

# Public Health Research, Education & Development (PHRED) Program

## 2006 Provincial Work Plan



---

Hamilton  
Public Health

Middlesex-London  
Health Unit

Sudbury & District  
Health Unit

Kingston, Frontenac  
and Lennox & Addington  
Public Health

Ottawa  
Public Health

Public Health Division,  
Ministry of Health and  
Long-Term Care

---



**Public Health Research, Education & Development  
(PHRED) Program  
2006 Provincial Work Plan**

**Table of Contents**

1.0	Provide Evidence to Support Effective and Efficient Public Health Practice .....	1
1.1	Identifying and Promoting Best Practice in Public Health (Effective Public Health Practice project – EPHPP) .....	1
1.2	Continuous Quality Improvement Through Benchmarking .....	4
1.3	Improving Accountability in Public Health Practice Through Evaluation and Performance Measurement .....	7
1.4	Improving Practice Through Applied Research and Program Evaluation .....	10
1.5	Emerging Issues .....	19
2.0	Leadership in Education of Future Public Health Professionals .....	23
3.0	Provide Leadership in Public Health Research and Education Through Partnerships .....	26
	Contact Information – Provincial PHRED Operations Committee .....	31

**NOTE:** This work plan does not include local projects. Please refer to the Deliverables Report as well as the PHRED Website links to each PHRED site for other projects.  
<http://www.phred-redsp.on.ca>



## 2006 Provincial Work Plan

The goal of the PHRED Program is to:

1. Provide evidence to support effective and efficient public health practice and improve accountability in public health practice.
2. Increase capacity within the public health system by providing leadership in the education of future public health professionals.
3. Provide leadership in research and education through strategic partnerships.

ACTIVITIES	PROPOSED DELIVERABLES/ TIMELINES	TARGETS/PARTNERS	DISSEMINATION/ KNOWLEDGE TRANSFER	ANTICIPATED IMPACT(S)
<b>1.0 PROVIDE EVIDENCE TO SUPPORT EFFECTIVE AND EFFICIENT PUBLIC HEALTH PRACTICE</b>				
<b>1.1 Identifying and Promoting Best Practice in Public Health (Effective Public Health Practice Project – EPHPP)</b>				
a) ↔ Implement systematic literature reviews to define best practice in priority areas. <ul style="list-style-type: none"> <li>• Topics to be determined</li> </ul>	LEAD: Hamilton PHRED  2 comprehensive reviews completed by December 2006.	PARTNERS: All PHRED sites  TARGETS: Boards of Health, public health staff, Association of Local Public Health Agencies (aLPHA), Ministry of Health and Long-Term Care (MOHLTC), Ontario Public Health Association (OPHA) and other provincial and national professional groups, provincial and national health promotion groups, community partners, municipal politicians	Disseminate findings and support uptake by health units through:  Reports, publications, Website postings, mailings through the Chief Medical Officer of Health, Ministry Education Days, Health Promotion Resource Centres, PHERO, etc.	<ul style="list-style-type: none"> <li>• Evidence used for more effective and innovative public health program and planning and service delivery.</li> <li>• Practice and research gaps identified.</li> <li>• Research proposals prepared to address research gaps.</li> <li>• Practice and research gaps addressed.</li> <li>• Enhanced critical appraisal skills of Ontario public health professionals</li> <li>• Determine topics for 2006 reviews.</li> </ul>

Key:

↔ Ongoing

✧ New for 2006

ACTIVITIES	PROPOSED DELIVERABLES/ TIMELINES	TARGETS/PARTNERS	DISSEMINATION/ KNOWLEDGE TRANSFER	ANTICIPATED IMPACT(S)
<p>b) ↔ Identify priority reviews for 2006.</p> <p>Priority reviews will be identified via email survey to PHRED Steering Committee, PHRED consultants across Ontario, and Medical Officers of Health.</p> <p>Decision regarding topics will depend on expertise and magnitude of literature in the proposed area.</p>	<p>LEAD: Hamilton PHRED</p> <p>Priority reviews identified prior to year-end.</p>	<p>PARTNERS:</p> <p>All PHRED sites</p> <p>TARGETS:</p> <p>Boards of Health, public health staff, aPHa, MOHLTC, OPHA, and other provincial and national professional groups, provincial and national health promotion groups, community partners, municipal politicians</p>	<p>Decision will be made by Effective Public Health Practice Project Steering Committee and disseminated to PHRED Steering Committee and others via proposed Provincial PHRED Work Plan for 2006.</p>	<ul style="list-style-type: none"> <li>• Reviews that are pertinent and meet the needs of public health practitioners in Ontario.</li> </ul>
<p>c) ↔ Update/create Summary Statements of comprehensive literature reviews which have been previously completed.</p> <p>Summary Statement topics to be identified throughout the year in 2006 by conducting regular searches of databases, consultation with the MOHLTC, and in collaboration with the Evaluating the Evidence on Knowledge Brokers Project.</p>	<p>LEAD: Hamilton PHRED</p> <p>6 Summary Statements completed by 2006 year-end.</p>	<p>PARTNERS:</p> <p>All PHRED sites</p> <p>TARGETS:</p> <p>Boards of Health, public health staff, aPHa, MOHLTC, OPHA, other provincial and national professional groups, provincial and national health promotion groups, community partners, municipal politicians</p>	<p>Disseminate findings and support uptake by health units through:</p> <p>Reports, publications, Website postings, mailings through the Chief Medical Officer of Health, Ministry Education Days, Health Promotion Resource Centres, PHERO, etc.</p>	<ul style="list-style-type: none"> <li>• Evidence used for public health program planning and delivery of programs and services.</li> <li>• Practice and research gaps identified.</li> <li>• Research proposals developed to address research gaps.</li> <li>• Practice and research gaps addressed.</li> </ul>

Key:  
↔ Ongoing  
✧ New for 2006

ACTIVITIES	PROPOSED DELIVERABLES/ TIMELINES	TARGETS/PARTNERS	DISSEMINATION/ KNOWLEDGE TRANSFER	ANTICIPATED IMPACT(S)
d) ↔ Evaluate knowledge transfer of systematic reviews and summary statements and their impact on program planning and policy development.	LEAD: Hamilton PHRED Initiate Evaluation in 2005 – Continue into 2006 Interim Report December 2005.	TARGETS: Boards of Health, public health staff, aPHa, MOHLTC, OPHA and other provincial and national professional groups, provincial and national health promotion groups, community partners, municipal politicians	Disseminate findings and support uptake by health units through: Reports, publications, Website postings, mailings through the Chief Medical Officer of Health, Ministry Education Days, etc. Results to all PHRED sites. Begin implementation of identified strategies if feasible.	<ul style="list-style-type: none"> <li>• Identification of and/or development of effective strategies to disseminate systematic reviews and summary statements and integrate these findings into public health policy and practice.</li> </ul>
e) ↔ Collaborate on the development of a searchable database of available reviews on public health practice.	LEAD: Dr. M. Dobbins and staff of health-evidence.ca Website Contribution to identification of appropriate systematic reviews. Contribution 10 additional summary statements for health-evidence.ca related to chronic disease prevention and control to be completed by December 2006. Collaboration on maintenance of health-evidence.ca COMPLETION: Dec. 2006	PARTNERS: Hamilton PHRED with all PHRED sites Health-evidence.ca Knowledge broker	Disseminate findings through: Provincial and national publications, Education Days, funded projects, Health Promotion Resource Centres, PHERO, etc.	<ul style="list-style-type: none"> <li>• Increased access and availability of quality research in digested, usable format.</li> </ul>
f) ✧ Collaborate on the Knowledge brokering case study starting January 2006.	Assist in development of qualitative interview guide for study Assist in finalizing data collection methods	PARTNERS: Hamilton PHRED with all PHRED sites	Disseminate findings through: Provincial and national publications, Education Days, funded projects, Health Promotion Resource Centres, PHERO, etc	<ul style="list-style-type: none"> <li>• Increased understanding of knowledge brokering role as it is naturally occurring in health units in Ontario.</li> </ul>

