



The Need to Know...

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Director: Patricia Martens



Manitoba Centre for Health Policy (MCHP)

NTK Meeting #19: Wrapping up the *What Works* Project

This summer's meeting of *The Need to Know* Team took place on June 11 & 12, 2007.

Sarah Bowen and Pearl Soltys opened the meeting with an update on the *From Evidence to Action* (E2A) Project. See bottom of this page (*Evidence to Action Update*) for more on the project's progress.

RHA stories, a regular part of meetings where Team members share knowledge and experiences about various topics, focused on 'risk management'. Several Team members shared their experiences and lessons learned in **dealing with risk** in their regions (e.g. avian influenza, physician shortages, etc.).

Guest presenter Dr. Michelle Driedger followed this with information from her research on **communicating health risks** about drinking water issues—a prominent health-related topic in the last few years. Some key findings: (i) in order to successfully transfer knowledge, it is essential that the public trusts the regulatory agency and regards them as being credible; and (ii) different communication strategies are required for anticipated concerns and emergency situations.

Team members received an update on the progress of the **What Works Project**, the 4th research project being completed as part of *The Need to Know* Project. Results from the qualitative component of the project were the focus at this meeting. These included descriptions of various regional programs and policies, as well as a graph of their timelines. This information will be used to supplement quantitative, administrative data about how related indicators have changed over time.

Results-to-date were also reviewed for the **RHA 08 Atlas**, the 5th research project under *The Need to Know* Project umbrella which will update many of the indicators

that were included in the *RHA 03 Atlas*. This 2008 version is expected to be released by spring/summer 2008.

Dr. Celeste Alvaro from Dalhousie University presented information about a **knowledge translation project** that is currently underway in **Halifax**. The goals of the project are to determine (i) what resources work for and against research use, (ii) how they impact the nature and speed of uptake, and (iii) what strategies must be developed to facilitate the uptake of research evidence.

Dr. Brent Kvern spoke to the Team about the **Canadian Quality Circle Project** that is currently in progress. A 'quality circle' is "a small group of people from the same or similar work environment who voluntarily meet to identify and analyze problems and to recommend solutions regarding these work related problems". This particular project is focused on the primary care approach to osteoporosis and identifying 'care gaps', or the difference between optimal care and the care that is actually provided.

Originally involving 52 family physicians in 7 circles, this has expanded to 320 physicians in 34 circles across 7 provinces. Be sure to watch for more results from this innovative project.

In typical fashion, director for *The Need to Know* Project, Pat Martens ended the meeting with a bang, leading a crash course on **CPR or cardiopulmonary resuscitation**. See page 2 "*CPR Training*" for the *surprisingly straightforward basic CPR steps*.



NTK Team members, from top left: Marion Ellis, Vivian Salmon, Shelley Buchan, & Faye White

Left: *The Need to Know* Team practicing CPR; Right: Pat Martens demonstrating how to lock your hands when doing CPR



Evidence to Action (E2A) Update

Phase 2 has presented many challenges, including challenges in identifying opportunities to pilot the draft tools within the RHAs.

The Need to Know team members discussed the barriers to project implementation at the June NTK meeting, reaffirming their commitment to the project and interest in exploring additional strategies for implementation. As a result, a proposed "Action Plan" including a menu of potential regional actions was circulated to team members for review. The plan also called for E2A researchers to consult with provincial groups such as the provincial Medical Officers of Health and the RHAM Council of Chairs in order to explore solutions directly with



them. A telephone survey with team members was also conducted, with the purpose of further assessing project status and potential.

The Neil John McLean Health Library became involved with the project through the offer of a library membership to E2A participants in return for the collection of information on the use of library services in evidence-based decision making as part of the E2A project.

by Pearl Soltys, Research Project Coordinator, E2A

*see *The Need to Know* newsletter Vol. 11, Fall 2005, p.2 for E2A project overview. It is available via *The Need To Know* website: <http://www.rha.cpe.umanitoba.ca/newsletters.shtml>

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(link to *The Need to Know* website from here)

F.Y.I.

