

**EVALUATION OF VANCOUVER COASTAL HEALTH'S  
CORE PUBLIC HEALTH SERVICES IMPLEMENTATION  
PROCESS**

by

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## **ABSTRACT**

The BC Ministry of Health's 2005 Core Functions Framework responds to the need to enhance public health infrastructure in the region. The Core Functions Initiative provides a good opportunity to monitor and evaluate an implementation process. This evaluation is important as it addresses encountered challenges, so that action can ensue to mitigate these challenges, thereby ensuring satisfaction for those involved. The qualitative evaluation conducted for the Core Public Health Services Review at Vancouver Coastal Health (VCH) is outlined, findings described, and recommendations presented to improve the implementation process of the Framework. Change management theory is used to support these recommendations. This information can be used to improve and sustain public health interventions that serve to benefit the population's overall health and well being.

**Keywords:** Public Health; British Columbia; Process Evaluation; Change Management

**Subject Terms:** Process Evaluation; Qualitative Research

To my loving parents and brother  
for their endless support.

And to my boyfriend,  
who shares and enriches my life beyond measure.

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# **CHAPTER 1: INTRODUCTION**

## **Public Health Problem**

Disease, illness, and injury have been the focus of health interventions and health spending in recent years in Canada (CIHR, 2005). However, addressing and targeting the causes of ill health at a societal level can improve the health and well being of the population thereby reducing the burden on the acute care system. Population and public health, the overall goal of which is to maintain and improve the health of the entire population before diseases arise as well as to reduce inequalities in health between population groups, is therefore a crucial field (Kindig, 2003).

There has been an increased awareness of the role that social determinants such as housing, education, and social support play on health. For example the World Health Organization (WHO) has a Commission on the Social Determinants of Health that supports countries in addressing their leading social factors of ill health (WHO, 2007). With a population and public health perspective, as well as global recognition of the importance of the social determinants of health, opportunities to improve the population's well being have expanded from hospitals into the community sector.

British Columbia (BC) has long recognized the crucial role of public health policies and programs in influencing individual health behaviours. However, this field has largely been overshadowed by the acute care system in terms of

financial investments (CIHI, 2005). Consequently there has been a lack of public health infrastructure in Canada that can effectively and equitably deliver essential preventive services to all populations within the community (Naylor, 2003).

Therefore addressing this issue, and increasing support for population and public health through building a core public health infrastructure, is a major challenge for BC.

The BC Ministry of Health has recently recognized this challenge and has attempted to develop a core public health framework to strengthen public health infrastructure (Ministry of Health Services, 2005). Motivation for this specific initiative was fuelled by recent reports such as the Naylor Report and a Canadian Institutes of Health Research (CIHR) report. Both emphasized the need for an improved and strengthened public health infrastructure in Canada (Naylor, 2003; CIHR, 2003). Consequently, the framework that has been developed for BC is called the Core Functions Framework and it consists of strategies, lenses, and program recommendations to strengthen public health services and improve population health in BC. The development and subsequent implementation of this framework is intended to represent the government's commitment to improve the health of the population before disease or injury arises.

Despite the recognized importance of public health policy and infrastructure, little attention has been focused on evaluating its processes and program implementation (Brownson, Newschaffer & Ali-Abarghoui, 1997).

However such analysis is crucial, since systematic evaluations of public health

interventions can produce useful information that can then be used to improve processes and program implementation (Steckler & Linnan, 2002).

The Core Functions Initiative provides an opportunity to monitor and evaluate program implementation processes. Such an evaluation will help identify, address, and mitigate implementation challenges encountered along the way so as to improve the process for the future. This rationale led to the development of one of my practicum projects: Conducting an evaluation of the process Vancouver Coastal Health (VCH) utilized for the implementation of the Core Functions Framework. The Core Public Health Services Review is the specific VCH project around implementing the Core Functions Framework.

## **Purpose**

This report will discuss the qualitative evaluation I conducted for the Core Public Health Services at Vancouver Coastal Health (VCH). The objective of this report is to propose recommendations for improving the implementation process of the Core Functions Initiative within the VCH region. This objective will be accomplished by:

1. Presenting an overview of the Core Public Health Services Review Project
2. Providing a rationale for the evaluation methods employed in the project
3. Presenting the findings from the study
4. Supporting proposed recommendations using change management literature

Findings from this process evaluation, as well as the recommendations proposed, will assist VCH leadership in revising and improving the processes employed for the Core Public Health Services Review Project. These improvements will help foster buy-in and satisfaction from those working on the initiative. It will also help achieve the successful implementation of this important public health framework in BC.