Key:  
↔ Ongoing  
✧ New for 2006

ACTIVITIES	PROPOSED DELIVERABLES/ TIMELINES	TARGETS/PARTNERS	DISSEMINATION/ KNOWLEDGE TRANSFER	ANTICIPATED IMPACT(S)
<b>1.2 Continuous Quality Improvement Through Benchmarking</b>				
a) ↔ Complete School Immunization Record Process and Food Premise Inspection Benchmarking Results Reports.	LEADS: Ottawa PHRED School Immunisation Record Process and Food Premise Inspection reports completed by March 2006.	PARTNERS: Sudbury and London PHREDS	Disseminate findings and support uptake by health units through: Website, publications, presentations and workshops.	<ul style="list-style-type: none"> <li>• Increased effectiveness and efficiency.</li> <li>• Participating health units can compare their results with others and determine how their performance can be improved and resources used efficiently and effectively.</li> <li>• Benchmarking promoted, supported and sustained in Ontario health units.</li> </ul>
b) ↔ Disseminate key indicators for dental screening and identify prototype for data collection/analysis  Complete Phase II dental screening report.	LEADS: London and Ottawa PHREDS  Phase II dental screening benchmarking report completed by December 2006.	All Ontario health units, Dental Directors/Consultants and dental staff.	Disseminate findings and support uptake by health units through: Website, publications, presentations and workshops	<ul style="list-style-type: none"> <li>• Increased effectiveness and efficiency.</li> <li>• Participating health units can compare their results with others and determine how their performance can be improved and resources used efficiently and effectively.</li> <li>• Benchmarking promoted, supported and sustained in Ontario health units.</li> </ul>

Key:  
 ↔ Ongoing  
 ✧ New for 2006

ACTIVITIES	PROPOSED DELIVERABLES/ TIMELINES	TARGETS/PARTNERS	DISSEMINATION/ KNOWLEDGE TRANSFER	ANTICIPATED IMPACT(S)
c) ✧ Deliver general benchmarking regional workshops and health unit benchmarking administrator regional workshops.  <b>* Pending Funding</b>	LEAD: Ottawa PHRED Publication of 1 benchmarking article. Monthly communication with health unit benchmarking administrators. 8 regional benchmarking workshops to educate health unit staff on benchmarking.	PARTNERS: London and Sudbury PHREDS OCCHA, alPha TARGETS: Boards of Health, public health staff, MOHLTC Boards of Health, public health staff, MOHLTC	Provincial presentations on Benchmarking, e.g. Ministry Education Days, OPHA, alPha. Article on Benchmarking.	<ul style="list-style-type: none"> <li>Increased efficiency and effectiveness of Benchmarking initiative through collaboration.</li> </ul>
d) ↔ Maintain interactive Benchmarking Website in collaboration with OPHBP <a href="http://www.benchmarking-publichealth.on.ca">www.benchmarking-publichealth.on.ca</a>	LEAD: Ottawa PHRED 65% participation of Health Units involved in at least one on-line (Website) benchmarking project. Advisory group to review enhancements to benchmarking Website functions.	TARGETS: All Ontario health units, Medical Officers of Health, professional public health associations	Promote awareness of Website. Outreach through regional workshops.	<ul style="list-style-type: none"> <li>Increased effectiveness and efficiency.</li> <li>Participating health units can compare their results with others and determine how their performance can be improved and resources used efficiently and effectively.</li> <li>Benchmarking promoted, supported and sustained in Ontario health units.</li> </ul>
e) ✧ Conduct an impact evaluation on benchmarking in Ontario health units  <b>* Pending Funding</b>	LEAD: Ottawa PHRED Implement a survey with health units participating in benchmarking to determine the impact of benchmarking on health unit programs.	PARTNERS: London and Sudbury PHREDS TARGETS: All Ontario health units	Presentation of survey results.	<ul style="list-style-type: none"> <li>Increased participation in benchmarking by health units.</li> <li>Benefits of benchmarking promoted.</li> </ul>

Key:  
 ↔ Ongoing  
 ✧ New for 2006

ACTIVITIES	PROPOSED DELIVERABLES/ TIMELINES	TARGETS/PARTNERS	DISSEMINATION/ KNOWLEDGE TRANSFER	ANTICIPATED IMPACT(S)
f) ✧ Revise benchmarking toolkit.  * Pending Funding	LEAD: Ottawa and London  Revised benchmarking toolkit based on current project methodology.	TARGETS:  All Ontario health units, Medical Officers of Health, professional public health associations	Presentation of revised benchmarking toolkit at conferences.  Post revised toolkit on PHRED website.	<ul style="list-style-type: none"> <li>Increased participation in benchmarking by Ontario health units.</li> </ul>

Key:  
 ↔ Ongoing  
 ✧ New for 2006

ACTIVITIES	PROPOSED DELIVERABLES/ TIMELINES	TARGETS/PARTNERS	DISSEMINATION/ KNOWLEDGE TRANSFER	ANTICIPATED IMPACT(S)
<b>1.3 Improving Accountability in Public Health Practice Through Evaluation and Performance Measurement</b>				
a) ↔ Conduct follow-up evaluation of Rapid Risk Factor Surveillance System (RRFSS) in collaboration with RRFSS Evaluation Working Group.	LEAD: Kingston PHRED Evaluation report by February 2006.	TARGETS: MOHLTC All health units PARTNERS: RRFSS Evaluation Working Group (London, Ottawa and Sudbury PHRED sites) Health unit epidemiologists	Report at RRFSS and APHEO annual meetings. Work with RRFSS Evaluation Working Group to disseminate to MOHLTC, all health units and provincial organizations.	<ul style="list-style-type: none"> <li>Improved efficiency and usefulness of RRFSS program in Ontario.</li> <li>Recommendations for increasing access to RRFSS program for all Ontario health units.</li> </ul>
b) ↔ Collaborate with the Rapid Risk Factor Surveillance System (RRFSS) Working Group to develop, test and evaluate modules to continue to improve the quality and extend the range of RRFSS information for health units.	LEAD: RRFSS Working Group Deliverables and timelines to be determined by the RRFSS Working Group.	TARGETS: All health units PARTNERS: Health unit epidemiologists	Assist in dissemination and use of RRFSS data by promoting RRFSS deliverables in provincial forums.	<ul style="list-style-type: none"> <li>Health units have access to timely, relevant and valid population health data that meet their local needs.</li> </ul>