- the next meeting of *The Need to Know* Team will take place February 4th & 5th, 2008
- this year's 14th Annual **Rural and Northern Health Care Day** took place Tuesday November 20, 2007 at a **NEW LOCATION: Fort Garry Place, 83 Garry Street**



**The Needs of the Many.....
The New Public Health On the Same Page as Mr. Spock**

"The needs of the many outweigh the needs of the few." For many, these words will be very familiar—it is the mantra of Mr. Spock, Star Trek's winged-eared wise man. For students of philosophy, this is the crux of John Stuart Mill's Utilitarianism. And more recently, this principle underlies the new public health, the goal of which is to improve everyone's health, not just the very sick few. If health policy efforts are to be successful at reducing disease and improving society's health, it is necessary to think upstream at the level of the social system, rather than downstream at the level of the individual, where interventions help a relative few and do little for the health of whole populations.

Given today's reality of limited resources, making large investments in uncertain efforts to sustain a few high risk individuals leaves little resources for the pro-

motion of the public's health. Moreover, this narrow downstream approach individualizes risk, seldom taking into account the contribution of non-modifiable genetic factors and modifiable social factors. However, according to the 'continuum of risk' (the dose-response curve), small and often unnoticeable improvements in everyone's health (even those at low risk) results in greater overall gains for society than very noticeable improvements in the health of the minority of high risk individuals.

Thus we need to move beyond the largely ineffective downstream, biomedical paradigm in which we currently operate, to a more holistic and collective upstream 'social policy approach' which makes everyone better off, not just the high risk few.

This article is a synopsis of 'Paradigmatic Obstacles to Improving the Health of Populations—Implications for Health Policy' (J.B. McKinley, 1998).

The Need to Know Team Members:

RHA MEMBERS:

- Jody Allan
- Faye White
Assiniboine
- Nancy McPherson
- Susan Hunter
Brandon
- Marion Ellis
- Vivian Salmon
Burntwood
- Shelley Buchan
Central
- Randy Gesell
- Ken Grant
Churchill
- Tannis Erickson
- Ardith Sigurdson
Interlake
- Sue Lockhart
- Catherine Hynes
Nor-Man
- Bonnie Frith
- Suzanne Dick
North Eastman
- Maggie Campbell
Parkland
- Ales Morga
- Jan Gunness
South Eastman
- Ingrid Botting
WRHA

MANITOBA HEALTH MEMBERS:

- Deborah Malazdrewicz
Health Information Management
- Lorraine Dacombe
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Accountability Support Branch
- Heather Sparling
Community Health Assessment
- Rachel McPherson
Health Information Management
- Sonia Busca Owczar
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MCHP RESEARCHERS:

- Pat Martens
Director, NTK
- Randy Fransoo
Researcher, NTK

MCHP PROJECT MEMBERS:

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- Charles Burchill
Systems Analyst
- Heather Prior
Main Programmer
- Linda Kostiuik
Finance Coordinator
- Wendy Guenette
Planning Coordinator
- Carole Ouelette
Research Support
- Janine Harasymchuk
Website & Software
- Linda Romph
Research Coordinator

E2A PROJECT MEMBERS:

- Sarah Bowen
Researcher, E2A
- Pearl Soltys
Research Coordinator, E2A



CPR Steps

The closing activity for the June NTK meeting involved learning how to do cardiopulmonary resuscitation (CPR), with an easy-to-use training kit from the Heart and Stoke Foundation.

Everyone was amazed at how straightforward the basic steps are for such a crucial, potentially life-saving procedure:

- ♥ tap and shout to see if the victim responds
 - ♥ if not, get someone to call 911
 - ♥ meanwhile, ensure the victim is lying on their back on a firm, flat surface
 - ♥ open their airway by tilting their head and lifting their chin
 - ♥ if they are not breathing normally, give them 2 breaths (for 1 second each)
 - ♥ push down on their chest (about 1.5-2 inches) 30 times, allowing it to return to its normal position between each push
 - ♥ continue giving sets of 30 pushes and 2 breaths until the victim starts to move or trained help takes over
- Please call the **Heart and Stoke Foundation at 1-888-473-4636** for more information about obtaining training kits.

So Long

We must bid farewell to several members of *The Need to Know* Team who are all moving on to new and exciting opportunities. So long and best of luck to Melissa Weavers, Rob Penfold, Patti Fries and Eilish Cleary. Thank you for your valuable contributions to the Team.