## **CHAPTER 2: BACKGROUND**

### **Core Functions**

Recent reports such as the Naylor Report and that of the CIHR have emphasized the need for an improved and strengthened public health infrastructure in Canada (Naylor, 2003; CIHR, 2003). The Naylor Report was written following the Severe Acute Respiratory Syndrome (SARS) outbreak. It argues that in Canada, a more cohesive and comprehensive approach to public health is needed which would form the basis for a sustainable public health system (Naylor, 2003). This report goes beyond stressing the need to prepare only for future epidemics to ensuring that public health in Canada is renewed so as to protect and promote the health of all citizens at all times (Naylor, 2003).

CIHR's Future of Public Health Care in Canada presents the rationale behind restructuring and improving public health infrastructure (CIHR, 2003). This document also advocates establishing clearly defined essential functions of public health, strengthening delivery structures to provide such services, and collaborating to achieve target common health goals (CIHR, 2003). In recognition of both these national reports, as well as the growing demand for public health services, the Ministry of Health Services has made a commitment to renew and strengthen public health in BC.

The Ministry of Health Services, acting as a steward of the health system, has worked with all six health authorities, health providers, and interested

stakeholders to improve public health infrastructure. Through this extensive consultation process, the Ministry has produced the Framework for Core Functions in Public Health, which serves as a directional document for public health renewal. The purpose of this Framework is to define and describe the core public health activities of a comprehensive public health system (Ministry of Health Services, 2005). The Framework is also intended to provide more effective public health services in the community to better complement our acute care system. It is anticipated that this Framework will result in greater consistency of public health services across the region, increased capacity of these public health services, and improved health of the population.

### **Components**

The main components of the framework are as following:

1. Core Programs
2. Public Health Strategies
3. Lenses
4. System Capacity

Core Programs are long-term programs representing the minimum level of public health services that health authorities would provide in a renewed and modern public health system (Ministry of Health Services, 2005). There are twenty-one identified core programs such as Healthy Living, Chronic Disease Prevention, and Safe Food. Each has clear goals, measurable objectives, and an evidence base that demonstrates it can improve people's health and prevent

disease, disability, and injury (Ministry of Health, 2005). Public Health Strategies are used to guide implementation of the Core Programs. They include health promotion, health protection, preventive interventions, and health assessment and disease surveillance. The third component of the Framework is Lenses. Population and inequalities lenses guide the planning and delivery of public health services and ensure that the health needs of specific populations are addressed. Lastly, the Framework defines System Capacity as the necessary health information systems and quality management needed to support the implementation of strategies and services. Such requirements include an adequate number of trained and competent staff, research to support innovation, and the ability to advocate for policy change (Ministry of Health Services, 2005). See Appendix A for a visual depiction of the Core Functions Framework.

## **Process**

VCH has reviewed its existing prevention, promotion, and protection programs in accordance with the Core Functions Framework. This review provided an opportunity to assess strategies, capacity, and performance indicators for these programs. Furthermore, the implementation of this process provided VCH with decision-making support it requires to invest appropriately and adequately in current as well as new prevention, promotion, and protection programs (Scarr, 2007). VCH's process for implementing the Framework is broken down into three distinct stages:

1. Evidence Review

2. Draft of Model Core Program Papers
3. Development of Performance Improvement Plans

For the first stage, the Ministry of Health hired external consultants to develop evidence papers outlining best practice research for each core program. Next, provincial working groups produced model core program papers, which used the evidence reviews to outline clear goals and measurable objectives for each program. Health authority representatives reviewed these papers to ensure applicability to their health authority. Performance improvement plan working groups were then created and facilitated by the Core Functions Project Manager to conduct gap analyses as the preliminary stage in developing the plans.

Gap analysis consisted of identifying whether current program activities either aligned with, lacked or exceeded best practices as outlined in the model core program paper. Performance improvement plans were then devised based on the information from the gap analyses. These plans provide a framework for identifying and responding to gaps in core program activities (Scarr, 2007). They are also then shared with the Ministry of Health.

