



a place to **LEARN,**  
a place to **GROW**

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## Nurturing the Next New Idea

### CIHR Grant Awarded to Peel Public Health

When Claudine Bennett and Judy Buchan, Research & Policy Analyst and Family Health Supervisor, attended their first steering committee meeting to launch Peel Public Health's 'Nurturing the Next Generation' strategic priority in February 2010, they were unaware that the Canadian Institute for Health Research (CIHR) was simultaneously issuing a call for applications for their Knowledge Synthesis 2010 Grant. Claudine and Judy didn't know then that one year later they'd be leading a significant research project they hadn't thought of and using a research process they'd never heard of in a bid to improve health for children in Peel.

It was Bev Bryant, Manager of Education and Research, who suggested that Peel Public Health could apply for the grant and use it to conduct a literature review that would fit with the Nurturing the Next Generation initiative. It seemed like a serendipitous opportunity to integrate current evidence into this strategic priority.

Claudine and Judy were eager, but they'd never submitted a grant application. The task seemed enormous. The Knowledge Synthesis grant aims to pair knowledge users with researchers, but Peel Public Health – the knowledge users – didn't have a list of researchers with family health expertise.

Even so, the Steering Committee gave Judy and Claudine the green light to devise a proposal to investigate the question: What effective, population-health interventions could Peel Public Health realistically offer to all children in Peel to support child well-being during the first year of life?

First challenge: How do you identify researchers with the appropriate background and get them to agree to undertake your research? Claudine and a small working group were relentless. They googled experts in the field, compiled a list and then made cold calls (that were most often warmly received). They networked at conferences and workshops and were surprised and pleased when they soon had four well-respected researchers on board.

Second challenge: What type of literature review would fit the question? It was suggested that a realist review was best suited to our purpose, but Judy and Claudine first had to read a book for a crash course in what a realist review entails and why it would be appropriate!

Third challenge: What if you don't get the funding? By the time the application was submitted the whole team was so committed to the project that they agreed to move ahead regardless of the CIHR decision. A motivating vote of confidence!



Claudine Bennett and Judy Buchan

# The Other 'View'

## Sharing the male perspective in public health

We talked with our male colleagues throughout the department to get their views. We all know that development doesn't begin or stop at work but is a product of a number of factors including our upbringing, interests and experiences.

While their answers varied, one thing was clear—our interviewees are all passionate about the work they do in their teams and in advancing public health.



Peel Public Health staff is 90% female and 10% male.

Source: 2009 Best Survey

### Dr. David L. Mowat

#### Vital Stats:

- Born in London, England
- Father was a clergyman
- Is the youngest of three sons (both his brothers are musicians)
- Met and married his wife Sandra in St. John's, Newfoundland
- Has a son Peter and daughter Alison.

#### Body of Work:

David started his medical career in Canada as a family doctor in Nova Scotia and then trained in pediatrics before discovering his passion for public health. He has worked at the local, provincial and federal levels including working for the Public Health Agency of Canada, Health Canada, Ontario Ministry of Health and Newfoundland's Department of Health.

- 1. Where did you go to school?**  
University of Edinburgh, Berkley
- 2. What is your favourite thing about your job?**  
Everything. I enjoy hearing from staff about the great work they do as well as talking about public health with people outside the organization.
- 3. What motivates you?**  
Doing important work—the work we do here is interesting, complex and makes a real difference. I find it fascinating and a lot of fun.
- 4. If you could go back, would you still pursue a career in public health?**  
Yes. I'm glad that I worked at local, provincial and federal levels and saw first hand how different parts of the system work. If I had to do one thing differently, I would have gone into public health earlier.
- 5. What's the most exciting change you foresee in public health over the next five years?**  
We're already seeing much more application of evidence into practice and I think this will continue to grow along with an increase in skill level.
- 6. What profession other than your own would you like to attempt?**  
Landscape.
- 7. Facebook or face-to-face?**  
Face-to-face.

- 8. What is your least favourite 'buzzword'?**  
There are so many...integration, alignment and best practice.
- 9. Favourite toy as a child?**  
An electric train set.
- 10. What's something you had/did in your childhood that you more fully appreciate now?**  
A good solid musical education.
- 11. Favourite sport?**  
To watch: Rugby.  
To play: Anything with minimum co-ordination required.
- 12. Favourite measuring device?**  
The long-form census.
- 13. If you could resolve one public health issue what would it be?**  
Fair funding for public health units in Ontario.
- 14. What famous female (past/present) would you like to meet?**  
Florence Nightingale.
- 15. What type of enthusiast/buff/aficionado are you?**  
History buff.
- 16. Last book you read and last movie you watched:**  
The last book I read was Tony Blair's autobiography 'A Journey'.  
The last film was 'The King's Speech'. (I'm really not that British though.)
- 17. Coffee or tea?**  
It depends on the time of the day – morning coffee and afternoon tea.
- 18. Favourite dessert:**  
Crème brulée.
- 19. Favourite car you've owned:**  
The Fiat 1x9. When it was running it was great, but it didn't run often.
- 20. What qualities do you value most in other people?**  
Frankness and open-mindedness.



#### Nurturing the Next New Idea CIHR Grant Awarded to Peel Public Health *continued from page 1*

Fourth challenge: What if you do? Claudine and Judy were overjoyed and surprised when they received word in August that CIHR had awarded them the \$96,000 grant. They didn't fully appreciate at the time that Peel Public Health was likely the first organization to be awarded a CIHR grant that had been driven by knowledge users.

The project itself formally kicked off in September. For Judy and Claudine, the entire experience has been more than they bargained for, and more satisfying than they thought possible. For Claudine, who is pursuing a Master of Science in Nursing degree, it's very fulfilling to be able to take the training she is receiving in her graduate program and apply it directly to the grant process. For Judy, having the opportunity to research beneficial interventions in infancy is an exciting complement to her earlier work in reproductive health. The grant submission process and the work she is doing in leading the project have sparked her interest in returning to school to study at the Masters level.

Their 100% commitment to the project, their willingness to challenge and extend themselves, and their determination to take an idea and run with it are nurturing the next generation of excellent public health practice.

### Did You Know?

A realist review looks at a body of literature in order to determine what interventions work for which people in what circumstances.



# 12 Qs



**Adan Abdi**  
Public Health Nurse  
Communicable Disease



**Tony Camara**  
Supervisor  
Environmental Health



**Marco Ghassemi**  
Project Specialist  
Chronic Disease & Injury Prevention



**Domenic Storti**  
Health Promotion Officer  
Family Health

**Why did you choose to work in Public Health?**

"I like that we take care of the larger community instead of just the individual. Our focus is on preventing disease before it starts or limit its progression."

**What profession other than your own, would you like to attempt?**

"That would be my second career as a singer."

Tony has recorded four Portuguese music albums and sings internationally.

**What motivates you?**

"A supportive environment. It's so important to feel supported when your working toward long-term goals and don't see immediate results."

**Best thing about being a male in public health**

"I don't have to line up to use the washroom during divisional meeting breaks."

<b>Birthplace</b>	Nagele, Ethiopia	Toronto, Canada	Tehran, Iran	Hamilton, Canada
<b>Favourite toy as a child</b>	Soccer ball	Toy guitar	Toy cars & motorcycles	Tonka toy crane
<b>Where did you go to school?</b>	Queens	York and Ryerson	Brock	Trent
<b>Favourite part of your job</b>	I like that I play a part in limiting spread of disease before it spreads to the larger population. I feel good when I've managed an outbreak well and limited the progression of the disease or provide contact management of infectious diseases cases.	My team. We're so diverse so that keeps things very interesting. We also have such a variety of work. I started off as a Public Health Inspector and now I do fascinating things I never thought I'd be doing.	It gives me the perfect balance between research, project management, consultation with front-line staff and policy development. Our teams have people with different interests and expertise so we compliment each other really well.	The variety. This job feeds my creative side and my passion for research. It gets me to step outside my comfort zone.
<b>Facebook or face-to-face?</b>	Both	Personally: face-to-face For my singing career: Facebook	Face-to-face	Face-to-face
<b>Least favourite buzzword</b>	'Value-added' — Everything we do adds value, otherwise we wouldn't do it.	'Let's take this offline.' So many tech terms are being adapted for regular business.	'Strategic action planning.' Shouldn't all plans be strategic and actionable?	Synergy - it's overused and often misused.
<b>Movie you'd like to star in</b>	Any of the Bourne movies	Gladiator	Fight Club	The Godfather: Part II
<b>Favourite sport</b>	To play: soccer To watch: basketball	To play and watch: soccer	To play and watch: basketball	To play: soccer To watch: hockey
<b>Favourite measuring device</b>	Watch - I like to arrive for appointments on time.	iPad apps - there's so many to choose from.	Speedometer	Measuring tape
<b>The one public health issue you'd resolve</b>	Vaccine Preventable Diseases. It can be eradicated by getting vaccines.	Bed bugs. This is an issue that goes beyond the physical; it impacts people psychologically.	The physical inactivity crisis. Physical activity is one of the most effective, low-cost, preventative measures we have. It impacts so many health outcomes.	The reduction of STIs – not only in terms of the actual rates but also the stigma and discrimination associated with it, particularly with HIV/AIDS. There is much to be done in terms of education.
<b>Famous female (past/present) you'd like to meet</b>	Oprah. She's a self-made woman who has helped a lot of people.	Mother Theresa for her selflessness. She's an inspiration. She gave up her material life to help others.	Rosalyn Yalow, 1977 Nobel Prize Winner in Medicine. She came from humble beginnings but through her perseverance she broke down barriers to excel in what at the time was a male-dominated field.	Rosa Parks for her courage to fight for civil rights.
<b>What type of enthusiast/buff/aficionado are you?</b>	Political junkie.	Fado* aficionado. *genre of Portuguese music	Vintage car and motorcycle enthusiast.	Music fiend.