Key:  
↔ Ongoing  
✧ New for 2006

ACTIVITIES	PROPOSED DELIVERABLES/ TIMELINES	TARGETS/PARTNERS	DISSEMINATION/ KNOWLEDGE TRANSFER	ANTICIPATED IMPACT(S)
<p>c) ◇ OPHA Core Competencies Project:</p> <p>PHRED Liaison</p> <p>Participate on the Steering Committee and Task Group and support OPHA and partners in steering the project and producing deliverables.</p>	<p>LEAD: OPHA</p> <p>Report of the consultations and recommendations (co-authored by PHRED) to be drafted by March 2006. **</p> <p>Continued linkages with national activities. *</p> <p>* OPHA Deliverable</p> <p>** Joint OPHA/PHRED Deliverable</p>	<p>PARTNERS:</p> <p>PHRED, MOHLTC, PHAC, CPHA, Academic Partners</p> <p>TARGETS:</p> <p>Boards of Health, health units, professional groups &amp; associations, universities, provincial public health associations</p>	<p>Publications, presentations, workshops, implementation kit, report to MOHLTC and PHAC.</p>	<ul style="list-style-type: none"> <li>• Clearly articulated and easily applied core competencies required for public health practice.</li> <li>• Contribute to improved curriculum, staff development, and performance review of public health workers.</li> <li>• Increased visibility and articulation of public health practice.</li> <li>• Public health practice and human resource policy development.</li> <li>• Support for a sustained core competency strategy.</li> </ul>
<p>d) ◇ PHAC Core Competencies</p> <p>1. Project: PHRED will plan and participate in a 1 day workshop to present the discussion paper on core competencies.</p> <p>2. Review documents as required.</p>	<p>LEAD: Sudbury PHRED</p> <p>Public Health Core competencies framework and working document (complimentary to Dr. Moloughney's technical report) presented at an one-day workshop.</p> <p>TIMELINE: March 31, 2006</p>	<p>TARGETS</p> <p>Boards of Health, health units, professional groups &amp; associations, universities, provincial public health associations</p> <p>PARTNERS:</p> <p>All PHREDs, OPHA, MOHLTC, PHAC, Academic Partners</p>	<p>Publications, presentations, workshops, Web-based tool, reports to OPHA.</p>	<ul style="list-style-type: none"> <li>• Working document used in national and provincial core competency consultations.</li> <li>• Consultation findings used to shape public health core competencies in Ontario and Canada.</li> </ul>

Key:  
↔ Ongoing  
◇ New for 2006

ACTIVITIES	PROPOSED DELIVERABLES/ TIMELINES	TARGETS/PARTNERS	DISSEMINATION/ KNOWLEDGE TRANSFER	ANTICIPATED IMPACT(S)
e) ✧ Accountability and Performance Measurement.  (Links to Section 1.5 b)	LEAD: MOHLTC  Be available for consultations and act in an advisory capacity if a committee is formed.	PARTNERS:  All PHRED sites and others to be determined	To be determined by MOHLTC.	<ul style="list-style-type: none"> <li>Improved public health programs</li> </ul>
f) ↔ Nursing Health Outcomes Project – Expert Panel for Mental Health, Primary Care, and Public Health Nursing.  Panel responsible for identifying health outcomes for public health, mental health and primary care nursing.	LEAD:  Dr. Dot Pringle, University of Toronto  MOHLTC – Integrated Policy and Planning Division  PHREDS – Hamilton (Donna Ciliska)  Report on recommended outcomes has tentative target date of December 2006 (possible extension).	MOHLTC will take recommendations from final report to determine province wide data collection and recording system for final outcomes identified	Data collection methods.	<ul style="list-style-type: none"> <li>Increased understanding of health outcomes that are valid and reliable measures for public health nursing.</li> <li>Enhanced accountability.</li> </ul>

Key:  
 ↔ Ongoing  
 ✧ New for 2006

ACTIVITIES	PROPOSED DELIVERABLES/ TIMELINES	TARGETS/PARTNERS	DISSEMINATION/ KNOWLEDGE TRANSFER	ANTICIPATED IMPACT(S)
<b>1.4 Improving Practice Through Applied Research and Program Evaluation</b>				
<p>a) ↔ Undertake provincially coordinated and locally led<sup>1</sup> applied research and evaluation studies.</p> <p><sup>1</sup> Local research and evaluation projects (involving only PHRED site) are not listed in the work plan but are reported in the Deliverables Annual Report.</p>	<p>DELIVERABLES: Reports, publications, presentations</p> <p>COMPLETION: Ongoing, timelines dictated by project.</p>	<p>TARGETS: Ontario public health practitioners, Boards of Health, health units, MOHLTC, key partners (e.g. OPHA, aIPHa)</p>	<p>Disseminate findings and support uptake by health units through: Reports, publications, Website postings, mailings through the Chief Medical Officer of Health, Ministry Education Days, etc.</p>	<ul style="list-style-type: none"> <li>• Increased evidence-based practice. Improvement in program design and implementation with health impacts over time.</li> <li>• Development of innovative models of public health practice.</li> </ul>
<b>Examples of Provincial Initiatives:</b>				
<p>i) ↔ NutriSTEP Project (Nutrition Screening Tool for Every Preschooler)</p> <p>Final validation of a parent-administered screening tool that would identify preschool aged children at risk for nutritional problems.</p> <p>Supported with funding from Canadian Institutes of Health Research (CIHR) Institute of Population and Public Health and Institute of Nutrition,</p>	<p>LEAD: Sudbury PHRED with Hamilton and London PHREDS</p> <p>Preschool Nutrition Screening Tool validated and ready for use in 2006.</p> <p>Proposed implementation of NutriSTEP screening tool will include use by parents as well as childcare and health care professionals through venues such as preschool screening programs, JK/SK school registration packages,</p>	<p>PARTNERS: University of Guelph, Provincial Ministries of Health (5 including Ontario); Public Health Division; Best Start Resource Centre; Nutrition Resource Centre, Dietitians of Canada; Canadian Institute for Child Health, Ontario Early Years Centres, CAPC sites, Centre de santé communautaire, Health Canada</p>	<p>Presentations, publications, project updates.</p> <p>Dissemination of <i>“Implementing the NutriSTEP Program”</i> report to targeted stakeholders.</p> <p>Workshop at Dietitians of Canada Conference in May 2005 for several hundred dietitians across Canada.</p>	<ul style="list-style-type: none"> <li>• Culturally appropriate validated tools (English, French, First Nations) ready for implementation.</li> <li>• Early identification and intervention of preschool nutrition problems.</li> <li>• Improved health of preschool children.</li> </ul>

Key:  
↔ Ongoing  
◇ New for 2006

ACTIVITIES	PROPOSED DELIVERABLES/ TIMELINES	TARGETS/PARTNERS	DISSEMINATION/ KNOWLEDGE TRANSFER	ANTICIPATED IMPACT(S)
<p>ii) ↔ a) Community Outreach for Heart Health and Risk Reduction Trials (COHRT).</p> <p>Completion of randomized trial involving a behavioural and pharmacological intervention in a risk reduction program for those at high risk for heart disease.</p> <p>Supported with funding from Heart and Stroke Foundation of Ontario.</p>	<p>LEAD: University Health Network - University of Toronto – Dr. R. Nolan</p> <p>Pilot results on model prevention intervention to reduce heart disease in high-risk population.</p> <p>(Multi-year project: 2002 to 2006)</p>	<p>PARTNERS:</p> <p>Sudbury &amp; District Health Unit – PHRED, Heart and Stroke Foundation, Heart Health Community Partners, Grey Bruce Owen Sound Health Unit, MOHLTC</p>	<p>Publications and presentations of report once completed.</p>	<ul style="list-style-type: none"> <li>• Effectiveness determined by randomized control trial of a health promotion strategy using a prevention intervention for cardiovascular disease based on Stages of Change Model.</li> <li>• Increased effectiveness of chronic disease prevention practice.</li> </ul>