Working groups consisted of various VCH representatives that had a significant amount of experience relating to the program of interest. Various working groups were often used for the development of more than one performance improvement plan if group expertise related to other program areas.

## **CHAPTER 3: METHODS**

### **Literature Review**

#### **Evaluation**

Evaluation is defined as the systemic investigation of the merit, worth or significance (Scriven, 1998). It is an action-oriented practice and is conducted to determine the value or impact of a policy, program, practice, intervention or service, with the intention of making recommendations for change (Clarke & Dawson, 1999).

Public health has recognized the need to evaluate the effectiveness of policies and programs in order to legitimize and improve its practice (Neuman, 2006). Public health is increasingly requiring evaluations to prove the worth of funded programs and policies (Davis, 2006). However the nature of public health programs and policies is shifting which affects the evaluation process that is utilized. As the targets for public health action have expanded beyond infectious diseases to include chronic diseases, violence, emerging pathogens, threats of bioterrorism, as well as the social contexts that influence health disparities, the task of evaluation has become increasingly complex (Koplan, 1999).

In addition to needing practical evaluation skills, some literature advocates that public health professionals need a common evaluation model in order to integrate evaluation into the practice of public health agencies (Milstein, Wetterhall & the CDC Evaluation Working Group, 2000). The literature cites that

the absence of a basic universal organizational framework for evaluating public health programs or policies is a major barrier in assessing the impacts of public health interventions (Koplan, 1999). There have been various proposed models for evaluating programs including the Centre for Disease Control's Framework for Program Evaluation in Public Health and the Public Health Agency of Canada's Practical Step by Step Guide to Evaluating Programs.

One the other hand, there is a significant amount of literature stating that different types of research problems call for different approaches (Patton, 1990). Such literature claims that it is therefore important to select a research methodology that suits the research question. Understanding that different methods yield different types of information, I support the notion of not having one method, but rather choosing the method that best suits the research question.

Evaluation can be distinguished as formative or summative. Summative evaluations examine the extent to which an intervention was implemented as intended usually at the conclusion of the implementation process (Ulin, Robinson & Tolley, 2005). Formative evaluations on the other hand, are conducted as part of the development of an intervention to ensure than an intervention is implemented as intended (Steckler & Linnan, 2002). This methodology requires data to be collected on an ongoing basis and fed back regularly to the staff and participants involved in order to identify the strengths of the process as well as to determine the areas that are not working well and need to be improved (Steckler & Linnan, 2002). As the Core Functions Initiative within VCH is currently

underway, my evaluation was a formative process evaluation so that information derived could be used to improve the process.

### **Qualitative Methods**

The goal of this evaluation was to gain feedback on the implementation process of the Core Public Health Services Review within VCH in order to use such information to help improve the overall process. Accordingly data rich with the respondent's unique views and descriptions was needed. Unlike quantitative research that typically tests or verifies theories by numerical and statistical procedures, qualitative research is exploratory by nature (Rossi, Lipsey & Freeman, 2004). Qualitative methods help us understand underlying behaviours, attitudes, perceptions, and culture in a way that quantitative methods alone cannot (Ulin, Robinson & Tolley, 2005). Researchers employing a qualitative methodology apply logic in practice and follow a non-linear research path (Neuman, 2006). Creswell (2003) and Ulin et al. (2005), describe this approach to research to be useful when the:

- Process is new to an organization
- Research question has never been addressed before by the organization
- Researcher seeks to listen to participants and build an understanding based on their ideas
- Researcher wants to understand underlying behaviors, attitudes, and perceptions that shape the success or failure of an intervention

In light of the uses of this research methodology as well as the research question, a qualitative approach was utilized to ensure a reflective evaluation. Key informant structured interviews were chosen as the research technique for gathering data. Key informants are generally those with long-standing, expert, and inside knowledge of the domain of interest who provide information (Holloway, 2005). A structured interview method captures the respondents' experiences, enforces a uniform structure on the interview, exposes each respondent to the same stimulus, and ensures that responses are comparable (Clarke & Dawson, 1999).

### **Change Management**

Managing and fostering change is one of the most difficult problems organizations face (Palmer, 2004). Theories have been devised suggesting ways to reduce the barriers encountered to change.