# Workforce Development: Update Number Two!

by Bev Bryant

**Welcome** to this second edition of our update. Lyndsay and I hope you enjoy this newsy update as much as we enjoyed putting it together. You will find more stories of our workforce, its professional development, interesting projects, surprise opportunities and innovative solutions.

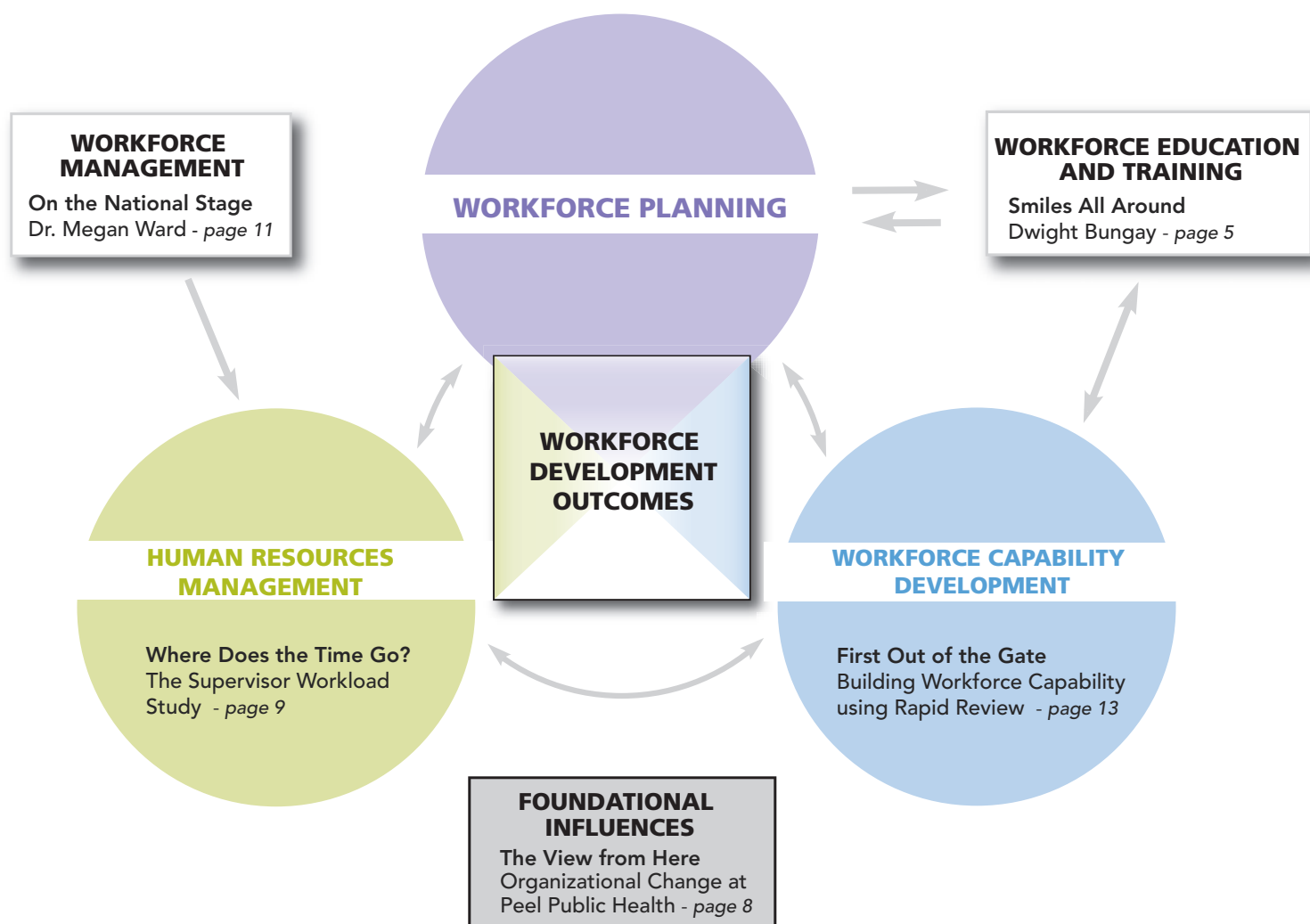
Do you remember the workforce development model we showed you last year?

Are you interested in what's been happening?

Then take note of the articles featured in the model below. Look out for the model icons associated with each story. I think you'll see that there is a lot of movement in the right direction. After all, Peel Public Health is becoming: *A Place to Learn and A Place to Grow!*



Lyndsay Kawamoto, Coordinator, Education and Research and Bev Bryant, Manager, Education and Research



## What Comfort Zone? You know more than you think you do!

For the annual United Way Day of Caring, participants who want to volunteer have to register online. But by the time Grace Kapswarah registered, most of the 'fun' activities, such as tree planting, had enough volunteers.

Then Grace, Administrative Support with the Communicable Diseases Investigations Team noticed that African Community Services of Peel was holding a one-day Communication workshop for staff. Great, she thought, something I can relate to! She promptly signed up and asked how she could help.

They needed some help with facilitation. Grace had facilitated workshops for her church, so she agreed to help out. But in Grace's own words: "I thought they needed help facilitating, but I discovered I had volunteered to facilitate the entire five-hour workshop!"

Luckily, Grace had resources. She had taken a course on Effective Communication Skills with the Region, as well as courses in Group Work Skills as part of her current studies toward a Social Service Worker diploma at Humber College. She was able to pull together material to cover the day!

"Note to self: Find out the work involved before volunteering to do something!" Grace laughs. "It was a great experience and made me step out of my comfort zone. I refreshed my skills and applied what I've learned. And it showed me that I can stretch myself."





## Dwight Bungay Smiles All Around

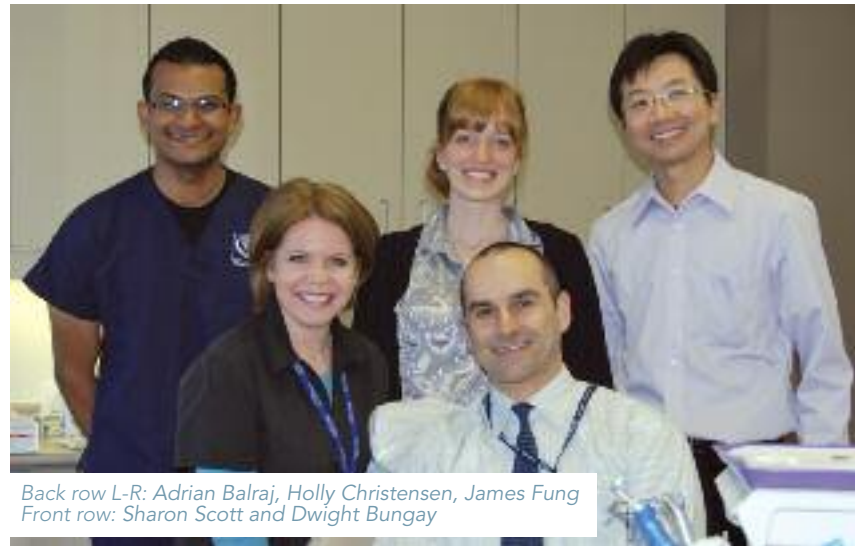
### WORKFORCE EDUCATION AND TRAINING

Hosting students from the Dental Hygienist program at George Brown College during their second-year clinical placement seemed like a partnership that would be beneficial to both the students from a learning perspective and to Peel Public Health as an opportunity to showcase a well run program to potential future employees. For Dwight Bungay, Supervisor of the Clinical Dental Team and a George Brown College graduate himself, his student placement at Toronto Public Health convinced him that a career in public health would deliver the challenge and variety he wanted. Given that the Region of Peel did not have a similar arrangement in place, he set out to make it happen.

"I contacted the Community Health professor and let her know what I wanted to do, and that brought George Brown on board. I received support for the initiative from my manager, Donna Kern, so all that was left was to iron out the details."