Key:  
↔ Ongoing  
✧ New for 2006

ACTIVITIES	PROPOSED DELIVERABLES/ TIMELINES	TARGETS/PARTNERS	DISSEMINATION/ KNOWLEDGE TRANSFER	ANTICIPATED IMPACT(S)
<p>ii) ↔ b) Community Outreach for Heart Health and Risk Reduction Trials (COHRT) – Qualitative Study “Locating Barriers and Supports to Risk Modification in CHD”.</p> <p>Sudbury PHRED participated in establishing research protocol and is involved in the qualitative component of this research project. This study includes focus groups and individual interviews with urban, northern rural and northern francophone groups.</p> <p>Supported with funding from CIHR.</p>	<p>LEAD: University of Toronto – Jan Angus</p> <p>Sudbury PHRED (Lead for francophone and northern components)</p> <p>(Multi-year project: 2005 to 2007)</p>	<p>PARTNERS:</p> <p>Sudbury &amp; District Health Unit, PHRED Program; University of Toronto; University Health Network; Laurentian University</p>	<p>Publications and presentations of report once completed.</p>	<ul style="list-style-type: none"> <li>• Increased effectiveness of chronic disease prevention practice.</li> <li>• Increased knowledge regarding barriers and supports to risk modification in CHD for northern, francophone and urban men and women.</li> </ul>
<p>iii) ↔ Evaluation of Early Years Nurse Practitioner Prenatal and Postnatal NP Project (in 10 health units).</p> <p>Supported with funding from Ministry of Children and Youth Services.</p>	<p>LEAD: Sudbury PHRED with London and Hamilton PHREDS</p> <p>Completed evaluation and final report by December 2006.</p>	<p>PARTNERS:</p> <p>MOHLTC, Ministry of Children and Youth Services, Community Health Research Unit, Boards of Health</p>	<p>Report to Public Health Division for dissemination.</p> <p>Ongoing data to 10 health unit sites.</p> <p>Conference presentations, and publication.</p>	<ul style="list-style-type: none"> <li>• Evidence to make decisions regarding innovative models of primary health care service delivery.</li> <li>• Evaluated model to increase access to prenatal and postnatal care.</li> </ul>

Key:  
↔ Ongoing  
✧ New for 2006

ACTIVITIES	PROPOSED DELIVERABLES/ TIMELINES	TARGETS/PARTNERS	DISSEMINATION/ KNOWLEDGE TRANSFER	ANTICIPATED IMPACT(S)
<p>iv) ↔ If, When and How to Ask the Question(s): Assessing Screening Approaches to Identifying Women Abuse in Health Care Settings.</p> <p>This program of research is examining a number of key questions related to the most effective and acceptable means to identify woman abuse. Includes a randomized control design using public health, primary care, acute care and specialty clinics to determine whether the procedure of screening reduces violence and improves the overall health of women, in areas such as quality of life as well as physical and mental health.</p> <p>Program of research will also include a descriptive, qualitative study to explore the process by which public health nurses ask about and respond to intimate partner violence in home visitation.</p> <p>Supported with funding from Ontario Women's Health Council.</p>	<p>LEAD: Dr. Harriet MacMillan (McMaster University) PI with a multi-site interdisciplinary research team including PHRED researchers from Hamilton, London and Sudbury</p> <p>A program of research involving multiple integrated projects. Identification of practice and policy implications by December 2006.</p>	<p>TARGETS: health care providers, including nurses and physicians, delivering care and services to women.</p> <p>STUDY PARTNERS: Ontario Women's Health Council</p>	<p>Disseminate findings and support uptake by health units through:</p> <p>Presentation of findings to PHNs in HBHC program reports, publications, Website postings, mailings, conferences, etc.</p>	<ul style="list-style-type: none"> <li>• Evidence-based service delivery to women.</li> <li>• Enhanced practitioner skill development and practice protocols.</li> <li>• Policy development.</li> </ul>

Key:  
↔ Ongoing  
✧ New for 2006

ACTIVITIES	PROPOSED DELIVERABLES/ TIMELINES	TARGETS/PARTNERS	DISSEMINATION/ KNOWLEDGE TRANSFER	ANTICIPATED IMPACT(S)
<p>v) ✧ The purpose of this 2-year study is to explore barriers to the adoption, implementation and sustainability of ICTs within public health chronic disease prevention <i>communities of practice</i>, which will inform governance issues and policy direction. The population of interest is the Ontario public health workforce involved in chronic disease prevention.</p> <p>(Preliminary approval obtained from Health Canada; <b>awaiting final Ministry approval</b> \$219,203 )</p>	<p>Start date January 2006 (although delayed due to Federal government changes – awaiting final approval).</p> <p>June 2007 to begin study recruitment. Prepare final report results with Ontario E-Health by July- December 2007. Manuscripts for publication complete web page of major findings by December 2007</p>	<p>Lead Hamilton PHRED Partners MoHLTC PHIIT Office Policy Contacts:</p> <ol style="list-style-type: none"> <li>1. Ontario PHRED Program; and Hamilton PHRED Program.</li> <li>2. Robert Shearer, Director, Health Human Resources Strategies Division, Health Canada</li> <li>3. Ian Brunskill Executive Lead MoHLTC PHIIT Office; Roger Girard Chief E-Health Strategist Ontario MoHLTC E-Health Office</li> <li>4. PHAC; Dexter Harvey, Chair of the Interim Steering Committee, Best Practices for Chronic Disease Prevention and Carla Troy, National Manager, Epidemiologist.</li> </ol> <p>TARGETS: Ontario Health Units; Chronic disease prevention workers</p>	<ul style="list-style-type: none"> <li>- Policy Recommendation Factsheets related to policies that address: <ul style="list-style-type: none"> <li>1) support of online public health education,</li> <li>2) 2) technology access, use and training in public health and,</li> <li>3) use of ICTS to support <i>communities of practice</i>.</li> </ul> </li> <li>- Host two web conferences to present our preliminary and final results to policy makers, study participants and others who indicate interest.</li> <li>- Project web site will be created early in the project and updated throughout and at the end of the project. Link our site to Ontario's Public Health Portal as well as other relevant portals.</li> <li>- Conferences as well as through academic publications.</li> <li>- Final report to Health Canada.</li> </ul>	<ul style="list-style-type: none"> <li>• This research will inform public health policy directions, with the objective that they will be generalizable across jurisdictions. They will support the development of sustainable virtual multidisciplinary public health <i>communities of practice</i>, refine and clarify the governance structure of Ontario's Public Health Portal, and provide policy directions to enhance continuing education of the public health workforce.</li> </ul>

Key:  
↔ Ongoing  
✧ New for 2006

ACTIVITIES	PROPOSED DELIVERABLES/ TIMELINES	TARGETS/PARTNERS	DISSEMINATION/ KNOWLEDGE TRANSFER	ANTICIPATED IMPACT(S)
<p>vi) ✧ Web-based Intervention for Rural Youth – participatory action research project with at-risk youth to design and implement a web-based health promotion intervention aimed at alcohol-use and risk reduction behaviours, while focusing on the underlying factors associated with substance abuse.</p> <p>This highly interactive site will serve as a resource centre for information and communication re alcohol use created by local rural youth for rural youth.</p> <p>Program evaluation (process and outcome measures) is integral to this project.</p>	<p>A web site implemented for rural youth by rural youth (with public health professional guidance) aimed at substance abuse prevention. (September 2006)</p> <p>A Project Toolkit will be created which will help to inform rural communities on the process involved in implementing a youth-centred web-based health promotion strategy developed by and for youth. (December 2006-March 2007)</p> <p>Toolkit to include: activity plans, strategies used in the implementation and findings from our evaluation, (e.g. strategies to guide web design, usability testing, and to increase youth and community involvement)</p>	<p>LEAD: Hamilton PHRED (Valaitis, R. &amp; O'Mara, L.) Huron County Health Unit and community partners</p> <p>Funded by Drug Strategy and Controlled Substances Health Environments and Consumer Safety Branch Health Canada</p> <p>TARGETS: Rural youth</p> <p>Rural health and community services workers</p>	<p>Project Toolkit as noted in deliverables</p> <p>Conference presentations.</p> <p>Project specific Blog (web site) reporting progress on an ongoing basis.</p>	<ul style="list-style-type: none"> <li>• This innovative demonstration project may serve as a model to be replicated in other rural communities.</li> <li>• The project will increase community engagement by youth in the development of youth-centric health promotion interventions using the Internet.</li> <li>• This project will: <ul style="list-style-type: none"> <li>○ Identify key issues and strategies to aid in the design of health promotion interventions for rural communities.</li> <li>○ Provide public health professionals with the tools needed to implement similar projects in their communities.</li> </ul> </li> </ul>