Change management is the process by which an organization gets to its vision both rapidly and effectively (Worren, Ruddle & Moore, 1999). Change management is about modifying organizations or organizational processes in order to maintain or improve the organization's effectiveness (Hayes, 2002). While traditional planning processes delineate the steps on the journey, change management attempts to facilitate that journey (Lorenzi & Riley, 2000). This is accomplished through thoughtful planning, sensitive implementation, and recognition of the impact the change processes can have on an individual. Change management advocates the need to address "people issues" at all stages of the change process (Hayes, 2002). Change management

encompasses effective strategies to enable organizations to achieve its new vision while maintaining a high degree of staff satisfaction with the process (Lorenzi & Riley, 2000).

## **Procedure**

VCH's Project Manager for the Core Function's provided a list of potential interview candidates to contact. These candidates were emailed with a description of the purpose of the evaluation as well as a list of questions that would be asked of them. Confirmation and consent to participate in the evaluation occurred via email.

Participating VCH staff involved in the process were consulted through a set of key informant structured interviews. Eight face-to-face interviews and two telephone interviews were conducted. The questions that were used during the interviews were selected based upon the insight I felt they would provide to the research question in terms of assessing what was successful and what was challenging about the process. VCH's Project Manager reviewed and approved these questions. Refer to Appendix B for the full interview guide.

The duration of each interview was approximately twenty minutes. Respondents were a mix of front-line workers and managers. All had some level of exposure and involvement with the Core Public Health Services Review Project. The various roles included:

- Reviewing and providing feedback for the evidence documents
- Drafting model core program papers

- Working on the development of performance improvement plans

Each interview was recorded, transcribed, and the collated data was then coded. The coding process generated a list of categories or themes for analysis. Respondents were kept anonymous and responses were not linked to the speaker.

## **Limitations**

It is acknowledged that a sample size of ten is relatively small compared to the total number of individuals at VCH working on this initiative. This was in part due to time constraints. Roughly one month of part time work was allocated to working on this evaluation project. Therefore interviewing a longer list of interviewees would not have been possible given the short amount of time to analyse the findings and construct the final report.

Purposeful sampling was used to select the respondents. This type of sampling selects respondents with specific characteristics of interest (Neuman, 2006). However, since the selection method was not randomized, respondents purposefully chosen may have differed in a significant way from those not chosen. This has the potential to bias the results. I attempted to account for this by selecting individuals from different areas, with different roles and exposure to the Core Functions Initiative.

## **CHAPTER 4: FINDINGS**

Thematic analysis was used to generate codes from the collated data. These codes helped to identify common themes. These themes were then categorized as either successes or challenges and are presented below. See Appendix C for the full report delivered to VCH's Project Manager.

### **Summary of Successes**

#### ***Support***

The majority of respondents confirmed that they felt supported in their roles due to the efforts of various people. Most informants noted that the Project Manager was a major resource for the project as she kept them up to date and informed them about the process. Other members of one's team were also recognized as a source of support. For example, participants appreciated the ability to ask another team member a question, work on issues together, or just share/receive feedback on ideas.

#### ***Access to Information***

There was consensus amongst respondents that they had access to information when required. Emails to the Project Manager and access to the website with Core Functions material were both noted as main sources of information. Many also stated that the template outlining the Core Public Health

Services Review Process, which was readily available on paper, was helpful in providing information.

### ***Communication***

Participants stated that external and internal communication was open. They were comfortable asking questions and engaging in discussions both within their working group teams as well as outside their teams. There was agreement for the most part that communication was timely, with emails and questions being answered within a reasonable time frame.

***Across Regions*** - It was recognized by some that the Core Public Health Services Review has helped improve and foster communication within the VCH and across Health Service Delivery Areas (HSDA). Some respondents remarked that this process has helped spark conversations amongst HSDAs, allowing each to become more aware of the services provided in different locations and how they are being provided. This enhanced collaboration among HSDAs was noted as a positive result. A few commented on how this process has made VCH examine which services are provided under each core program and what is expected across the region. Understanding this has helped make the delivery of services more consistent across Health Regions and HSDAs.

### ***Attention to Prevention***

Some respondents stated that the boost of awareness for prevention has been a positive by-product of this initiative. There has been increased talk about the role of prevention and public health as a result of this initiative. However

some respondents expressed the need to ensure that this increased awareness translates into implementation. A few commented on the fact that there have been numerous similar attempts to establish public health programs, so the end result of having such programs implemented was cited as important.