Dwight laughs. "There was a lot of communication required – much more than I anticipated: for example, forging the agreement was a long process. At the time, we didn't have a standard agreement for student placements."

Four George Brown students each served a one-week placement with the Clinical Dental Team in 2010, and six joined them in March 2011. George Brown College selects the students based on our guidelines around diversity and second language capabilities to reflect the population served.



Back row L-R: Adrian Balraj, Holly Christensen, James Fung  
Front row: Sharon Scott and Dwight Bungay

The dental hygienists at Peel Public Health are keen to work with the students. Managing student placements offers them an opportunity to share their knowledge and develop their skills as mentors and teachers. "We like to provide as much variety as possible," Dwight says. "Students accompany our team on school visits and spend time in the clinics, and we involve them in team meetings." Students also see clients they would less likely see in private practice such as children with rampant cavities, abscesses and/or dental trauma.

Student placements extend Peel Public Health's ongoing partnership with George Brown College. For the past two years, James Fung, a Dental Hygienist from the Clinical Dental Team has visited George Brown College to talk about the Peel Public Health experience with second-year students. Through the student placement partnership with George Brown College, Peel Public Health is helping the next generation of dental hygienists consider public health as a unique and satisfying career option. Something to smile about!

## Did You Know?

In 2010, Peel's Children in Need of Treatment (CINOT) program screened 54,407 children.

## Masters-ful Move

### Work and School Supporting Each Other

**Trish Topping**, a Health Promotion Officer currently with the Healthy Sexuality program, left Peel Public Health in August 2009 after working for over a year as an HPO in Infection Prevention and Pandemic Planning. She was excited to be embarking on a program at the University of Toronto working toward a combined three-year Masters of Health Science in Health Administration and Masters in Social Work degree. Unfortunately, the Social Work first year of the program required full-time study, removing the opportunity to continue working at Peel. Trish holds a Bachelor of Science in Health Promotion and the combined masters program is helping to expand her knowledge and skills and bring in the broader policy, administration and social issues relevant to public health.

The schedule for the Health Administration second year of the program accommodated the many participants who are pursuing their degree while employed. "I had been looking for employment for the second year when an opening at Peel Public Health was advertised. I applied right away, and was very happy to be able to come back," Trish states. She was delighted the workplace was flexible and able to accommodate a schedule that required on-campus classes for two working days every three weeks. "I find the organization values its employees and supports them in the work that they do."

Trish particularly values the range of perspectives her classmates bring to class discussions. "We have people from many different health backgrounds," she reports, "and it's a huge advantage to be able to learn from each other."

The assignments in the Health Administration portion of the course are designed with the expectation that the students will apply them to their own organization. For an assignment on flow chart process mapping, Trish's supervisor provided support by soliciting suggestions for an applicable project idea. A member of the team suggested mapping out the process necessary for data entry when a healthy sexuality communicable disease is reported. The department has asked for the final version for referral and possible real-world application.

Trish appreciates the support she's received for her academic goals within the education-positive atmosphere at Peel Public Health. "We have a lot of opportunities for learning both within and outside the organization. I find the overall workplace culture is positive. I also appreciate the new ideas and different perspectives shared among co-workers, which always keep me learning."



#### Trish's Points to Consider

- Determine whether you're ready to tackle both school and work.
- Be prepared for other things in your life to take a back seat.
- Postgraduate programs can be very demanding and having good organizational and time management skills are essential.

## New Environmental Health IPAC Team Launched New Team, Improved Practices

In January 2010, Paul Callanan, Director of Environmental Health assembled a new team of public health inspectors dubbed the Infection Prevention and Control (IPAC) Team. This team's mandate is to conduct communicable disease investigations for the Environmental Health Division, inspect institutional food services, day cares, funeral homes and inspect personal service settings such as tattoo and piercing studios, nail and hair salons and barbershops.

Although all 45 Peel Public Health inspectors in general programs had begun inspecting personal service settings in 2009, getting up to speed on the infection control requirements and applying them consistently was a challenge. Paul investigated how other public health units were approaching personal service settings inspections and concluded that a specialized team seemed to be a more effective approach. Liz Haydu, a supervisor and certified Public Health Inspector with a Masters in Education, was to supervise the newly created team.

Initially, Liz brought the team together almost daily for what she called 'scrums'. These were opportunities to clarify inspection requirements for personal services settings, discuss any issues or new situations the inspectors had encountered in the field, and then brainstorm solutions together. Team members valued tapping into the wealth of everyone's experience, skills and ideas.

Inspecting a tattoo studio, for example, can be challenging for the uninitiated. Tattoo artists are proud of their art and don't always welcome public health requirements, especially if they think we don't know what we are talking about. To properly assess the risk to the public, and to build rapport and credibility with the operators, the IPAC Team needed to know how tattoo machines work. As a result, they researched tattoo machines and searched for videos on YouTube to learn how to operate them. They also purchased a tattoo machine, a micro-pigmentation pen, books and other training materials to develop a thorough understanding of tattooing and personal services practices.



Members of the IPAC team

As the team gained more experience they began generating ideas for new resources or processes they could use in the field. Three working groups were created to tackle issues and evolve practice. These groups worked independently on identified issues, came up with possible solutions and brought their suggestions back to the team.

- **The day care working group** developed a daycare inspection checklist and a module that allows inspections to be documented using tablet computers. The checklist alleviates the daycare operator's worry over the inspection process and its graphic format makes it easy to understand.
- **The communicable disease working group** created disease-specific inspection questionnaires for all nineteen of the diseases they investigate. Now, investigations of a specific communicable disease are carried out consistently, with the right questions being asked and a checklist for each inspector to confirm that clients have received the appropriate information.
- **The personal service settings working group** determined that the existing fact sheets needed to be more user-friendly. They analyzed the fact sheets to identify improvements and sought feedback from the entire IPAC Team. The final versions were then translated into several languages.

Now, one year after the IPAC Team first formed, daily 'scrums' are no longer necessary. Now used only as-needed, the scrums build competence and confidence. Team members feel a real sense of accomplishment when they see how their personal contribution and work as a team result in new resources and better practices in infection control and prevention.

## Federal field epidemiologist placement at PPH Not Your Average Field Work

In 2010, Peel Public Health successfully applied to the Canadian Field Epidemiology Program (CFEP) to provide a two-year placement for a federal field epidemiologist. CFEP is a program that provides epidemiologists with opportunities to contribute to investigations of outbreaks and public health issues in Canada and globally.

Peel Public Health is delighted to have secured epidemiologist Victoria Keegan as part of this highly respected program. It's unusual for a federal field epidemiologist to be placed in a regional health organization: CFEP looks for placements that will offer epidemiologists as broad an experience as possible, and where the supervisor also has had experience as a federal field epidemiologist. CFEP recognized the unique advantages of a placement at Peel Public Health: the opportunity for Victoria to work under the leadership of Dr. David Mowat, and alongside Monali Varia and Julie Stratton, two former federal epidemiologists, in the second largest and most diverse regional health unit in Canada.

Epidemiologists must navigate a rigorous application process to gain one of the 10 CFEP placements each year. Successful candidates are placed with an organization for two years, but they can be seconded if a national or international need arises.

Victoria began her placement at Peel Public Health in October 2010. Victoria holds a Master of Science in Epidemiology, and has most recently worked with the Public Health Agency of Canada (PHAC) in the Foodborne, Environmental and Zoonotic Disease Section. During their placement, federal field epidemiologists may be involved in:

- investigating outbreaks and clusters within the jurisdiction of their placement;
- analyzing surveillance and epidemiological data;
- designing epidemiological studies;
- designing or implementing surveillance systems;
- evaluating existing surveillance systems; and
- responding to public inquiries.

Victoria's two-year placement is in Communicable Diseases, with Monali Varia, Surveillance Advisor, as her supervisor. While at Peel Public Health, Victoria will be undertaking an investigation into autism in the Somali community as one of her projects.

Recently, Victoria was in fact seconded by the Public Health Agency to investigate an issue in Alberta. She'll gain invaluable experience in a large-scale investigation and bring that back to Peel Public Health.

**We look forward to welcoming Victoria all over again when she returns!**

Monali Varia  
Surveillance Advisor



### Did You Know?

*Field Epidemiologists are disease detectives; they are invited on-site to study diseases in order to better understand and control them. They help the investigation team define, find and interview cases, coordinate the collection and analysis of specimens, apply statistical methods to assess factors responsible for illness, and recommend control measures.*

Source: <http://www.phac-aspc.gc.ca/cfep-pcet/about-eng.php>.



# Counting the Apples in the Seeds Community Development Works

Every six weeks or so, the nine Community Development Workers (CDWs) dispersed throughout Peel Public Health come together for an energetic roundtable to talk about their work, share their experiences and problem-solve. Bev Bryant and Lyndsay Kawamoto sat in on a recent session to find out more.

The CDWs work alongside and in partnership with other public health professionals on PPH's teams. Their unique role in this public health setting is to build capacity within a community to find solutions to public-health issues identified by the community.