Key:  
↔ Ongoing  
✧ New for 2006

ACTIVITIES	PROPOSED DELIVERABLES/ TIMELINES	TARGETS/PARTNERS	DISSEMINATION/ KNOWLEDGE TRANSFER	ANTICIPATED IMPACT(S)
<p>vii) ↔ a) CHNET-Works! is an online network of networks of community health professionals – practitioners, researchers and decision-makers – from diverse jurisdictions and groups across Canada. It includes “tools” to promote interaction among individuals and groups, which is open to all interested Canadian community health professionals. The study objectives were to assess the accessibility, functionality and overall utility of the tools for the target groups and to support networking among practitioners, researchers and decision-makers.</p>	<p>Pilot to continue until March 2006. Data collection will continue to December 2005 providing a more robust set of data on which to base future developments.</p> <p>Preparation of a manuscript reporting results Fall 2006</p>	<p>Nancy Edwards &amp; Anita Kothari (Co-PIs)</p> <p>Co-investigator PHRED consultant (Valaitis, R.)</p> <p>MoHLTC PHIIT Office</p> <p>TARGETS: Pan-Canadian community health professionals</p>	<p>Manuscript preparation (lead by Valaitis, R)</p> <p>Conference dissemination by Valaitis, R. at the Asia Pacific Nurses Association July 2006</p>	<ul style="list-style-type: none"> <li>• This research will provide valuable information to guide the development of similar innovative Internet based communication strategies to enhance knowledge exchange in public health.</li> <li>• The knowledge gained may also be valuable to support policy directions with regard to the development and management of the MOHLTC e-publichealth.ca portal and the online collaborative tools.</li> </ul>

Key:  
↔ Ongoing  
✧ New for 2006

ACTIVITIES	PROPOSED DELIVERABLES/ TIMELINES	TARGETS/PARTNERS	DISSEMINATION/ KNOWLEDGE TRANSFER	ANTICIPATED IMPACT(S)
<p>◇ b) CIHR proposal submitted to support CHNET-Works! For Community Health Nursing Researchers and Decisions-Makers Face-to-Face Knowledge Exchange meeting.</p>	<p>March 2006: Prepare and submit ethics approval submission; Conduct environmental scan of community health sector</p> <p>April 2007: Planning meeting with research team &amp; advisory committee to: to identify CHNet-Works! members to invite to forum; to plan agenda for the forum, as per table below</p> <p>May 2006: Develop prototype of new e-tools; work on logistics of forum (e.g., venue) and invite participants</p> <p>June 2006: Hold forum; Conduct post-forum email survey of participants</p> <p>July 2006: Write proceedings; Dissemination of proceedings</p>	<p>LEAD: Kothari, A. Edwards, Includes PHRED partner (Valaitis, R). Proposal submitted to CIHR\$15,590</p>		<ul style="list-style-type: none"> <li>• Results from this face-to-face, one day, invitational national forum for CHNet-Works! Members includes: <ul style="list-style-type: none"> <li>○ to build consensus on priority community health issues which can be subsequently addressed in CHNet-Works!, which uses specific content areas to anchor discussions and activities (previous content areas were regionalization, and competencies &amp; standards)</li> <li>○ to obtain feedback on prototypes of new CHNet-Works e-tools to support knowledge exchange</li> <li>○ to provide opportunities for face-to-face networking amongst this building community of researchers, practitioners and decision-makers</li> <li>○ to present skill-building sessions (e.g., critical appraisal skills; web-based conferencing skills) that support CHNet-Works! participation.</li> </ul> </li> </ul>

Key:  
↔ Ongoing  
◇ New for 2006

ACTIVITIES	PROPOSED DELIVERABLES/ TIMELINES	TARGETS/PARTNERS	DISSEMINATION/ KNOWLEDGE TRANSFER	ANTICIPATED IMPACT(S)
<b>1.4 Improving Practice Through Applied Research and Program Evaluation (continued)</b>				
a ↔ Pursue external funds for research.	Minimum of 2 or more letters of intent or grant proposals involving two or more PHRED sites (collaborative) submitted for provincial initiatives by December 2006.	PARTNERS: All PHREDs, Public Health Division, Health Units, Canadian Institutes of Health Research	Involve partners in proposal development.	<ul style="list-style-type: none"> <li>• Increased revenue for public health research.</li> <li>• Enhanced PHRED activities and body of knowledge re public health practice and impact.</li> </ul>
b) ↔ Identify research funding opportunities.	LEAD: Sudbury PHRED Provide regular updates to all health units re funding opportunities. Ongoing throughout 2006.	PARTNERS: aPHa, all PHREDs	Post on aPHa and PHRED Websites. Email to all epidemiologists, planners and researchers.	<ul style="list-style-type: none"> <li>• Enhanced awareness of funding opportunities.</li> <li>• Extension in scope and generalizability of research.</li> <li>• Increased public health research activity.</li> </ul>
c) ↔ Explore and document existing issues and capacity in Ontario health units regarding ethics and public health research.  * Pending Funding	LEAD: Ottawa PHRED Inventory of activities and resources in Ontario health units regarding research and ethics. Workshop on research ethics in public health practice. March 2006.	TARGETS: Health Units PARTNERS: MOHLTC, OPHA, aPHa, all PHREDs, academic partners	Provincial forum and proceedings to health units in Ontario.	<ul style="list-style-type: none"> <li>• Increased knowledge and capacity in Ontario health units re ethics in evaluation and research.</li> </ul>

Key:  
↔ Ongoing  
✧ New for 2006

ACTIVITIES	PROPOSED DELIVERABLES/ TIMELINES	TARGETS/PARTNERS	DISSEMINATION/ KNOWLEDGE TRANSFER	ANTICIPATED IMPACT(S)
<b>1.5 Emerging Issues</b>				
<p>a) ↔ Contribute to public health renewal in Ontario.</p> <ul style="list-style-type: none"> <li>• Contribute and support implementation of Public Health Capacity Review Committee Recommendations</li> <li>• Contribute and support the implementation of the Ontario Health Protection and Promotion Agency Task Force Recommendations</li> <li>• Participate and support the Ministry in reviewing and updating Mandatory Programs.</li> </ul>	<p>LEAD: MOHLTC e-Health Council LEAD: Chairs: Dr. Sheela Basrur and Dr. George Pasut To be determined by MOHLTC.</p>	<p>PARTNERS: All PHRED sites and others to be determined</p>	<p>To be determined in consultation with Ministry.</p>	<ul style="list-style-type: none"> <li>• Enhanced Ontario Public Health System.</li> <li>• Improved integration of research, education with public health policy and practice.</li> <li>• Provision of leadership and advice on Information Technology (IT) and e-Health projects in public health.</li> <li>• Improved integration of the public health care system; more effective and efficient service delivery.</li> <li>• Updated Mandatory Programs and Services Guidelines based on evidence.</li> </ul>

