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RePHS

Presentation of Key Results from Phase 1 Data Collection

For Dissemination to
Health Units/Partners



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Interviews and Focus Groups – Phase 1

- Focus groups (n=21) and Interviews (n=5) were conducted with HU managers, directors and front line staff throughout October-December 2010 and August 2011.
- A total of 120 people participated, from 6 participating health units.
- All interviews and focus groups were transcribed and coded in NVivo 9.0.



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Interview Question Themes

- Changes in activities since OPHS*
- Evidence*
- Leadership*
- Implementation
- Evaluation
- Partnerships
- *Marked topics covered by front line staff only.
- All above topics covered by managers and directors



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Snapshot of High Level Overview of Selected Key Themes from Phase 1 Data

Reporting on:

Implementation Impacts

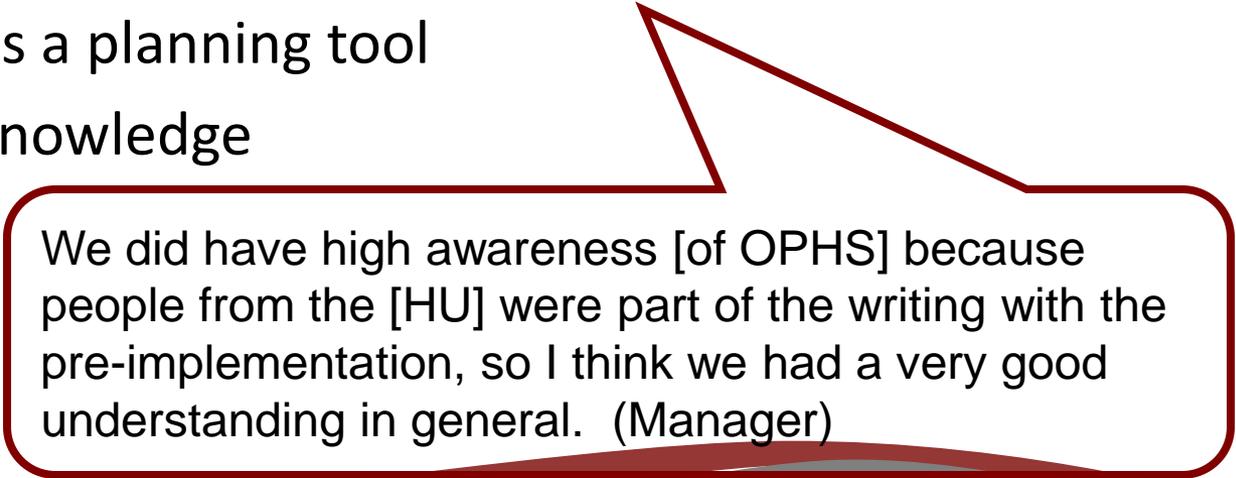


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Implementation

Awareness of OPHS by Managers

- Knowledge of OPHS prior to recruitment to this study was reported in most manager focus groups
 - were aware of policies
 - knew about them because of position
 - used policies as a planning tool
 - no change in knowledge

A red-outlined callout box with a tail pointing towards the 'used policies as a planning tool' bullet point. The box contains a quote from a manager.

We did have high awareness [of OPHS] because people from the [HU] were part of the writing with the pre-implementation, so I think we had a very good understanding in general. (Manager)

rephs Staff Awareness of OPHS

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- Front line staff awareness varied
- In over half of the focus groups, staff reported being unaware of OPHS
- In half of the focus groups, some staff reported being aware of OPHS or elements of OPHS
- In a couple of focus groups staff reported not paying any attention to OPHS

I'm familiar with the Ontario Public Health Standards but the old ones. I haven't seen the new, updated ones. They have not been, in any way that I'm aware of, been shared with me. (STIP staff)

I don't think our focus is much – like I don't think about the Standards an awful lot. In the clinic here you are focused on hands-on work, so it's not something that we dwell on too much. Like, we know what we have to do and we do it, like, we just do our job... And it's not the Standard that we even care about, sorry. It's the protocol... And the protocol didn't change. (STIP staff)



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How Staff Informed about OPHS

- Most frequently through formal communication
 - program discussions, new staff orientation, presentations, emails, workshops
- Often through involvement in development
 - involved in providing feedback, or writing process
- Sometimes informed by communication from others outside HUs
 - external networks, Ministry updates, webinars
- Reviewed individually in a few cases
- Rarely through Internal involvement to strategize about implementation in a few cases

What influences implementation of the OPHS?

- Reported in about half of the focus groups
 - Governance model
 - Economic influences
- Reported in a few focus groups
 - Policy influences
 - Provincial level influences
 - Staffing
 - Community influences

Impacts of OPHS on Staff Generally

- Positive impacts reported in about half of focus groups
 - generally positive; capacity building for staff; engagement with other programs; supports previous work
- Negative impacts reported in a few focus groups
 - resource challenges (time/money/staff); conflict regarding tasks and interests; lack of skills re: use of evidence



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General Program Impacts

In more than half focus groups participants reported:

- Meeting Standards anyway
- More flexible; less prescriptive programs

In about a third of focus groups participants reported :

- No programming changes
- Working to meet Standards/align with OPHS

In a few focus groups, participants reported:

- Increased accountability
- Less innovation focus
- More prescriptive programs



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Impacts on Program Planning

In about half of focus groups:

- the quality of planning processes increased
 - more comprehensive, focused, transparent, efficient

In a few focus groups:

- Community needs assessments emphasized more
- Changes in program planning outputs
 - logic models, program descriptions, building case for programs
- Stronger use of evidence based programming

Impacts on Program Evaluation

In a few focus groups, participants reported:

- A change in what is evaluated
 - more outcomes v.s. process; more quality assurance
- Limitations in evaluation skills; loss of PHRED support
- Evaluations conducted within more formal structures and tools

Next Steps

- Currently analyzing Phase 2 data
- Longer term: A PHSSR Research Agenda for Ontario



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PHSSR Research Agenda for Ontario

- 1. To build on the national level research priorities with a unique focus on ON.
- 2. To establish consensus on an ON PHSR agenda.
- 4. To develop a five year action plan to advance the agenda.
- 5. To establish a province-wide network of PHSR researchers, practitioners, and decision-makers.
- 6. To maintain strong linkages to researchers working on the Canadian PHSR agenda.