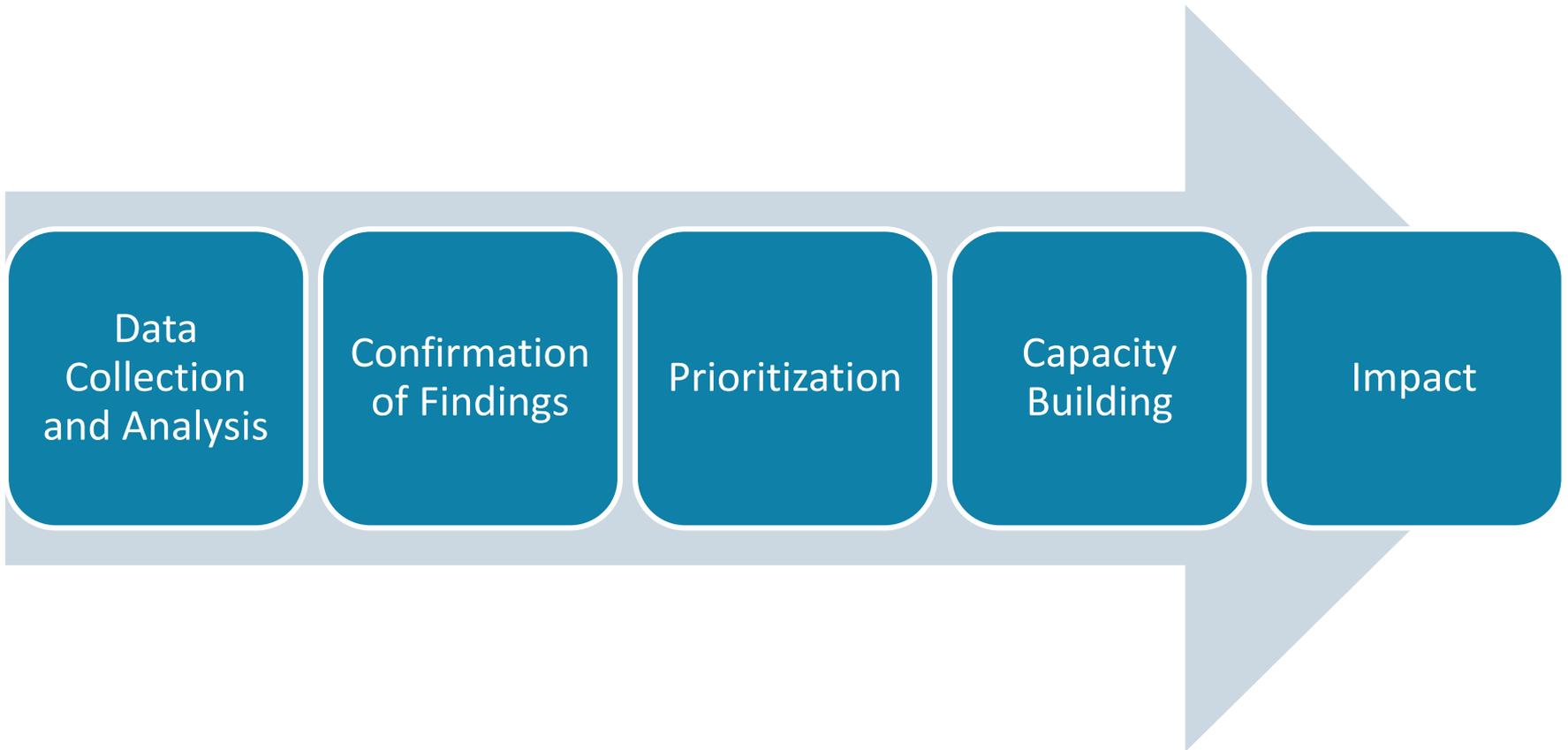
Goal:

- Complete situational assessments of content areas in public health practice across the provincial public health system.

Objectives:

1. Identify priorities for scientific and technical support for content areas on a system-wide basis.
2. Gain a better understanding of current practices, emerging issues, and research gaps across content areas, and;
3. Develop relationships with public health unit staff to increase opportunities for collaboration and networking.