Key:  
↔ Ongoing  
✧ New for 2006

ACTIVITIES	PROPOSED DELIVERABLES/ TIMELINES	TARGETS/PARTNERS	DISSEMINATION/ KNOWLEDGE TRANSFER	ANTICIPATED IMPACT(S)
<p>b) ↔ Contribute to the Ontario e-Health Council for Public Health.</p> <ul style="list-style-type: none"> <li>• E-Health Strategies are being developed at the Provincial and Local level. Public health requires a voice in the development of these strategies.</li> <li>• MEMBERSHIP ON E-HEALTH COMMITTEES               <ol style="list-style-type: none"> <li>1. E-Health Council for Public Health MoHLTC-PHIIT Office Council provides direction for e-health strategy for Ontario in Public Health</li> <li>2. RAO Steering Committee for E-Health Provides e-health strategic direction for nurses in Ontario from all sectors.</li> <li>3. E-Health Steering Committee for LHIN #4</li> </ol> </li> </ul>	<p>Ongoing preparation of strategic plans for e-health integration provincially and at the LHIN level as well as for nursing in Ontario.</p>	<p>LEAD: MOHLTC – PHIIT office RAO LHIN #4 Valaitis, R- PHRED Consultant is member on noted steering and advisory committees.</p>	<p>Minutes of Meetings and strategic plans are shared with PHRED OPS and others where relevant.</p>	<ul style="list-style-type: none"> <li>• Increased public health voice at the strategic planning level.</li> <li>• By having a direct link to these steering committees, it is expected that there will be Increased participation of PHRED partners in e-health development initiatives and trials such as the MOHLTC Online Collaborative Tools and MOHLTC portal projects (e.g. hosting of PHRED web site).</li> </ul>

Key:  
 ↔ Ongoing  
 ✧ New for 2006

ACTIVITIES	PROPOSED DELIVERABLES/ TIMELINES	TARGETS/PARTNERS	DISSEMINATION/ KNOWLEDGE TRANSFER	ANTICIPATED IMPACT(S)
<p>c) ✧ Healthy Eating and Active Living Strategy</p> <ul style="list-style-type: none"> <li>• Create and pilot School Health Survey</li> <li>• Support analysis of CCHS nutrition data</li> <li>• Develop evaluation plan and logic model for strategy</li> <li>• Participate on an Advisory Committee</li> </ul>	<p>LEAD: Sudbury PHRED with London PHRED</p> <p>Three surveys are developed for use in Ontario elementary, middle and secondary schools.</p> <p>A written report summarizes the lessons learned from the pilot of the survey.</p> <p>A written report summarizes findings from analysis of the CCHS cycle 2.2 nutrition data.</p> <p>A draft logic model is developed for the MHP's Healthy Active Living Strategy.</p> <p>A draft evaluation plan with indicators for the MHP's Healthy and Active Living Strategy.</p> <p>TIMELINE: June 30, 2006</p>	<p>TARGETS: All Public Health Units</p> <p>PARTNERS: MHP, all PHREDS, academic partners</p>	<p>Disseminate deliverables and support uptake by health units through:</p> <ul style="list-style-type: none"> <li>• Reports, publications, Website postings, mailings, conferences, etc.</li> </ul>	<ul style="list-style-type: none"> <li>• Program Logic Model developed for the strategy to inform the evaluation.</li> <li>• Feasible evaluation frame work articulated and comprehensive evaluation plan with prioritized evaluation questions produced.</li> <li>• Key experts identify for ongoing consultation.</li> </ul>
<p>d) ✧ Ontario National Collaborating Center – Environmental Scan</p>	<p>LEAD:</p> <p>TIMELINES: March 31, 2006</p> <p>Literature review and written synthesis of the literature.</p> <p>Key informant interviews, analysis of qualitative data, written report.</p>	<p>TARGET: All public health practitioners in Canada</p> <p>PARTNERS: Ontario NCC, MOHLTC, all PHREDS, academic partners</p>	<p>Disseminate findings to health units through: Reports, publications, Website postings, mailings, conferences, etc.</p>	<ul style="list-style-type: none"> <li>• Key informant interviews conducted and summary report produced.</li> <li>• 2006 priority project areas recommended for the Ontario NCC.</li> </ul>

Key:  
↔ Ongoing  
✧ New for 2006

ACTIVITIES	PROPOSED DELIVERABLES/ TIMELINES	TARGETS/PARTNERS	DISSEMINATION/ KNOWLEDGE TRANSFER	ANTICIPATED IMPACT(S)
e) ✧ The Family Health Care Team Action Group was established by the MOHLTC's. A subcommittee has been struck that will address Health Promotion and Disease Prevention in the Family Health Teams.	Meetings will commence in February 2006 and will occur every 2 months to provide support for the identification of effective HPDP strategies and opportunities for collaboration on population health initiatives.	LEAD: Penny Nelligan (Huron County) PHRED representation on the sub-committee (Valaitis, R.) First meeting to be held in Feb 2006	Unknown at this time.	
f) ↔ Evaluation study of web conferencing technology to support health sciences education.  This evaluation used Q-Methodology to identify viewpoints of graduate students, faculty and staff who have had exposure to web conferencing (HorizonWimba LiveClassroom) technology in an educational setting.  Plan to trial a continuing education session on Shaken Baby Syndrome with Hamilton and 3 other health unit staff with support from PHRED consultants (Thomas, H. & Valaitis,R.)	Complete analysis spring 2006  Manuscript preparation for Journal of Medical Internet Research Summer 2006.  Presentations at: EACH Conference Practice to Policy. Global Perspectives in Nursing conference (at McMaster).	TARGETS: McMaster University Health Sciences students, educators, City of Hamilton and 3 other health units to pilot web conferencing		<ul style="list-style-type: none"> <li>• The new knowledge gained will be useful in the future development of education strategies that could be pertinent for use in public health continuing education.</li> <li>• This study will provide useful background for application to public health continuing education efforts e.g. re Shaken Baby Syndrome.</li> </ul>

Key:  
 ↔ Ongoing  
 ✧ New for 2006

ACTIVITIES	PROPOSED DELIVERABLES/ TIMELINES	TARGETS/PARTNERS	ANTICIPATED IMPACT(S)
<b>2.0 LEADERSHIP IN EDUCATION OF FUTURE PUBLIC HEALTH PROFESSIONALS</b>			
a) ↔ Provide graduate, undergraduate and post professional placement opportunities for public health and students in health related disciplines.	A minimum of 800 student placements. Ongoing in 2006.	TARGETS: Future health/public health professionals; consumers PARTNERS: Partnering academic institutions	<ul style="list-style-type: none"> <li>• Improved education of students;</li> <li>• More appropriately prepared future health professionals;</li> <li>• Increased recruitment into Public Health.</li> <li>• Increased capacity of health units to effectively participate in student placement programs.</li> <li>• Increased interest and capacity in public health research and practice.</li> </ul>
b) ↔ Provide input into course curricula including developing innovative teaching models and teach public health related courses.	Teaching/faculty contribution in over 15 academic institutions. PHRED contribution to curriculum development of new Northern Ontario School of Medicine. Ongoing in 2006.	PARTNERS: Academic institutions	<ul style="list-style-type: none"> <li>• Improved education of students.</li> <li>• More appropriately prepared future health professionals.</li> <li>• Increased recruitment to Public Health.</li> </ul>
c) ↔ Provide extensive experiences for graduate students, community medicine residents, etc.	Increased graduate student experience/research in public health. Ongoing in 2006.	TARGETS: Future health/public health professionals; consumers PARTNERS: Academic institutions	<ul style="list-style-type: none"> <li>• Increased interest and capacity in public health research and practice.</li> </ul>