### ***Evidence Based Approach***

There was agreement that this initiative, through its evidence review, has a focus on evidence informing practice. Many remarked that the evidence based approach helps to solidify and substantiate the work associated with the initiative. The evidence based approach highlighted best practices, which has helped clarify the main public health functions and primary prevention strategies front-line workers should focus on. One respondent noted that, "It's about time we have some good evidence to inform practice."

### ***Renewed Sense of Focus***

Respondents noted interesting discussions that were sparked as a result of the Core Public Health Services Review. One respondent stated, "It was helpful to see the passion that people brought to this." A number of participants commented on how great it was to have people involved and contributing to program planning. Some stated that this has enhanced their work because they were able to learn from the energizing debates.

## **Summary of Challenges**

### ***Understanding the Process***

Respondents noted different levels of understanding regarding the Core Public Health Services Review Project. A few stated feeling comfortable with their knowledge regarding the overall process, while others voiced that they did not have a solid grasp of the overall process. The majority emphasized the need for further clarity around the process, what it entailed, and who was responsible for each component.

***Next Steps*** - There was lack of clarity around the next steps of the process. Some were unsure of the process for developing and implementing performance improvement plans. There was also confusion as to what role, if any, one would play in the future. Communication regarding the next steps of the process, as well as who was responsible for these next steps, was found to be crucial to staff as they expressed having mounting work schedules in the upcoming months. Therefore planning and knowing the workload one can expect would be helpful. One respondent made this comment, "It would be interesting to note the follow up. Because there wasn't a lot of communication about the next steps, like what happens now. There was a thank you email for our input but no direction on where it was going next or what would be done with it."

***Big Picture*** - While most stated that they understood the particular task they were asked to work on, many lacked understanding beyond the task at hand and were unaware of how their contributions were linked to the overall process.

In particular, there was a lack of clarity around how one's particular task would feed into the larger picture. For example, one respondent who worked on the development of model core program papers was unclear of how the evidence papers affected her work and also how the performance improvement plans would later be developed and implemented. Therefore understanding the links between each component of the process and how the overall process is unfolding was cited as a challenge.

### ***Engagement***

Many respondents stated that they were not adequately involved in the process. They remarked that this would have been important in helping to establish the initiative as a priority as well as helping to alleviate some of the ambiguity around the process. It was also suggested that if staff were more invested, they would view the Core Services Review as being more meaningful, which would ultimately make them more committed to working on the initiative.

***Front line workers*** - There was recognition of the particular need to further engage front line workers in the Core Public Health Services Review as they are the ones who deliver services on a daily basis. While there was acknowledgment that understanding the process may be complex for those who are not involved in program planning, there is still the need to have them involved, participating, and contributing to the success of the process.

**Management Constraints** - Some respondents mentioned that their senior leaders and directors had a low level of awareness of the initiative due to lack of time, busy schedules, and their focus on acute care.

### ***Roles and Responsibilities***

Respondents were split on their knowledge of the roles and responsibilities of others involved in the process. While some had a clear sense of this, others voiced concerns that the combination of front line workers, managers, and directors from across VCH and the HSDA's made it challenging to know who was doing what and who to communicate with.

### ***Workload/Time Constraints***

There was consensus that this initiative caused an increased workload for staff. Respondents stated that they were doing Core Public Health Services Review work from the sides of their desk while others mentioned that they had to let other work slide in order to accommodate this added workload. Many respondents mentioned that there was a lack of recognition of the length of time it took to adequately fulfil one's role in relation to the Core Public Health Services Review, especially considering their already heavy workload. A few stated they had to review materials and provide feedback from home due to this workload. There was also hesitancy on how much effort to put into the Core Public Health Services Review because staff were unsure of how much their efforts would be recognized and how much their contribution would have an impact on the final product.

## **CHAPTER 5: DISCUSSION**

### **Implications for Public Health Practice**

#### **Evaluation**

Over the past two decades, interest in evaluation applied to public health interventions and specifically process evaluation has grown (Steckler & Linnan, 2002). This is because process evaluation data yields information that is critical to helping public health practitioners better understand how and why specific interventions have been achieved (Steckler & Linnan, 2002). This information can be used to improve and sustain public health interventions that serve to benefit the population's overall health and well being. "With the information and insight that evaluation brings, organizations and societies will be better able to improve policy and programming for the well-being of all." (Weiss, 1998 in Steckler & Linnan, 2002, p. xv)

Despite the important implications of evaluation for public health interventions, there are a number of barriers to conducting such evaluations. There may be a lack of political will to invest in comprehensive process evaluations. There is also the issue of establishing adequate funding for such evaluations. Organizations may also be more interested in the outcomes of the work than in how well the planned interventions were implemented (Steckler & Linnan, 2002).