What constitutes a community? It could be the residents and business owners in a specific neighbourhood, the students and staff of a high school, families living in high-rise apartment buildings, vulnerable populations in Peel – in short, people who share something in common and whose interests may be at stake when an issue surfaces.

Issues may be identified by a member of the community, the CDWs themselves, Peel Public Health, a councillor, or a provincial Ministry. CDWs help engage the community through active outreach: developing relationships with individuals, talking to agencies, staying in touch with business owners.

"It's not a needs assessment," Caren Heramchuk says. "The community owns the issue. Community development work is about asking community members what they need and walking with them on their journey as they work on an issue."

"We listen," Shelley Higgerty states. "Our strength is in understanding where the issue is coming from, and listening to what the community needs."

CDWs do much more than listen. They are the facilitators who help communities come together to discuss needles found in a local parkette or garbage issues in high rise buildings. They are the strategic planners inviting agencies to partner with business owners and the trainers coaching individuals to develop the skills to lead an initiative in their community.

The challenge for CDWs is that long-term outcomes can't always be easily counted and neatly labelled. Danny Bilan cites the example of a needle exchange program where each transaction involves one intravenous drug user at a time, but the sum of all of those transactions means that many clients maintain contact with Public Health, keeping the door open for help or referrals. Debbie Robb, the



Peel Public Health CDWs

newest CDW and a member of the CDIP Children's Dental Team, offered this gem from her grandmother in Jamaica: "You can count the seeds in an apple, but you can't count the number of apples in the seed."

A good example is "Table Talk."

Table Talk began the way so many community development initiatives begin: a chance remark, putting two and two together, and having the right people in the room.

In 2005, Rhonda Collis was at a restaurant having coffee with the minister of a local church when the minister remarked that he had overheard some young women lamenting that there weren't any programs for youth in the area, but that if they got pregnant there'd be lots of services and things to do. Rhonda suggested that what they needed was some sort of program around food because Peel had experienced success with Teen Supper Clubs. The restaurant owner happened to overhear the conversation, and she suggested that if they wanted to hold the program in her restaurant, she'd teach the youth how to prepare the food.

From that beginning, local churches, non-profit agencies, social workers, local businesses and Peel Public Health became involved. Once a month, youth who are homeless or at risk for homelessness are encouraged to prepare and share a meal together. This provides an opportunity for participants to develop life skills in a safe place alongside discussions around topics such as values, sexual health, nutrition, budgeting, and risk or harm reduction. Participants receive a bus ticket so they can get home safely.

The five facilitators, including Rhonda and Danny, focus on creating a safe space and a positive atmosphere. Some participants increased their skills, began making better decisions and were able to access other supports and move forward in their lives. The program helped them see themselves differently so they could envision a different future for themselves.

From a chance conversation over coffee, Table Talk grew into an important, community-based initiative with wide ranging impacts.

Peel's CDWs grow uncountable apples.

## Where are the CDWs?

- CDIP (5)
- Communicable Diseases, Healthy Sexuality (2)
- Family Health, Reproductive Health Program (2)



Community Development is a framework based on principles of building community capacity by bringing people together to actively participate in their own communities.

## Publications

Author	Title	Journal	Date
Valerie Tarasuk, Sandra Fitzpatrick, Heather Ward	Nutrition Inequities in Canada	Applied Physiology, Nutrition and Metabolism	April 2010
Kathleen Dooling and Michael Rachlis	Vancouver's supervised injection facility challenges Canada's drug laws.	Canadian Medical Association Journal	September 2010
Kathleen Dooling, Crystal Frenette, Eileen de Villa, Monali Varia, et al.	Transmission of Influenza A Pandemic (H1N1) 2009 Virus Within a Long-Term Care Facility in Ontario, Canada	Infection Control and Hospital Epidemiology	December 2010

# The View from Here

## Organizational Change at Peel Public Health

**FOUNDATIONAL INFLUENCES**

In 2008, **Leslea Peirson** had completed her PhD and was working as a research coordinator with the National Collaborating Centre for Methods and Tools (NCCMT) at McMaster University. Donna Ciliska, NCCMT's Scientific Director, encouraged her to consider post-doctoral work. 'Post-docs,' as they're called, are generally undertaken when a PhD graduate wants to do more research to lead toward a faculty appointment or publications.

Leslea's background is in organizational change, especially how organizations reframe their systems to address change. Donna suggested Leslea talk to Dr. David Mowat. The pieces fell into place and Leslea began a two-year post-doctorate, funded by the Canadian Health Services Research Foundation and the Canadian Institutes for Health Research. Leslea's post-doctoral research project focused on Peel Public Health as a case study for examining how a public health organization moves toward evidence-informed practice.

Over the course of the two-year research project, Leslea conducted two rounds of interviews. Because Peel Public Health was in the early stages of introducing evidence-informed decision making (EIDM) during the first round, Leslea focused on asking participants how they located, appraised and used research evidence in their day-to-day decision-making.

During the second round of interviews two years later, the interviewees' experience with EIDM had broadened, resources such as library services were in place, and the culture of EIDM as a foundation was very much in evidence, such as the Critical Appraisal Club, monthly NIPS and RIPS and Conference at Home.

"I was given access to people in many parts of the organization not involved in research or evidence-related activities," Leslea says. "Dr. Mowat facilitated access by promoting my post-doc work as important to the process of change."

Leslea's final report, *Enhancing Organizational and Staff Capacity to Make Evidence-Informed Decisions: A Case Study of Strategic Change at Peel Public Health*, was submitted in November 2010. In it, Leslea



charts the workforce initiatives that Peel Public Health undertook to build EIDM capacity. Many resources have been

brought together to provide the training and mentoring that staff identified as necessary for doing this work.



**"Other health-care organizations are beginning to see what is happening in Peel Public Health as the standard."**

"The work around EIDM has helped everyone recognize that listening to employees perceptions and attitudes is a significant part of managing complex change," Leslea states. "It's a catalyst for new ways of thinking and doing."

Also, Peel Public Health recognizes that change takes time. "Dr. Mowat is allowing the organization space and time to become EIDM-centred," Leslea states. "Set in the context of a 10-year timeframe, Peel Public Health can afford to be patient while people throughout the organization have an opportunity to experience EIDM. The needs of the workforce will evolve from initial training in how to do critical appraisal to what skills are needed to manage the next level of change: the outcomes that are a direct result of the EIDM process."

Leslea states that Peel Public Health is the first public health organization in Ontario, and maybe in Canada, to actively and comprehensively create capacity to use evidence to shape practice. "When I came back to do the second round of interviews, the culture had changed. Many people across the organization had been involved in EIDM in some way. Peel Public Health has made it a priority; they are investing significant dollars and time. It is truly becoming a success in this organization, and other health-care organizations are taking notice of what is happening in Peel Public Health."



Susan Jack Qualitative Methods Workshop

**Research and Knowledge Translation Projects 2010**

Title	Funding Body	Partner	Principal Contacts
A Tailored, Collaborative Strategy to Develop Capacity and Facilitate Evidence-informed Public Health Decision Making	CIHR (PHSI)	McMaster University	Megan Ward, Maureen Dobbins
Approaches to Accountability: Implications of Goals, Governance, Services, and Sub-Sectors	CIHR (PHSI)	University of Toronto	David Mowat, Raisa Deber
Assessing Chronic Disease Prevention Capacity in Canadian Public Health Systems	CIHR	McGill University	David Mowat, Giles Paradis
Background and Consequences of Work Engagement and Burnout Among Canadian Dietitians	CIHR (K to A)	University of Toronto	Jacqui Gingras, Angela Cuddy, Nancy Purdey, Sandra Fitzpatrick
Building Capacity for Community Action to Reduce Cancer Screening Inequities Among South Asians in Peel, Ontario	CIHR (K to A)	St. Michael's Hospital	David Mowat, Rachel Lobb
Community and Public Health Nursing Capacity	CHSRF (REISS)	McMaster University	David Mowat, Jane Underwood
Complex systems in obesity prevention	CIHR (KS)	Simon Fraser University	Megan Ward, Diane Finegood



## Where Does the Time Go? The Supervisor Workload Study

Peel Public Health's 10-year strategy, with its focus on our workforce, is fundamentally changing how we think about and manage our human resources. Supervisors are an important component of our divisional workforce, closely tied to front-line deliverers of services and responsible for how those services are delivered.

Supervisors' time has become increasingly jammed. Early in 2010, as part of the Human Resources Management component of our workforce development, Peel Public Health engaged a consulting firm to review key processes that drive elements of supervisor workload. By better understanding the administrative tasks supervisors are required to perform, we can start identifying how those tasks could be handled most effectively. The objective? Freeing up time so that supervisors can concentrate on areas where they add value, such as mentoring and coaching staff, planning programs and managing service delivery.

