

1 **Teaching, Research and Knowledge Exchange Nodes: Bridges between**  
2 **the Public Health Agency for Ontario and Local Public Health Units**

3  
4 **Issue:**

- 5 • With the establishment of the Public Health Agency for Ontario, there is a need to  
6 further define how the Agency will effectively link with local health units to  
7 ensure a pertinent research agenda, effective knowledge exchange and a  
8 meaningful academic and practice partnership. Teaching, Research and  
9 Knowledge Exchange Nodes will serve as bridges between the Public Health  
10 Agency for Ontario and local public health units.

11  
12 **Background:**

- 13 • The Agency Implementation Task Force (AITF) Interim Report recently outlined  
14 recommendations for the development and implementation of a Public Health  
15 Agency for Ontario.  
16 • The province's five Public Health Research, Education and Development  
17 (PHRED) Programs wish to commend the AITF for the work done to date and for  
18 the release of the interim report. The following is provided to assist with future  
19 deliberations.

20  
21 **Recommendations:**

- 22 1. Teaching, Research and Knowledge Exchange Nodes should be established to  
23 create a bridge between the Public Health Agency for Ontario (Agency) and local  
24 public health units across the Province (Ministry of Health and Long- Term Care  
25 (MOHLTC) in collaboration with the Agency).  
26  
27 • The Agency's strategic research vision and tools must connect with front-  
28 line practice. Facilitation and coordination through the Teaching,  
29 Research and Knowledge Exchange Nodes, by the Agency, will help  
30 accomplish this goal.  
31 • Regional Nodes will model and facilitate the integration of knowledge  
32 transfer and exchange into daily local public health practice as a way of  
33 doing business, not just as an activity. Closer connection to regional issues  
34 (e.g. aboriginal and francophone issues, rural injury rates, urban issues)  
35 and involvement of users of the data is the best strategy to ensure  
36 knowledge exchange.  
37 • Other regional agencies may also benefit from access to the public health  
38 expertise in Teaching, Research and Knowledge Exchange Nodes and this  
39 structure fosters regional partnerships. An example of such a model is the  
40 Northern Perinatal and Child Health Survey Consortium.  
41  
42 2. Regional Nodes should be funded 100% provincially, through the Agency, with  
43 multi-year budgets and resources adequate to meet deliverables and should be  
44 complemented with enhanced funding to local health units to support meaningful  
45 participation in research and education activities.  
46

- Equitable, sufficient and reliable access across the province can be assured with such a model.
- A regional model of nodes of expertise allows the Public Health Agency for Ontario to extend their work into the field and facilitates the transmission of local research needs back to the Agency to develop a provincial research agenda.

3. The Teaching, Research and Knowledge Exchange Nodes should be located in designated health units to ensure that research and education is grounded in practice and to facilitate equitable access across the province and allowing for a hub of research and education expertise in each Node, which will complement the critical mass of the Agency.

- Each local public health unit would link and derive local benefit from Teaching, Research and Knowledge Exchange Node consultations on evaluation, ethics issues, sources of evidence, etc. An advantage of regional Nodes is the increased ability to establish relationships – a key factor in effective consultation and collaboration.

### **Value added through Teaching, Research and Knowledge Exchange Nodes**

The Regional Nodes will engage local health units within a region and faculty from academic institutions as active participants/partners. Health unit representatives, academics and node staff will meet twice a year to:

- identify local research questions to inform a provincial research agenda
- develop and monitor a local research work plan , consistent with local needs and the provincial research agenda
- develop a knowledge exchange operational plan to meet regional needs
- identify opportunities for undergraduate and graduate student placements and projects/thesis topics for graduate students
- identify regional continuous learning needs related to applied public health research, program evaluation, numeracy skills
- oversee regional events to meet identified learning needs

Regional staff will be a conduit for research and evaluation input to the Agency from the field to inform a provincial agenda and similarly will facilitate and support the sharing of Agency tools, resources and strategies with the field.

This model builds on the experiences of the Health Intelligence Units (HIU) in engaging local health units. Similarly, the experiences of the Northern Ontario Perinatal and Child Health Survey Consortium offer a concrete example of the proposed model in action. This successful initiative demonstrated the complementary roles of provincial leadership (identified research agenda, clear expectations and timelines, good accountability), regional coordination and support role (in this case by PHRED Program), academic partnership of three northern universities, northern HIU and most importantly meaningful participation of all seven northern health units.

1 Like the Centres for Disease Control (CDC) in the US, which sends CDC staff to work in  
2 local health units, node staff working on regional projects will be closely aligned with  
3 health units, and will work in partnership with local staff.