However, failure to adequately evaluate public health policy and program processes can lead to a waste of resources, missed opportunities for gaining public confidence, and failure to improve public health as best as we can (Glasgow, Vogt & Boles, 1999). Process evaluations, therefore, require a strong commitment from organizations and managers and need to be an ongoing and integral part of the evaluation of any public health intervention. VCH demonstrated such a commitment by encouraging this evaluation to be conducted.

### **Core Functions Initiative**

Moving beyond the results of this specific evaluation, it is important to recognize the implications the Core Functions Initiative has had for public health. With the implementation of any new initiative or new programs, public health professionals will undoubtedly face challenges. Increased workload and having staff at all levels understand the overall process will naturally be a challenge for any new program.

However this initiative, by the mere fact of being in its implementation phase, demonstrates signs of success for the public health field. Political will was secured in order for this Framework to have been approved. This serves to reinforce with decision makers that public health is needed on the health agenda. Secondly, it further establishes prevention programs in the community. Also, it reinforces that public health is a field grounded in evidence through the Core Functions evidence based approach. Furthermore, the Core Functions Initiative

has resulted in increased communication and collaboration between the Ministry of Health and the Health Authorities thereby strengthening relations.

## **CHAPTER 6: RECOMMENDATIONS**

Action should be taken to address and reduce the concerns raised by those involved in implementing the Core Functions Framework. The following recommendations seek to mitigate the challenges identified thereby facilitating the change process. The proposed strategies are well established in change management literature.

### ***Improve Communication***

Timely and clear communication of the process and target deadlines reduces ambiguity of expectations. Change management theory supports this notion and advocates for the provision of clear communication (Michelman, 2007). Communicating processes clearly, honestly, and regularly by managers and leaders can ensure that the right messages are getting through to the right people, at the right time, using the right media (Spiker, 1994). VCH must do all it can to explain why implementing the Core Functions Initiative is essential and exactly how this added work will affect everyone.

It is also important to consider how people are affected by changes or additions to their work responsibilities. It is therefore crucial to understand the likely feelings and fears of those affected so that unnecessary worries can be relieved and, as far as possible, ambiguities can be resolved (Strategic Human Resource Management, 2000).

In addition to communicating information about the Core Functions Initiative and how it will affect staff, communication should also include mention of the commitment from senior VCH and Ministry leadership. Change management theory suggests that the achievement of sustainable change requires a strong commitment and visionary leadership from the top (Strategic Human Resource Management, 2000). This helps ensure that there is buy-in of the project from all levels of the organization.

### ***Direction on Next Steps***

Many respondents revealed that they were unclear as to what their role would be in the upcoming months. Informing staff of the anticipated next steps of the Core Public Health Services Review Project can include creating timelines for teams and regularly updating these timelines on the internal website. This will enable one to see what the next step is and when that step is expected to take place. Also, direct notification of the individuals/teams that would be required to work on the next steps of the process would be helpful. In this way, those involved can plan and organize their work schedules for the upcoming months.

### ***Provide Further Clarity Regarding the Process***

Staff that are fully aware of the process and see its potential for improving the health status of BC's population will be more likely to invest in implementing the programs. There were recommendations to have mini workshops and/or more face-to-face meetings with the Project Manager, to further describe the process

in detail. Many voiced this request as they stated that the process was intricate and that it took time to digest.

### ***Engage Staff***

Instilling a sense of ownership is an essential component of change management theory. Commitment to change is improved if those affected by change are allowed to participate as fully as possible in the planning and implementation process. The aim should be to get staff to own the change as something they want and will be glad to live with (Strategic Human Resource Management, 2000). It is well documented that people accept and support what they help to create and resist what is forced up them (Palmer, 2004).

A suggestion was made by many of those interviewed to get staff more invested in the overall process through more workshops or face-to-face meetings. This regular and frequent contact was thought to build strong bridges between the participants and the initiative. It was also believed that it would assist staff with understanding the process and each other's roles better.

It is therefore crucial for VCH to further engage and empower individuals to act as change agents to help attain the vision of successful implementation of the Core Functions Framework.