Key:  
↔ Ongoing  
✧ New for 2006

ACTIVITIES	PROPOSED DELIVERABLES/ TIMELINES	TARGETS/PARTNERS	ANTICIPATED IMPACT(S)
<p>d) ↔ Coordination of resource and tool development to support public health education at provincial level by expanding work of PHRED Connection – Network of PHRED and non-PHRED Education Coordinators.</p>	<p>PHRED-Connection used to provide province-wide access to resources and educational materials developed for student orientation, education and preceptorship manuals and materials. Reduced duplication. Ongoing in 2006.</p> <p>Resources for experienced preceptors to be completed in 2006.</p>	<p>TARGETS: Public health professionals; Education placement co-ordinators</p> <p>PARTNERS: Academic institutions</p>	<ul style="list-style-type: none"> <li>• Reduced duplication of resources, tools related to student placement.</li> <li>• Increased capacity for public health placements in Ontario health units.</li> <li>• Increased collaboration between new and existing Student Placement programs.</li> </ul>
<p>e) ↔ Sponsor and support student research competition (PHRED Student Award) at Annual Ontario Public Health Association (OPHA) Conference.</p>	<p>DELIVERABLES: OPHA Student Research Competition.</p>	<p>TARGETS: Future health/public health professionals</p>	<ul style="list-style-type: none"> <li>• Increased undergraduate and graduate student awareness of public health practice.</li> <li>• Increased recognition of the work of undergraduate and graduate students in applied public health research and evaluation.</li> </ul>

Key:  
↔ Ongoing  
✧ New for 2006

ACTIVITIES	PROPOSED DELIVERABLES/ TIMELINES	TARGETS/PARTNERS	ANTICIPATED IMPACT(S)
<p>f) ✧ CASN Taskforce in Community/Public Health Education in Canadian Undergraduate Nursing Programs</p> <p>1. Survey of all schools of nursing</p> <p>2. Public Health Education Symposium to be held on January 13-14, 2006 at the Metropolitan Hotel in Toronto.</p>	<p>CASN and PHAC sponsored invitational meeting to include Ontario community partners and educators (ANSOOHA and PHRED members to attend). The focus of the meeting is to gather input from practice and education sectors to clarify roles of educators (curriculum) and employers in public health (orientation and continuing education needs) of new PHNs) to build the capacity of new grads to meet the public health nursing standards of practice.</p> <p>CASN report on survey findings summer 2006.</p>	<p>PARTNERS</p> <p>ANSOOHA and PHRED representation at the invitational meeting.</p> <p>CASN Taskforce (PHRED consultant Valaitis, R is a member of the Taskforce)</p> <p>Support from: Canadian Schools of Nursing and the Public Health Agency of Canada</p> <p>TARGETS:</p> <p>Nursing educators and employers in public health settings</p>	<ul style="list-style-type: none"> <li>• The report will provide recommendations that will be used to inform and revise accreditation standards with regard to undergraduate nursing education content and public health nursing.</li> <li>• The report will provide information about the current capacity and limitations of current PH curricula in Canadian nursing schools.</li> <li>• Since the Standards of Practice are meant to address the new graduate 2 years following graduation from an undergraduate program, the report will also provide direction as to areas requiring enhancement that would be the responsibility of public health employers.</li> </ul>

Key:  
↔ Ongoing  
✧ New for 2006

ACTIVITIES	PROPOSED DELIVERABLES/ TIMELINES	TARGETS/PARTNERS	ANTICIPATED IMPACT(S)
<b>3.0 PROVIDE LEADERSHIP IN PUBLIC HEALTH RESEARCH AND EDUCATION THROUGH PARTNERSHIPS</b>			
<p>a) ↔ Provide leadership in public health research and education through partnering with others.</p> <ul style="list-style-type: none"> <li>• Improve partnerships with other health research centres, institutes, networks and provincial committees.</li> <li>• Explore partnership with Ontario Chronic Disease Prevention Alliance.</li> </ul>	<p>Research and education expertise, consultations, collaboration, as well as enhanced research products (publications, presentations, etc.).</p> <p>Ongoing participation on local/regional research and education networks (e.g. Liaison Committees, etc.).</p> <p>Constituent Society of OPHA.</p> <p>PHRED representation on provincial and national working groups and advisory committees. Examples include:</p> <ul style="list-style-type: none"> <li>• Liaison with Ontario Public Health Association (OPHA), Association of Public Health Epidemiologists of Ontario (APHEO), Association of Nursing Directors &amp; Supervisors in Official Health Agencies in Ontario (ANDSOOHA) and Ontario Society of Nutrition Professionals in Public Health (OSNPPH)</li> <li>• Canadian Population Health Surveys Advisory Committee</li> <li>• RRFSS Working Groups</li> <li>• National Committee on Francophone Health Research (Commission conjointe de la recherche et des systèmes d'information)</li> </ul>	<p>TARGETS:</p> <p>Public health professional groups, i.e. APHEO, OSNPPH, ANDSOOHA, OPHA, Ontario Healthy Weights Tool Kit Advisory Committee, Canadian Institutes of Health Research, National Population Health Advisory Committee, CHRU, Cochrane Collaboration, etc.</p>	<ul style="list-style-type: none"> <li>• Enhanced output; reduced duplication of effort and activities; improved collaborative models.</li> <li>• Applied public health research and education represented at key tables.</li> </ul>

Key:  
↔ Ongoing  
✧ New for 2006

ACTIVITIES	PROPOSED DELIVERABLES/ TIMELINES	TARGETS/PARTNERS	ANTICIPATED IMPACT(S)
a)	<ul style="list-style-type: none"> <li>e-Health Council for Public Health</li> <li>Community Health Research Unit (CHRU)</li> </ul> <p>Ongoing in 2006.</p>		
<p>b) ↔ Public Health Agency of Canada (PHAC) Skills Enhancement Project.</p> <ul style="list-style-type: none"> <li>Review lesson outlines and modules as they are developed.</li> <li>Provide guidance to health care providers who are accessing the Skills Enhancement Courses.</li> <li>Assist directly in the continuing education of health professionals.</li> <li>Participate on Public Health Agency of Canada Skills Enhancement for Health Surveillance Evaluation Advisory Committee.</li> <li>Complete development of a module on evidence-based practice and program planning</li> </ul>	<p>LEAD: PHAC</p> <p>Expert opinion and guidance to Public Health Agency of Canada to ensure that internet-based training modules on health surveillance incorporate relevant content for front-line public health staff and program managers and are based on principles of adult learning.</p> <p>Provide feedback on new learning modules.</p> <p>Expert support provided by PHRED facilitators.</p> <p>Ongoing in 2006.</p> <p>PHAC Evaluation Report of Skills Enhancement Program. Completion in 2006.</p>	<p>TARGETS:</p> <p>Boards of Health, health unit staff, MOHLTC</p> <p>PARTNERS:</p> <p>All PHREDs, Association of Public Health Epidemiologists in Ontario (APHEO)</p> <p>PHAC Skills Enhancement for Health Surveillance Evaluation Advisory Committee.</p>	<ul style="list-style-type: none"> <li>Improved evidence-based planning, standardized approaches to information management which will support surveillance at the national level and enhanced capacity to take advantage of current and future data bases and tools.</li> <li>Increased support to health care professionals involved in the Skills Enhancement courses.</li> <li>Wider distribution of key concepts in surveillance to health care professionals.</li> </ul>