Process



Approach (3 Situational Assessments)

Data Collection

- Key informant interviews (n=61)
- Focus groups at local public health units (n=11; 126 individuals)
- Semi-structured; questions on strengths, challenges, support and system needs

Data Analysis

- Thematic analysis of recorded notes from interviews and on-site focus groups

Field Involvement

- Confirmation of findings via webinar
- Prioritization of system needs via webinar/survey
 - Criteria: Impact, Existing Opportunities, Feasibility

Key Findings

5 themes common across topic areas:

1. Gaps in data, evidence, and research
2. Limited resources for planning, prioritizing, and implementing actions
3. Collaborating and networking
4. Competing priorities
5. Emerging topics and issues

Key Findings – Prioritized System Needs

Evidence Gaps

- effective practice and interventions
- improve reach and impact
- access to methods and tools

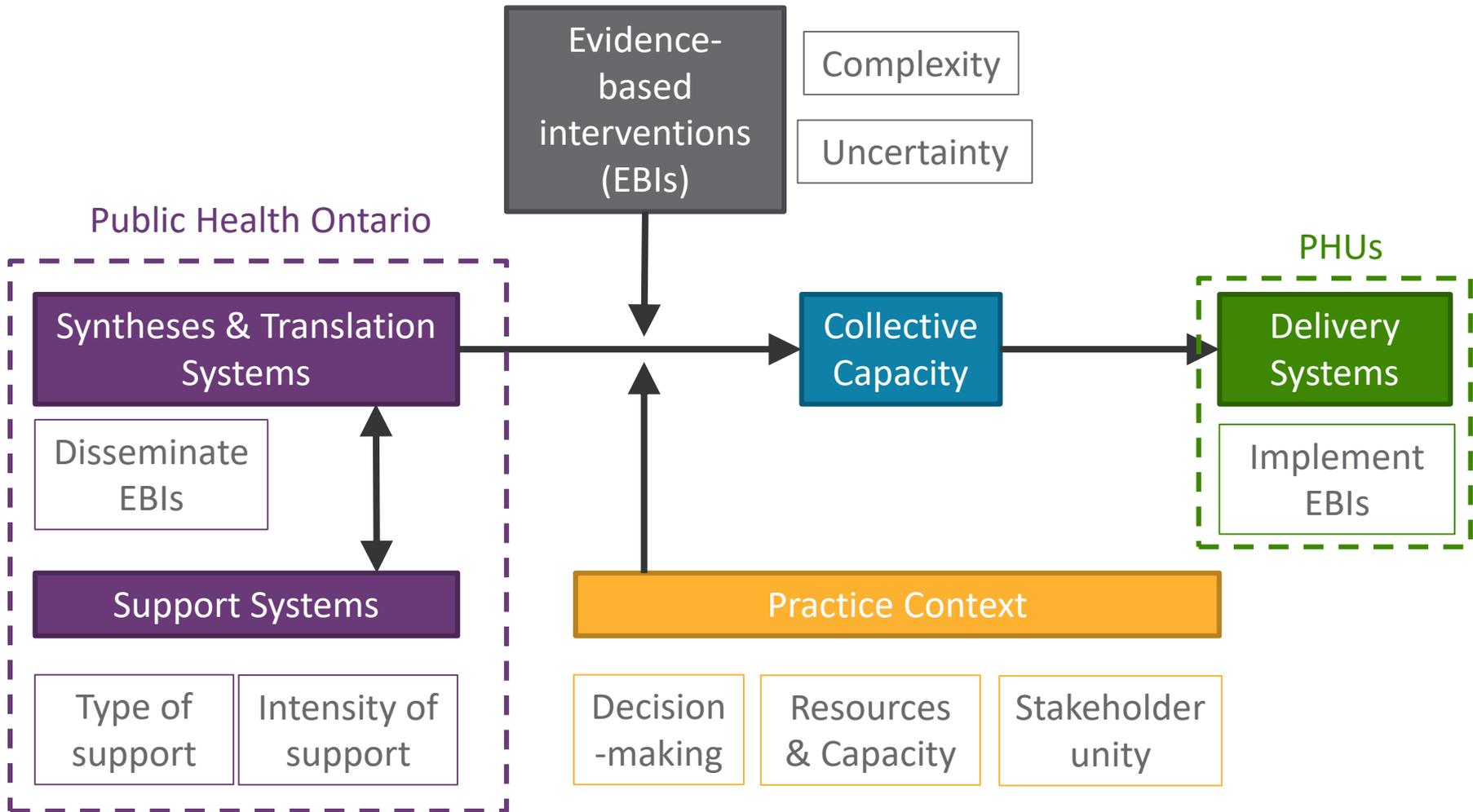
Data

- access to local data
- updated core indicators
- programmatic indicators
- standardization

Collaboration

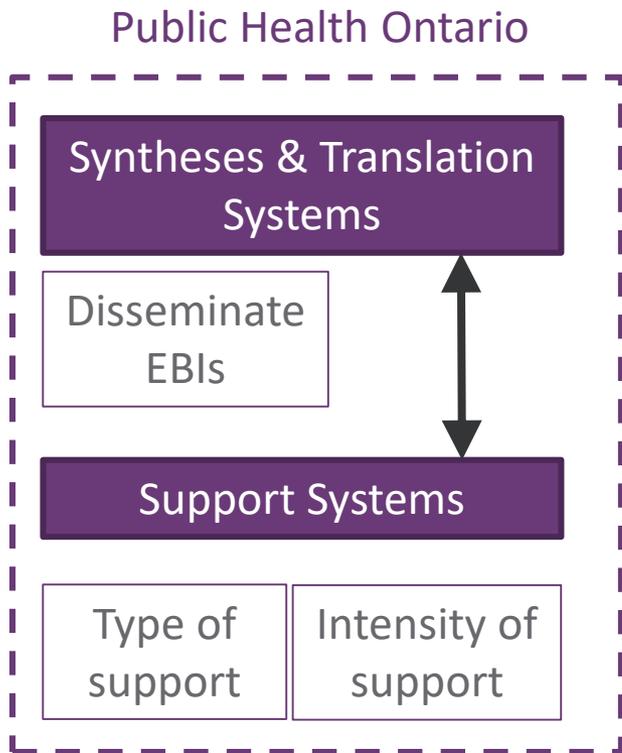
- among public health units
- reduce duplicated efforts and differences between regions
- link between research and practice networks

Framework to build capacity for evidence-based intervention implementation



Adapted from: Leeman et al., 2017. Developing Theory to Guide Building Practitioners' Capacity to Implement Evidence-Based Interventions. *Health Education & Behaviours*, 44(1), 59-69.