### ***Address Workload/Time Crunch***

Many respondents noted lack of time and resources to work on the Core Public Health Services Review Project. Therefore it is important for the Ministry of Health and VCH to address, investigate, and acknowledge the capacity

constraint of the health authorities. The provision of more time to review necessary documents and provide feedback would be helpful as indicated by many respondents. Furthermore providing some form of compensation or reimbursement for the extra work individuals are performing is an option that might be used to reduce dissatisfaction and resistance from those involved.

Change management theory stresses the importance of assessing how the extra workload will impact the staff (Strategic Human Resource Management, 2000). It asserts that resistance to change is inevitable if the individuals concerned feel that they are going to be negatively affected by the change. Therefore, acknowledgment and resolution of this constraint would improve buy-in for the project.

### ***Create Short Term Wins***

Another way to achieve successful implementation of the process is to create short terms wins and celebrate such accomplishments. Success often takes time. The danger with this is that it can discourage staff and slow people down as their initial sense of urgency, and their attention, starts to drift elsewhere (Hayes, 2002). In order to keep urgency levels up, it is important to deliberately create conditions that will enable people to score short terms wins (Society for Human Resource Management, 2005). This could be accomplished by measuring incremental achievement of targets through incorporating progress of the Core Public Health Services Project into one's performance evaluation. An evaluation from one's manager recognizing this achievement serves as positive reinforcement (Society for Human Resource Management, 2005).

Measurement is a form of communication, it tells people what you care about (Palmer, 2004). Therefore, regularly assessing the effectiveness of one's progress demonstrates to staff that the initiative is important and achievable as well as identifies any challenges that arise so that timely action can ensue. Measurement effort can be set up as a framework for expecting and anticipating change, thereby making it seem more controllable and less threatening (Palmer, 2004).

Celebrating the improvements and successes of those involved is important in fostering commitment and deriving a sense of satisfaction with the progress of the initiative. This can also help improve the morale of staff. One mistake management can make is to assume that resistance to change or frustration is unjustified. Instead resisters, and the concerns they have, can shed valuable insight about how proposed changes might be modified to increase the odds of success (Michelman, 2007).

## **CHAPTER 7: FINAL THOUGHTS**

### **Lessons Learned**

#### **Student Role**

The opportunity to evaluate VCH's Core Functions Initiative was an enjoyable and valuable learning experience. The interviews with various public health practitioners exposed me to a variety of work that occurs within the public health realm. This prevention and early detection work ranged from dental hygiene to addiction services in the community. I was very fortunate to have all interviewees eager to provide their opinion on the implementation process, which resulted in responses rich with detail and examples.

The respondents' openness and ease in discussing the topic was perhaps due in part to my non-threatening status as a Masters student. This was evident by a couple of comments from the interviewees stating that they were relieved that their managers and the Core Function's project manager were not involved in the interview process. I felt that this ease allowed respondents to provide their thoughts openly and honestly without feeling the need to conceal their concerns due to fears of possible repercussion. This provided a depth of information that perhaps would not have been achieved had management conducted the same evaluation. Ultimately, the openness of the respondents enriched the findings.

## **Encountering Scepticism**

There was some scepticism regarding the successful implementation and long-term sustainment of the Framework's 21 Core Programs in BC among some of the respondents. One respondent stated that although he believed public health was an important area to plan for and invest in, he had come across many failed attempts and broken promises to solidify the public health infrastructure in BC. Sensing doubt from public health professionals in the community was interesting and yet concerning to me.

In reflecting upon this scepticism I realized that an optimistic view of being able to implement public health interventions in the community maybe affected by previous failures, stressful jobs, lack of resources, or bureaucratic red tape. However, this really motivated me in my work with the evaluation. I wanted to make sure that the respondent's voices were heard, followed then by the appropriate action to mitigate these challenges. It is my impression that by addressing these concerns now, the Core Functions Initiative will have a better chance of being successful.