Key:  
↔ Ongoing  
✧ New for 2006

ACTIVITIES	PROPOSED DELIVERABLES/ TIMELINES	TARGETS/PARTNERS	ANTICIPATED IMPACT(S)
c) ↔ Continue to increase linkages with the Health Promotion Resource Centres particularly in the area of evaluation and knowledge transfer.	Increased collaboration in knowledge transfer and evaluation. Ongoing in 2006.	TARGETS: All Boards of Health and health unit staff PARTNERS: MOHLTC; Health Promotion Resource Centres	<ul style="list-style-type: none"> <li>Enhanced evidence-based service delivery.</li> <li>Increased dissemination of public health knowledge.</li> </ul>
d) ↔ Further development and upgrades of the PHRED Website.  Explore option to support this initiative, i.e. funding, partnerships, etc.	LEAD: Hamilton PHRED Increased use of PHRED Website. Ongoing in 2006.	PARTNERS: All PHREDs, potential new linkages, partnerships TARGETS: Public health community	<ul style="list-style-type: none"> <li>Increased awareness and access to PHRED deliverables.</li> </ul>
e) ↔ Partner with ANDSOOHA to evaluate the implementation of the Nursing Mentorship Resource Guide (NMRG) in 5 pilot health units.  Supported with funding from The Nursing Secretariat.	LEAD: ANDSOOHA, PHRED (London) <ul style="list-style-type: none"> <li>Identification of barriers, facilitators and lessons learned from implementing the NMRG in 5 pilot health units.</li> </ul>	PARTNERS: All PHRED sites TARGETS: Boards of Health, Medical Officers of Health, public health nursing staff and managers, public health associations, i.e. alPHa, OPHA, and nursing educators	<ul style="list-style-type: none"> <li>A prototype, customized by site to support the implementation and sustainability of a nursing mentorship initiative in Ontario health units.</li> <li>Strategies to support recruitment and retention, which address the nursing shortage.</li> <li>Influence nursing curricula and recruitment/retention strategies.</li> </ul>
f) ✧ Partnering with the PHRED Connection hold 4 regional workshops to disseminate the Nursing Resource Mentorship Guide and facilitate its implementation/sustainability	<ul style="list-style-type: none"> <li>Increased awareness re the benefits/challenges of introducing and maintaining a mentorship initiative and the infrastructure required. Workshops to be completed by June 2006.</li> <li>Lead: London PHRED Program</li> </ul>	ANDSOOHA  Ontario Health Units.	<ul style="list-style-type: none"> <li>Workshops well delivered and attended.</li> <li>Increased awareness of the benefits/challenges offered by mentoring.</li> </ul>

Key:  
↔ Ongoing  
✧ New for 2006

ACTIVITIES	PROPOSED DELIVERABLES/ TIMELINES	TARGETS/PARTNERS	ANTICIPATED IMPACT(S)
<p>g) ↔ Work with the Canadian Association of Schools of Nursing (CASN) to ensure that all baccalaureate graduates of Canadian Schools of Nursing are prepared to meet the expected Canadian Standards for Community Health Nursing Practice.</p>	<p>LEAD: CASN Taskforce on Community Health</p> <p>Membership includes reps from: PHRED, CHNAC, ANDSOOHA, Colleges and Universities across Canada.</p> <p>Phase 1</p> <ul style="list-style-type: none"> <li>• Review the standards and identify what a competent novice in public health nursing looks like.</li> </ul> <p>Phase 2</p> <ul style="list-style-type: none"> <li>• Survey schools of nursing across Canada to determine what is being taught in public health and to identify gaps.</li> </ul> <p>Phase 3</p> <ul style="list-style-type: none"> <li>• Make recommendations on Public Health education at the baccalaureate level to CASN's Board of Directors in the following areas: <ul style="list-style-type: none"> <li>a) curriculum development</li> <li>b) strategies to implement new developments</li> <li>c) accreditation</li> </ul> </li> </ul>	<p>PARTNERS: Public Health Agency of Canada (PHAC)</p>	<ul style="list-style-type: none"> <li>• CASN accreditation standards will be congruent with the new Community Health Standards of Practice and thus Baccalaureate students in Canada will be better prepared to meet these standards on graduation.</li> </ul>

Key:  
↔ Ongoing  
✧ New for 2006



**CONTACTS – PROVINCIAL PHRED OPERATIONS COMMITTEE****HAMILTON**

**Hamilton Public Health**  
71 Main Street West  
Hamilton ON L8P 4Y5

Colleen Van Berkel  
Manager, Epidemiology &  
Evaluation  
Tel:  
905-546-2424 ext. 5916  
Fax: 905-540-5757  
Email:  
cvanberk@hamilton.ca

Dr. Donna Ciliska  
Professor, School of Nursing  
McMaster University  
Tel:  
905-525-9140 ext. 22529  
Fax: 905-526-7949  
Email:  
ciliska@mcmaster.ca

Dr. Elizabeth Richardson  
Medical Officer of Health  
Tel:  
905-546-2424 ext. 3501  
Fax: 905-546-4075  
Email:  
erichard@hamilton.ca

Dr. Matthew Hodge  
Associate Medical Officer of  
Health  
Tel:  
905-546-2424 ext. 5581  
Fax: 905-546-4075  
Email:  
mahodge@hamilton.ca

**KINGSTON**

**Kingston, Frontenac and Lennox & Addington Public Health**  
221 Portsmouth Avenue  
Kingston ON K7M 1V5

Dr. Kate O'Connor  
Director, PHRED Program  
Tel: 613-549-1232 ext. 578  
Fax: 613-549-7896  
Email: koconnor@healthunit.on.ca

Dr. Ian Gemmill  
Medical Officer of Health  
Tel: 613-549-6420 ext. 234  
Fax: 613-549-7896  
Email: dr.i.m.gemmill@healthunit.on.ca

**LONDON**

**Middlesex-London Health Unit**  
50 King Street  
London ON N6A 5L7

Charlene Beynon  
Director, PHRED Program  
Tel: 519-663-5317 ext. 2484  
Fax: 519-432-9430  
Email: charlene.beynon@mlhu.on.ca

Dr. Graham Pollett  
Medical Officer of Health  
Tel: 519-663-5317 ext. 2444  
Fax: 519-663-9581  
Email: graham.pollett@mlhu.on.ca

**OTTAWA**

**Ottawa Public Health**  
100 Constellation Crescent, 7<sup>th</sup> Floor West  
Nepean ON K2G 6J8

Monique Stewart  
Director, PHRED Program  
Tel: 613-580-6744 ext. 23467  
Fax: 613-580-9601  
Email: monique.stewart@ottawa.ca

Dr. Patricia Huston  
Associate Medical Officer of Health  
Tel: 613-580-6744 ext. 23675  
Fax: 613-580-9601  
Email: patricia.huston@ottawa.ca

**SUDBURY**

**Sudbury & District Health Unit**  
1300 Paris Street  
Sudbury ON P3E 3A3

Dr. Vera Etches  
Director, PHRED Program  
Tel: 705-522-9200 ext. 400  
Fax: 705-677-9602  
Email: etchesv@sdhu.com

Dr. Penny Sutcliffe  
Medical Officer of Health  
Tel: 705-522-9200 ext. 291  
Fax: 705-677-9606  
Email: sutcliffep@sdhu.com

Helen Brown  
Manager (Acting)  
Ministry of Health Promotion  
393 University Avenue  
Toronto, ON M5G 1R6  
Tel: 416-327-7380  
Fax: 416-327-7438  
E-mail: helen.brown@mhp.gov.on.ca