**Rita Caprara** (Supervisor, Family Health) and **Ralph Stanley** (Supervisor, Environmental Health), participated in one of the two Process Review Teams that helped define our 'current state' processes for six administrative tasks: hiring stage, purchasing, creating WSIB form, entering Peoplesoft data, developing PA process, and completing other human-resources-related activities.

Why are supervisors so busy? What makes their role so complex? Ralph characterizes the supervisor's role as consisting of many layers: "I need to spend time with my staff during the work day – we're often out in the field – but the other things I'm responsible for – budgets, hiring, performance appraisals, purchasing, etc – still have to be done." Rita adds that the role has exploded: "New initiatives like EIDM and Rapid Reviews are very involving and rewarding, but we still have employees to manage and paperwork to complete."

Creating the process maps was detailed, exacting work. Ralph and Rita's team held six meetings, each two hours or more, with drafts circulated for comments between meetings. Once the 'current state' process maps were completed, each team looked at how the current processes could be streamlined, whether responsibility could be allocated differently and whether additional human resources would be needed to produce desirable 'future state' processes.

"It was really useful to understand exactly what goes into each process," Ralph says.

"With people from other divisions in working group, we learned from each other



how different areas handled each task," Rita says. "One thing we learned," adds Ralph, "is that if you're not doing a task often enough, it's almost like starting from scratch every time. We looked at whether some tasks would be more efficient if they were centralized." As a direct result of the workload study, plans are underway to consolidate the preparation of WSIB forms, and a review of the work of administrative support positions is being initiated.

"The workload study helped us bond," Rita says. "We learned about other divisions, and helped each other problem solve."

Although both laughed when asked what their staff would like to have more of from their supervisors, their answers are revealing: "More access." "More time." "More connectedness." "To make it to more project meetings." "Having the supervisor take part in the program development and project work. Bringing that strategic perspective and being part of the team."

Supervisors feel the investment in the workload study signals that their concerns over workload have been taken seriously, and the supervisors who participated in the study feel that excellent ideas were generated. Stay tuned in 2011 as we determine how to move this important work forward.



Julie Stratton and  
Karen Funnell

## Did You Know?

Nearly half of our staff members have been here under 4 years and another 29% have been here between 5-9 years.

Source: 2009 Best Survey

### Research and Knowledge Translation Projects 2010

Title	Funding Body	Partner	Principal Contacts
Concept Mapping: Community Planning to Reduce Inequities in Cancer	CIHR (MPD)	St. Michael's Hospital	David Mowat, Rachel Lobb
Emergency department use and hospitalizations for influenza surveillance in Ontario	CIHR	ICES	Eileen de Villa, Monali Varia, Jeff Kwong
Evaluation of Syndromic Surveillance Systems used during the H1N1 pandemic from a Public Health Perspective	CIHR	University of Toronto	Eileen de Villa, Ian Johnson, Monali Varia, Maureen Horn
Healthy Canada by Design	CPAC (CLASP)	HSFC, UPHN, CIP	Bhavna Sivanand
OUT-TB Web	OAHP		Kathleen Dooling, Monali Varia, Jewrenia Walsh, Crystal Frenette
Peel Public Health Infectious Disease Simulation	GeoConnections	OAHP, UW, KFLA Public Health Informatics, Infonaut Inc.	Eileen de Villa, Monali Varia, Danielle Steinman
Public Health interventions prenatal to one year old	CIHR (KS)	Trent University	Claudine Bennett, Judy Buchan, Brenda Smith-Chant
The Renewing Public Health Systems (RePHS)	CIHR (K to A)	British Columbia, OAHP	Gayle Bursey, Maria Morais
Workforce Development for Evidence-Informed Decision Making	CHSRF (EXTRA)		Bev Bryant

## Rebecca Strange: A Librarian's Dream

**Rebecca Strange** originally wanted to be a children's librarian, so it could be a surprise to find her deeply immersed in her new position as Librarian at Peel Public Health.

The reason Rebecca joined Peel Public Health in August 2010? "The clear support from the top down for evidence-informed decision making," Rebecca says. "It's a librarian's dream: working with people who are keen to use research evidence in every part of their job."

"Demand for library services increases every day," Rebecca says. Much has been accomplished since Rebecca came on board as part of the 2010 initiative to build library services that would support EIDM. After stints with the Globe and Mail and in the pharmaceutical industry, Rebecca's work at the Centre for Research on Inner City Health at St. Michael's Hospital piqued her interest in working full time in the area of public health. The fact that the library at PPH is not a traditional physical library intrigues her.

"A big part of this job is helping people keep abreast of what's going on in public health," Rebecca says. "Public health practitioners have responsibility for a wide range of issues that affect many individuals. The wide use of EIDM raises the value of our virtual library. We are hands-on in helping people access the current information they need."

Rebecca meets with individual staff to better understand their priorities and projects, and develops a profile of their information needs. "Then I create a personal portal by setting up alerts and forwarding appropriate materials." For example, when Rebecca reviews each month's issue of the American Journal of Public Health, she can then alert individuals about articles that touch on their areas of concern.



"I'm still new, so I'm always introducing myself to people and explaining how the library can help them," Rebecca says. In fact, she sometimes finds herself connecting teams within Peel Public Health who are asking the same question, seeking information on the same topic, or researching related topics. "The library becomes a nexus that helps connect people who wouldn't normally connect. That's exciting!"

EIDM forces people to look outside their cubicles and outside Peel Public Health. There's a wealth of research out there, and Rebecca helps staff zero in on work that's relevant to their areas of inquiry. "Questions in public health are multifaceted and complex," she explains. "I see myself as a key point of knowledge exchange who can help staff get the information they need."

Rebecca's enthusiasm makes her a walking advertisement for the library services at PPH – the antithesis of the severe librarian waiting to pounce on anyone who dares disturb the silence!

"It's about knowledge transfer and exchange," says Rebecca. "It's about bringing people together, teaching them how to access what they need and sharing knowledge."

Come to think of it, that's largely how a children's librarian works. Not such a surprise after all.



When **Monica Gola** received her B.Sc.N. degree in 1997, the farthest thing from her mind was pursuing a Masters degree. But after eight years, her work as a Public Health Nurse (PHN) in Peel Public Health's Healthy Babies Healthy Children (HBHC) program led Monica to enroll as a part-time student in the Master of Nursing program at the University of Toronto.

"I had unequivocal support from my supervisor, and colleagues in helping me fulfill both roles to a high standard," Monica says. Maintaining service delivery, and adjusting workload and hours to meet the demands of the program were discussed and agreements forged. It was this commitment to support that led to an innovative solution to the practicum requirement of the Masters program – a solution that benefited both Monica and Peel Public Health.

Each candidate in a Master of Nursing program must serve a practicum of 200 supervised hours under a preceptor prepared at the Masters level. Monica realized Bev Bryant, Manager of Education and

Research, would be an ideal preceptor: not only did Bev hold the requisite credentials, Monica viewed the unique work that Bev was doing around workforce development and evidence-informed decision making as essential to effective service delivery in any public health setting. Furthermore, Bev's work meshed with Monica's growing interest in how Registered Nurses can develop their practice.

Monica approached Bev about the possibility of a supervising her practicum and Bev saw an opportunity to advance her work while at the same time piloting an in-house placement opportunity for staff pursuing additional credentials. "It made so much sense," Bev says. "Peel Public Health is a placement of choice for many students from a variety of health disciplines. This gave us an opportunity to explore how we might devise an in-house placement that would benefit both our organization and our own staff."

A plan was devised: two days per week Monica would continue to work as a front-line nurse in the HBHC program; on the other three days, she would undertake a literature review on the best way to motivate health professionals to modify their practice.

"This placement helped me develop skills to critically appraise research studies, a fundamental part of EIDM. I also developed skills that can be directly applied to program planning and evaluation, collaboration, and using internal client services. My horizons expanded. I had access to people and situations that I wouldn't have been exposed to otherwise. My placement was a prime example of how PPH fosters the development of nursing practice."

The support she received spurred Monica to tackle some professional challenges in her front-line work. "I'm now the Chair of the HBHC PHN Meeting, responsible for monthly meetings. I also initiated a series of lunch-time meetings for nurses so we can work together to set our learning objectives for the year, a required standard of practice set by the College of Nurses of Ontario. The practicum helped me see that I can be a catalyst in helping others develop their professional practice."

### Monica Gola offers these suggestions to others who may be considering undertaking a part-time program of study while maintaining full-time employment:

- Be self aware. Think seriously about what you want to do, and select a program that suits your interests.
- Reflect on your network of social supports. You'll need people around you who will understand the workload you'll be carrying.
- Assess your drive. It's a lot of work and you need to be committed to carrying it through.
- Go at your own pace. For Monica, that was taking one course every semester, but it meant no downtime over the four years.
- Line up supports. Make contact with others who are in your program.
- Advocate for yourself and point out how your studies will benefit Peel Public Health. Let your managers and peers know you'll work to the best of your ability, and then make good on that commitment.
- Share what you learn. Colleagues will welcome hearing about relevant material, and you'll benefit as you keep your studies relevant to your job.