Applying framework to build capacity for evidence-based intervention implementation



- Leverage PHO-wide capacity
 - HPCDIP: epidemiologists; evaluation specialists; knowledge synthesis; health promotion specialists
 - Other Departments: library; events; knowledge mobilization; analytics; communications; etc.
- External Partnerships
 - NGOs; researchers; data holders



- Knowledge products
- Online tools & data/maps
- Webinars, workshops, training events
- Technical support
- Collaborative projects

Adapted from: Leeman et al., 2017. Developing Theory to Guide Building Practitioners' Capacity to Implement Evidence-Based Interventions. *Health Education & Behaviours*, 44(1), 59-69.

Initial steps taken to build system-wide capacity

- Establish working groups with PHUs to pursue priorities
- Work with APHEO to review existing indicators
- Explore access to new data sources
- Develop overviews of topics that summarize:
 - Trends
 - Available indicators
 - Risk and protective factors
 - Interventions
- Early thinking of how to analyze impacts

Conclusion and Implications

- Creating content leads was an important first step
- The situational assessment process was beneficial to the APHSS for developing work plans and building relationships in the field
- The identified priorities can also guide future research that is directly applied to public health practice
- Evaluating the APHSS impact will be a future goal
- Similar content-specific positions may be applicable to other jurisdictions

Questions



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