4  
5 Using the key functions outlined in the interim report, the Teaching, Research and  
6 Knowledge Exchange Nodes will add value to local health units, the Agency, and to  
7 academic institutions specifically in the following domains:

### 8 9 **Knowledge Exchange**

- 10 • Bring together a hub of practitioners, closely aligned with the Agency, to support  
11 the integration of research into practice and policy, through a variety of channels  
12 including regional workshops to strengthen critical appraisal skills, build  
13 numeracy skills.
  - 14 ○ Practitioners may include: knowledge brokers, student placement  
15 coordinators, program evaluators, epidemiologists, librarians, research  
16 assistants, IT supports, planners, administrative assistants,  
17 communications specialists and discipline-specific leaders and specialists  
18 in specific topic areas.
- 19 • Provide staff with the necessary skills sets and dedicated time to communicate  
20 Agency research findings to local public health unit staff and decision makers to  
21 incorporate evidence into programming and policy, thereby improving practice at  
22 regional and local levels.
- 23 • Evaluate the impact of research and knowledge exchange efforts at the regional  
24 and local levels, (for example, build on the work of Dobbins et al. on the  
25 effectiveness of specific knowledge exchange strategies).
- 26 • Disseminate and facilitate local implementation of Agency products and services,  
27 using the expertise and academic and practice partnerships which have been  
28 developed in the dissemination of products such as the *Benchmarking Toolkit*, the  
29 *Program Evaluation Toolkit*, the *Nursing Mentorship Resource Guide*, and a  
30 *Public Health Research Ethics Toolkit*.

### 31 32 33 34 35 36 **Epidemiology and Surveillance**

- 37 • House professionals with epidemiological skills to support local public health unit  
38 surveillance and reporting, a necessary ingredient for evidence-based planning  
39 and service delivery.
- 40 • Work with local health unit staff to complete meaningful analysis and consistent  
41 interpretation of local data, which can be incorporated into, or inform, provincial  
42 reports and program and policy decisions.

1 **Research**

- 2 • Serve as a bridge between the Agency and local health units to better tap field  
3 expertise and ensure the needs of the field re: best practice information, research,  
4 and evaluation are heard and contribute to shaping the education and research  
5 agenda.  
6
- 7 • Conduct locally relevant research with applications across regions, and  
8 collaborate in system-wide research, which makes significant contributions to the  
9 practice of public health and policy development. For example, the investigation  
10 of local support for tobacco by-laws, which translated, into local by-laws.  
11
- 12 • Engage multi-disciplinary staff from academic institutions to better leverage  
13 funding opportunities and to produce research relevant to local needs (encourage  
14 affiliation agreements and alternate arrangements, such as cross appointments).  
15 For example, research on childhood obesity which brought together medical,  
16 human ecology, and public health researchers and front line staff.  
17
- 18 • Serve as centre of expertise for research activity with specified subpopulations  
19 (i.e. northern, rural, Aboriginal, Francophone) and content (i.e. applied public  
20 health research, knowledge exchange, child health, prevention of obesity, public  
21 health human resources recruitment and retention).  
22
- 23 • Build on the Effective Public Health Practice Project, (for example, conduct new  
24 systematic reviews and summary statements of existing systematic reviews), to  
25 inform evidence-based public health programming and to assist in revisions to the  
26 Mandatory Health Programs and Services Guidelines.  
27
- 28 • Work with local staff to use evaluation strategies and tools developed by the  
29 Agency.  
30
- 31 • Provide research, program planning and evaluation expertise, including the  
32 validation of tools and measures, and support to local health unit research  
33 projects, (for example, through individual consultations, seminars or regional  
34 workshops).  
35

36 **Professional Development**

- 37 • Provide sites for practicum and skills enhancement training sponsored by the  
38 Agency, to increase capacity in applied public health research skills including  
39 program evaluation.  
40
- 41 • Engage academic partners in providing continuous learning events to meet local  
42 needs. For example, a local Faculty of Nursing offers an education day in a local  
43 health unit on mentoring.  
44
- 45 • Build the capacity of staff to use evidence by providing information specialist  
46 expertise through regional library services.  
47

1 **Communication**

- 2 • Provide frontline opportunities for Agency staff to model and students to learn  
3 risk communication skills, (for example, support local staff in crisis management  
4 or outbreak situations).
- 5
- 6 • Create effective local products which communicate public health research  
7 findings to local populations and policymakers to improve health policy and  
8 practice, (for example, topic-focused health status reports).
- 9

10 **A Future Vision**

11

12 Teaching, Research and Knowledge Exchange Nodes will help realize a new  
13 vision of public health in Ontario. Nodes must be founded on a number of principles  
14 including close alignment with the Agency, partnerships with local health units, academia  
15 and the integration of research, practice and teaching, principles that support applied  
16 public health research, innovation and dissemination. Node activities will be based on a  
17 partnership model and will include face to face and virtual consultations e.g. phone,  
18 email, instant messaging, videoconferencing, regional workshops etc. to disseminate and  
19 facilitate the uptake of new knowledge; co-ordination of both regional and provincial  
20 research initiatives (e.g. Provincial Health Status Report, Francophone Health Status  
21 Reports, benchmarking), and partnerships with academia that facilitate the opportunity to  
22 influence public health content in curricula, provide student placements and to engage  
23 faculty in applied public health research.

24

25 The locations of the new Teaching, Research and Knowledge Exchange Nodes  
26 must provide equitable access for public health practitioners and decision makers across  
27 the province and allow for complementary hubs of research and education expertise in  
28 each site to support the work of the Agency.

29

30

31 For further information contact: Dr. Vera Etches, Associate Medical Officer of  
32 Health and Director of the Public Health Research, Education and Development  
33 Program at the Sudbury & District Health Unit, 1300 Paris Street, Sudbury, ON,  
34 P3E 3A3, [etchesv@sdhu.com](mailto:etchesv@sdhu.com) (705) 522-9200, ext. 291.

35

36

37