## On the National Stage

### Dr. Megan Ward

**WORKFORCE  
MANAGEMENT**



In 2010, Dr. Megan Ward was appointed to the 10-member Advisory Council of the National Collaboration Centres (NCCs) for Public Health. The Advisory Council advises the Public Health Agency of Canada on the overall strategic direction of the six NCCs created in 2004 to provide support to front-line public health agencies across Canada.

The appointment is an exciting outgrowth of Dr. Ward's work during her two-year EXTRA Fellowship on the development of evidence-informed decision making processes and tools for Peel Public Health. Her work with

the National Collaboration Centre for Methods and Tools (NCCMT) during her fellowship revealed that very few public health organizations in Canada were systematically working to bring research evidence into practice.

"At first, I questioned what I could contribute," Dr. Ward says. "Although I had 20 years of senior management experience in public health, none was at the national level. But it became clear that my experience in heading up Peel Public Health's Evidence-Informed Decision Making (EIDM) initiative would add a valuable in-the-field perspective."

In addition to reviewing the strategy and operations of the NCCPH, Dr. Ward sees her role on the Advisory Council as twofold: helping to identify elements that must be in place so that the products and processes developed by the NCCs can be integrated into front-line practice, and sharing what PPH is doing to determine how the work in Peel can be successfully applied on a national level. The size and diversity of the population served by Peel Public Health makes us an ideal test site: interventions that work in Peel will be highly transferable to other regions."

"Peel Public Health is clearly on the national radar," Dr. Ward states. "It's a credit to everyone here that the Advisory Council views us as a learning site for this important work."

And how does this new involvement challenge Dr. Ward? "The opportunity that Dr. Mowat offered me to lead the EIDM initiative for Peel Public Health means that I'm now perceived as a leader of this work in Ontario and across Canada. What we are doing in Peel is extraordinary, and I'm increasingly invited to present our work at national and international conferences. I will be working closely with the NCCs as they move from a foundational role to an operational role, with a special interest in common practices that could have widespread population benefits."

"We knew when we started the change toward EIDM that we would need to train and mentor 100 people to be able to sustain meaningful change. So far, we've involved 75 specialists, managers and supervisors. I'm committed to reaching not only the first 100 but a second one, and we are on the cusp of rolling it out to our 500 front-line employees."

### In 2010, Peel staff participated in hundreds of committees nationally, provincially and regionally. Take a look at some of the ways our staff contributes to public health practice:

#### National Committees

- Canadian Metropolitan Tuberculosis Subcommittee
- Canadian Association of Public Health Dentistry
- Canadian Association of School Health Nutrition Communication of Practice
- Canadian Partnership for Children's Health & Environment (OPHA rep) - Public Health Inspection Project Advisory Committee
- Canadian Partnership for Children's Health and Environment (OPHA rep) - Policy Committee
- Environmental Health Foundation of Canada
- National Collaborating Centres for Public Health Advisory Board
- National Collaborating Centres for Methods and Tools Advisory Board
- CAPTURE International Advisory Committee
- Urban Public Health Network (UPHN) Data Subcommittee
- Urban Public Health Network (UPHN) Built Environment Working Group
- Urban Public Health Network (UPHN) STI/BBI Working Group
- Canadian Virtual Health Library Board
- Public Health Human Resources Task Group
- RePHS Advisory Committee

#### Provincial Committees

- Ontario Early Years Centre Executive Directors Meeting
- HPO (Health Promotion Ontario)
- OPHA Environmental Health Working Group
- Provincial Built Environment Network
- CIPHI Ontario Branch Executive
- Provincial Council for Maternal and Child Health -- Maternal-Newborn Advisory Committee Breastfeeding Services and Supports Work Group
- Provincial Infectious Diseases Advisory Cttee (PIDAC) Infection Control; Sub-Committee
- Provincial Sexuality Medical Directives - Network Work Group
- Central East TCAN Tobacco-free Sport and Rec. Sub-Committee
- Ontario Breast Screening Program
- TOPHC Steering Committee
- Performance Measurement Working Group
- Public Health Performance Management Working Group
- COMOH Built Environment Working Group
- Public Health Funding Review Working Group

#### Regional Committees

- Peel Drug Awareness Coalition
- Peel Mosquito Task Force
- Peel Safe and Active Routes to School
- Peel Board of Education Partnership, Advisory Committee
- Trillium Breastfeeding Steering Committee
- Body Image Coalition of Peel
- Bramalea Community Health Centre Health Council
- Brampton Civic Hospital Healthy Lifestyles Clinic
- Dufferin-Peel Catholic District School/Peel Health Advisory Committee Partnership Committee
- Infection Control Committee – Credit Valley Hospital
- Mississauga Halton LHIN Maternal Child Committee
- Malton Youth Network
- Mississauga Health and Urban Planning Steering Committee and Work Group
- Keep On Track Steering Committee
- Brampton Safe City



L-R: Colleen Comerford, Brenda Hanvey, Carmelina Augenas, Mina Jain

# Road to the Future

## Justice Studies lights Althea

**Althea McKenzie**, Administrative Support, Chronic Disease and Injury Program, School Health Team, is currently enrolled in a unique, two-year Bachelor of Arts in Justice Studies at Royal Roads University in Victoria, British Columbia. The program prepares students for careers in the public sector, or other agencies dealing with justice-related issues.

Althea knew she had a lot of skills, but she lacked the education to take her career where she wanted.

"I looked at how I could build on my past education and experience, and at the types of jobs that were available in the Region," Althea says. Royal Roads University granted full credit for her two years studying public and private investigations at Sheridan College. She was attracted to the broad base of knowledge and skills that the Justice Studies program delivers in the areas such as human rights, advocacy and mediation, among others. She felt that the program would develop her analytical skills, and provide knowledge and expertise that she could bring back and apply in areas such as Human Services and Legal and Risk Management.

Peel's tuition reimbursement program was a significant incentive. Her learning plan "addressed lot of questions as to how this program would align with job opportunities within the Region of Peel."

The two-year program requires a large investment of time. At the beginning of each academic year, students spend a three-week residency on the university campus in the Hatley Park National Historic Site in Victoria. Following the residency, students complete the nine-week courses online.

"I was worried about how I'd feel," Althea says, "spending three weeks with people I didn't know, but they made sure we got to know everyone so we would understand each other better and be able to work together online. We learned to appreciate each other's differences!"

Like students everywhere, Althea and her classmates get stressed by the competing demands. "You have to be very disciplined," Althea says.



**"You have life experience to help interpret what you're studying."**

"Part of our first residency involved mindfulness training as something we could use as a coping strategy. I find ways to sit and let everything go so I can focus on what needs to be done."

Althea appreciates the support she receives at work. "My supervisor knows how hard the course work is." She often stays in the office after the end of the work day to complete her assignments before going home to her four-year-old son.

Education clearly means a lot to Althea. Outside of work and school, Althea is a vice president of her high school alumni association. For 12 years, her committee has been working to pay school fees for girls in Jamaica who would not otherwise be able to attend school. "It's just something I do," she says.

Althea is juggling a lot on her journey, and plans to graduate in 2012. She believes there's a clear benefit in returning to school when you're older. "You can apply life to what you're learning," she says. "You have life experience to help interpret what you're studying."



L-R: Mark Pajot, Louise Aubin, Kira Basu-Gray, Brenda Poland, Kiran Ghai, Franca Ursitti



Environmental Health delivered a day-long educational session for Family Health staff on environmental exposures to toxins – this presentation was recorded and is being used for orientation of new staff.

### Peel Public Health Staff Educational Updates for 2010

Degree	Institution	Number of Staff
<b>Masters Degrees – Enrolled</b>		
Masters of Public Health	University of Waterloo	11
Masters of Science in Nursing	York University	2
Masters of Nursing	University of Toronto	2
Masters in Public Health, Health Promotion Program	Dalla Lana School of Public Health – University of Toronto	2
Master of Health Studies	Athabasca University	1
Masters in Business Administration	University of Toronto	1
Masters of Public Health	London School of Hygiene and Tropical Medicine - University of London, England	1
Masters of Education	OISE – University of Toronto	1
Masters in Nursing Admin	University of Toronto	1
Masters in Environmental Studies	York University	1
Masters of Nursing	McMaster University	1
Masters of Science in Nursing	York University	1
Masters of Health Science in Health Promotion	University of Toronto	1
MScCH: Public Health Nutrition	University of Toronto	1
Master of Public Health Nutrition Program	University of Toronto	1
MHSc in Health Administration and Masters in Social Work	University of Toronto	1
Master of Science	McMaster University	1
Master of Science	London School of Hygiene and Tropical Medicine	1
<b>Baccalaureate – Enrolled</b>		
Justice Studies	Royal Roads University	1



# First Out of the Gate

## Building Workforce Capability using Rapid Review



Developing workforce capability is a critical component of Peel Public Health's 10-year strategy to establish evidence-informed decision making as its foundation of public health practice. For Epidemiologist Sheila Datta, Supervisor Barb Patten, and Manager Linda Pope this took a highly visible form when they tackled Peel Public Health's first Rapid Review process.

At stake? Determining whether research evidence supported the provincial 'Driven to Quit' initiative, a high-profile smoking cessation program that is widely supported by public health practitioners, the Ontario government and the public.

From the outset, the team knew that for the process to succeed and for the outcomes to be credible, they needed to:

- build trust so that team members had confidence that each was doing the right things;
- ensure transparency so others could see what had been done;
- use the tools developed for the Rapid Review process to ensure thoroughness at all stages;
- keep key stakeholders informed to assure them that the process was on track and to build confidence in the outcomes; and
- report the results with sufficient clarity so that managers and supervisors throughout the organization could understand the model used, the story of the research, the roles each team member played and the outcomes.

The actual work of the review stretched from April to December 2010, and the learning curve was steep. The team used the full spectrum of tools developed for a Rapid Review.

"There were tools to help us every step of the way," Sheila states, "from analytical modelling through generating the research question, appraising evidence, extracting the data, assessing applicability and transferability, and writing the report." Sheila believes the Rapid Review set a performance standard by giving them new lenses through which to examine alternative models of smoking cessation programs.

A checklist for managers and supervisors helped Barb and Linda frame appropriate questions to validate the work as it moved forward; a logic model made it clear what managers and supervisors needed to do at each stage.

Sheila describes Dr. Megan Ward's high-level support and mentoring as critical to the success of the review. "Early on, Dr. Ward assured me that she would serve as the face of Peel Public Health around the outcome so I could concentrate on building the case. This helped alleviate my worry about arriving at a possibly controversial outcome."

The outcome of the review pointed to the minimal effect of the contest on an individual's smoking behaviour. These results have directly changed Peel Public Health's approach in the area of smoking



Linda Pope, Sheila Datta and Barb Patten

cessation programs: based on the research evidence, PPH has decided not to support the provincial Driven to Quit program.

The communications roll-out of the results will continue until the summer. A series of presentations are planned, the report will be made available externally, and the results will be presented at the CPHA conference in June 2011. Interest in hearing about the process is high from other public health agencies and conference organizers.

Sheila, as the specialist who coordinated the Rapid Review, is prepared for the rigorous questioning ahead. "Dr. Mowat was our toughest audience. His questions were insightful and exacting, but our results held up."

"The conclusions we reached are based on knowledge, critical thinking and a thorough process that built our competence and confidence," Linda says. "We can credibly defend our results."

The team is actively looking for opportunities to use the Rapid Review process in evaluating existing or new programs.

"Now there are supports in place that will shorten the time it takes to conduct a Rapid Review to around three months," Linda states. The library has evolved dramatically over the past few months, adding resources and services to support Rapid Review, trust has been established, and subsequent reviews will not have to start every stage from scratch. And, more importantly for capability development, Linda, Barb and Sheila can serve as supports and mentors to other teams.

"The Rapid Review fundamentally changed our understanding of the topic, our ability to think critically and our willingness to accept other research at face value," Barb says. "As a result, we know the high standards research must meet for Peel to use it when making evidence-informed decisions."

## Did You Know?

The Tobacco Team is gearing up to undertake Rapid Reviews later in 2011 that can link the effectiveness of communication outreach to physicians with effective cessation practices for primary-care physicians.

### What did we learn?

- It's important to communicate the process as well as the results, especially for outcomes that may be controversial or unpopular.
- The solid foundation of rigorous work that underlies the outcomes is key to success. It increases the capacity and ability of the team to examine research critically, and it increases everyone's confidence that the outcomes are based on sound methodology and thorough investigation.

### Peel Public Health Literature Reviews for 2010

Title	Author
Breastfeeding and Type II Diabetes in Later Life	Debbie Chang, Angela Garrison, Elizabeth Walker
Effective Strategies for Reaching Physicians	Melanie Gillespie
Effectiveness of the Use of Social Media	Rebecca Schein
Healthy Weights, Supportive Environments: Nutrition Focus	Sandra Almeida, Sandra Fitzpatrick, Anjali Gupta, Nadine Khan, Miquel Roberts, Catherine Shea
Learning Concepts in Workforce Development of Public Health Professionals	Monica Gola
Immunizing Pregnant Women in the Community Clinic Setting	Loretta Rowan, Alicia Palmer
Synthesis of Theory for Nurturing the Next Generation	Claudine Bennett
Quit and Win Contests: A Rapid Review of the Evidence	Sheila Datta

## Valuable Gifts of Time

### How volunteers contributions to Peel Public Health's mission

Over 900 people volunteered with Peel Public Health in 2010 – more than 500 high school students at the annual Peel Children's Water Festival alone! A staggering statistic, especially when you discover that these much valued resources are managed and mobilized by the relatively small Volunteer Services Team, consisting of a staff of four and a co-op student.

The Volunteer Services Team engages volunteers to partner with staff in delivering a wide range of programs at Peel Public Health. Bev Bryant sat down with Ewa Nosek, Acting Supervisor and Coordinator, Volunteer Services, and volunteers Heidi Philips and Susan Ewing from the Healthy Babies Healthy Children (HBHC) In-Home Family Visiting program to reflect on this important component of our workforce.

"We take a structured and professional approach to recruiting, qualifying, engaging, supporting and recognizing our volunteers," Ewa says. An in-depth telephone screening provides potential volunteers with information on the volunteer opportunities available: some requiring only a short-term commitment, like the Annual Peel Children's Water Festival event; others requiring a long-term commitment, such as the HBHC In-Home Family Visiting program. Qualified applicants are then invited to attend an interview and every effort is made to match each volunteer with the right opportunity.

"Our aim is to provide volunteers with the same support Human Resources provides for employees," Ewa states. "Volunteers receive appropriate training, are given opportunities to connect with other volunteers, and are recognized for their contribution."

Heidi and Susan confirm the value of the volunteer services they provide. "In this program," Heidi states, "we help families, especially mothers, at a difficult time in their life. Once a week, for three hours, we offer them a break in their routine and listen to what they need to tell us."

"It's a big help to the families," Susan says. "Just having an adult to listen can make all the difference."

Volunteers are well-supported in their role by Ewa and Julie Di Girolamo, Coordinator of Volunteer Services. When placing In-Home Family Visiting volunteers, Ewa and the volunteer meet with the family at the outset to address expectations and clarify roles. "We don't provide advice," Heidi says. "Our role is to support the health professionals who work with the families. We refer them to other services when needed."

Three weeks into each assignment, the coordinator follows up with the family and the volunteer to make sure everything is on track. "Having Ewa involved is really important," Susan says. "When a problem arises, she can be a sounding board for us and for the family."



Heidi, Ewa and Susan

Why do people volunteer with Peel Public Health? All have unique motivations and reap unique rewards: For Susan, it's "spending time with the children," for Heidi, "bringing my life experience to them, knowing that new moms don't need to be judged, and that I can offer them reassurance and perspective."

Common to all volunteers, especially those from the baby-boomer generation, are expectations that they will be treated professionally and that the organization has sufficient infrastructure to manage the volunteer experience.

Each year, Volunteer Services also provides supervision to between four to six students during the field placement component of postsecondary programs such as social work, community development or child and youth care worker. Placements can range from 250 to 600 hours, and give students opportunities to see first-hand how volunteers are managed. Students value Peel Public Health as a coveted placement.

"Volunteers provide social supports and nurture a caring community," Ewa says. "That's exactly what we're trying to create in Peel."

### 2010 Volunteers by Division and Program

Division	Program	# of 2010 Volunteers
Chronic Disease and Injury Prevention	Certified Food Advisors (CFA's)	39
	Body Image Coalition	2
Family Health	Breastfeeding Companions	120
	HB/HC In Home Family Visiting	30
	Healthy Start (7 sites)	21
	Teen Supper Clubs (3 sites)	16
	Young Parent Supper Club (1 site)	1
	Post Partum Depression & Mood Disorder	20
Environmental	Peel Children's Water Festival	500
Communicable Disease	Health Sexuality Clinic	6
	Seasonal Influenza Clinics	27
	School Board Suspensions	8
Public Works	Peel Walk & Roll	8
Health Internal Support Services	Collating Support	15
Events	United Way 5K	97
	Peel Young Parents Resource Group - Teen Moms Picnic	14
<b>Total Volunteers</b>		<b>924</b>



## All in a Day's Work

### Barbara Fowler

For **Barbara Fowler**, enrolling as a part-time student in the Masters in Public Health program at the University of Waterloo and juggling her full-time role as a supervisor in the Healthy Sexuality Program are only two facets of her professional development.

As a part-time student in the second year of the four-year MPH program, Barbara takes one course each semester for the three semesters of the school year.

"There's not a lot of time off," says Barbara, "but the five courses I've completed have been extremely valuable and applicable to my work at Peel Public Health." This semester, Barbara is enjoying the opportunity offered by the course entitled 'Health and Risk Communication' to examine and reflect upon these components of PPH's Healthy Sexuality Program.

Barbara reports that a huge benefit of her MPH studies has been learning how to research effectively using web-based libraries such as PubMed, Cochrane and Scopus. She used RefWorks extensively for the first time last semester and gives it a glowing review.

"RefWorks is fantastic!" Barbara says. "It organizes all of your references, allows you to 'write and cite' easily, and then, with a click of a button, provides you with a bibliography based on the references in your paper, in whatever format you require. Its usability and convenience is a far cry from the electric typewriter I used during my undergraduate degree!"

In addition, Barbara sits on the Board of the Alberta Society for the Promotion of Sexual Health and was an active member of its Conference Planning Committee in 2010. Barbara reports that this was an excellent learning opportunity. "I was involved in the call out, review and decision-making processes for all of the conference abstracts, and helped develop the conference program."

Barbara herself presented two abstracts at the 9th Biennial Western Canadian Conference on Sexual Health in Calgary in May 2010. One involved the social marketing campaign of Peel Public Health's 'Hard



**"What makes me come to work every day is the opportunity to learn and then apply new evidence to improve our practice and services."**

to Spell, Easy to Catch' program; the other described the development and use of Peel Public Health's 'Virtual Clinic Tour' video. These presentations provided the audience with the practical information required to plan and implement similar marketing and educational components into their sexual health programs. Through the networking and discussion, Barbara also learned a great deal about other unique and innovative health promotion strategies.

"What makes me come to work every day," Barbara says, "is the opportunity to learn and then apply new evidence to improve our practice and services. The Healthy Sexuality Program offers lots of opportunities to do just that. Most of our staff are excited by this same opportunity, especially because we're supported by a public health department that emphasizes the importance of EIDM, staff training, and providing exceptional and relevant services."



*Patti Good  
(Retired in 2010)*

## Did You Know?

- Canada ranks third in the 2010 World Giving Index as reported in the World Giving Report published by the Charities Aid Foundation.
- Engaging with first-time volunteers is key: People who have volunteered in the past will continue to volunteer in the future, and they will volunteer more.

### Student Placement in 2010

Host	Educational Institution	Numb.	Position/Team
Chronic Disease & Injury Prevention	University of Waterloo	4	Health Promotion Officer
Chronic Disease & Injury Prevention	University of Western Ontario	1	Health Promotion Officer
Chronic Disease & Injury Prevention	George Brown College	4	Clinical Dental Team
Chronic Disease & Injury Prevention	University of Toronto	1	Dental Trainee
Communicable Disease	McMaster University	1	Public Health Nurse
Environmental Health	Ryerson University	10	Vector-Borne Disease Team
Environmental Health	Ryerson University	4	General Programs Team
Environmental Health	Ryerson University	2	Support Programs
Environmental Health	Dalla Lana School of Public Health	1	Health Promotion Officer
Family Health	McMaster University	1	Public Health Nurse
Family Health	University of Windsor	1	Public Health Nurse
Office of the Medical Officer of Health	University of Toronto	1	Epidemiologist
Office of the Medical Officer of Health	University of Toronto	2	Community Residents
Office of the Medical Officer of Health	University of Toronto	1	Education and Research



### Peel Public Health Conference Presentations

Name	Conference	Presentation
Adriana Dragan	CPHA, June 15th-16th, 2010, Toronto	The Importance of Providing Ethnoculturally and Language Appropriate Public Health Services in Peel Region: Applying a Diversity Lens to Program Planning
Alexis Silverman	CHICA 2010	Paramedic Survey poster presentation Designated Officer Working Group poster presentation Personal Protection Strategy
Andra Ashton	National Immunization Conference, Dec. 2010	Vaccine Delivery project using temperature controlled environment vehicles
Augustina Nagberi-Asseez, Shilpa Badhwar	CPHA, June 14-16, 2010	Poster presentation
Barb Fowler	Alberta Society for the Promotion of Sexual Health (ASPSH) 9th Biennial Western Canadian Sexual Health Conference, Calgary, Alberta, May 6-7, 2010	1. What do Peel Youth Want in Sexual Health Services? 2. Get Tested - A Virtual Healthy Sexuality Clinic Tour
Bev Bryant	CPHA, Tuesday, June 15th, 2010, Toronto	Public Health Workforce Development: A Conceptual Framework to Guide Strategy Development
Bhavna Sivanand	OAHPP's Health in All Policies workshop (Sept 24, 2010)	Healthy Built Environments at Peel
Dan Otchere	CPHA, Monday, June 14th, 2010, Toronto	An Environmental Scan of Chronic Disease Regional Risk Factor Surveillance in Canada: A Collaborative Project of the Canadian Alliance for Regional Risk Factor Surveillance (CARRFS)
Dr. David Mowat	CPHA, Tuesday, June 15th, 2010, Toronto	The National CLASP Partnership on Built Environment and Health: Creating Evidence-Based Tools to Promote Healthy Living and Chronic Disease Prevention
Dr. David Mowat	CLASP Knowledge Exchange Meeting, November 2010	How Governments Use Evidence to Make Policy
Dr. David Mowat	CLASP Colloquium, Vancouver, Nov. 2010	Built Environment Initiatives in Peel
Dr. David Mowat	OPHA Fall Forum, Toronto, Sept. 2010	Healthy Built Environments. What Would Chadwick Do?
Dr. David Mowat	University of Guelph, Nov. 2010	The Role of Evidence in Public Health
Dr. David Mowat	CHNET-Works Fireside Chat (Webcast) Sept. 2010	Healthy Canada by Design. New Tools and Resources to Promote Healthy Communities
Dr. David Mowat, John Carsley, Louis Drouin, David Mckeown, Stephen Samis	CPHA, Tuesday, June 15th, 2010, Toronto	The National CLASP Partnership on Built Environment and Health: Cross-Sector Innovation, Collaboration, and Evaluation in the Building of Healthier Communities
Franca Ursiti	Canadian Institute of Public Health Inspectors education day	Advancing Environmental Health in Child-Care Settings
Isabela Herrmann	Ontario Society of Nutrition Professionals in Public Health, Core Lecture Series, January 2010	A Day in the Life of a Public Health Dietitian.
Isabelle Mogck	CPHA, Tuesday, June 15th, 2010, Toronto	A Review of the Successful Implementation Process of the Peel Health Accelerated Immunization Risk Mitigation Strategy to Prevent Transmission of Infectious Diseases
Jane Underwood, Dr. Mowat	CPHA, Tuesday, June 15th, 2010, Toronto	Enablers and Barriers that Support Community Health Nursing Practice
Jewrenia Walsh	TB Conference, Nov 2010	VDOT oral presentation
Jocelyn Cann	Peel District School Board's Lead Through Change Conference March 2010 Peel Violence Prevention Task Force March 2010 Parks and Recreation Ontario, April 2010	Brampton Northwest Connects Community Initiative
Julie Stratton	2010 APHEO Workshop, sept 2010	A Method for Identifying Priority Populations in Peel
Lindsay Hare	Anti-Bullying Collaborative Network, May 2010	Bullying Prevention Initiative
Loretta Rowan	Canadian Immunization Conference, December 2010	Enforcing Immunization in Peel Region
Monica Hau	CPHA, June 13th-14th, 2010, Toronto	Proposed Framework for Applying the Precautionary Principle to Environmental Health Issues in Local Public Health Settings
Sheila Datta	2010 APHEO Workshop, Sept 2010	Using the INSPQ Index to Measure Health Disparities at the Local Level
Shilpa Badhwar	TB Conference, November 2010	Poster presentation
Sue Fernane	4th National Community Health Nurses Conference, Toronto, ON, June 16 - 18, 2010	Promoting Evidence Informed Decision Making Through a Knowledge Broker Project: Evaluation Results
Sue Fernane	RNAO Conference Toronto, Ontario, October 18-20, 2010	Promoting Evidence Informed Decision Making Through a Knowledge Broker Project: Evaluation Results
Teresa Ho	CPHA, Tuesday, June 15th, 2010, Toronto	Strengthening Organizational Capacity: Streamlining Program Planning and Evaluation Processes in Peel Public Health
Vanessa Secan	32nd Annual Guelph Sexuality Conference Guelph, ON June 21- 23, 2010	1. What do Peel Youth Want in Sexual Health Services? 2. Get Tested - A Virtual Healthy Sexuality Clinic Tour

## Share Your Story!

We will soon be collecting stories and information for the NEXT Workforce Update!

Let us know about your experiences in continuing education or your workforce development initiatives in 2011.

Email Bev and Lyndsay at  
[ZZG-EducationandResearch@peelregion.ca](mailto:ZZG-EducationandResearch@peelregion.ca).

L-R: Steve Libera, Paul Callanan, Ron Marchand and Peter Randall