## **Usefulness**

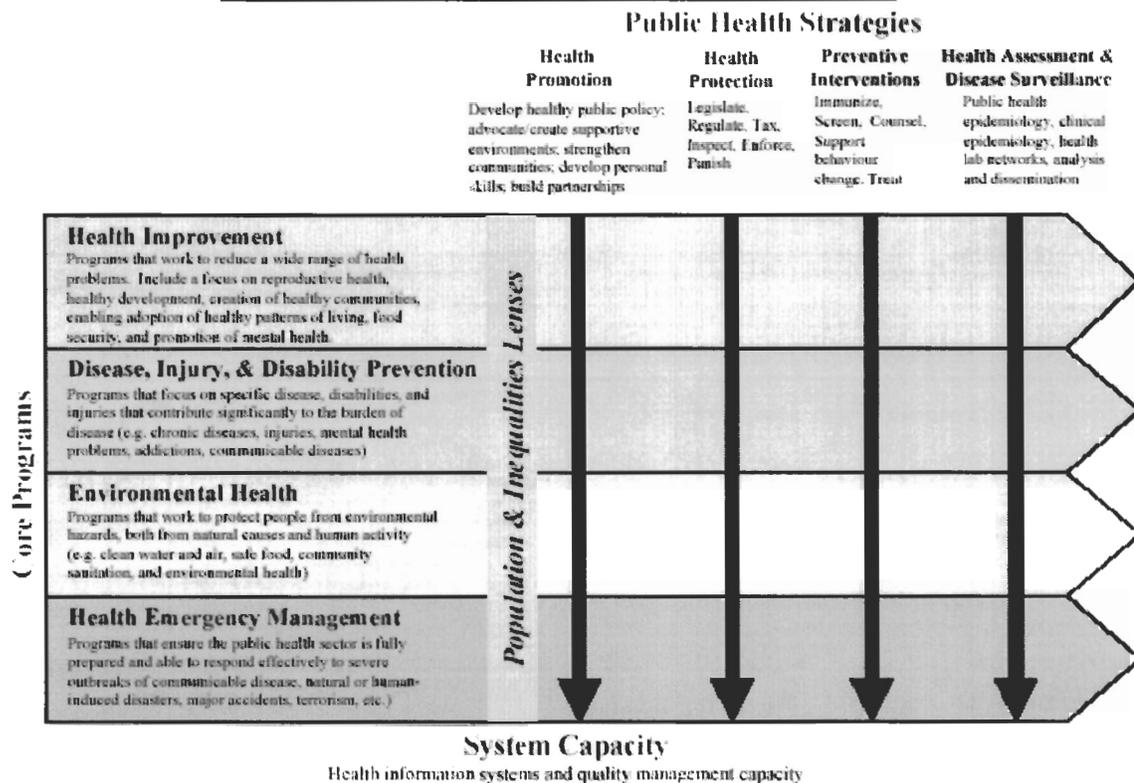
My practicum at Vancouver Coastal Health has been an enriching experience. I was working with extremely competent public health professionals who inspired me to work hard to make a difference in the community. I was exposed to exemplary leadership by my preceptor and attempted to soak up years of his leadership experience. However most importantly, this practicum helped bridge the gap between theory and practice.

After two semesters of the program, I was exposed to public health theory but theory does not always relate to practice. For example, learning about research methodology versus actually applying research skills in a real setting are very different experiences. In the first instance, you focus on learning the details of how best to conduct research. However, in the second instance you have extraneous factors to deal with such as asking sensitive questions to professionals without offending them or their work. Also, while I had previously learnt about the importance of process evaluations, being involved in one, allowed me to better see its practicality. Both aspects, theoretical and practical, are fundamental tools to have as a public health professional. Overall, I felt that this project helped me to solidify the necessary public health skills that are essential in order to operate in the public health sector.

# APPENDICES

## Appendix A: Core Functions Framework

### CORE FUNCTIONS FRAMEWORK



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# Appendix B: Interview Guide<sup>1</sup>



## Evaluation of the Core Public Health Services Process

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### Purpose

The Core Functions Improvement Process initiative is currently underway within Vancouver Coastal Health (VCH). In an effort to gain feedback on the VCH process employed thus far, it is essential to evaluate the process from responding to evidence documents, to developing model core program papers, to finally the developing and implementing the performance improvement plans. The purposes of this evaluation is to assess and inform how the process has been received thus far, as well as ultimately improve the process for future use.

### Method

A qualitative approach will be used to ensure a reflective evaluation. Interview questions, asked of key informants, will focus on the development process rather than implementation issues. All information derived from the interviews will be collated into a comprehensive document. This document will be shared with applicable VCH representatives and may be shared with other health authorities in order to assist with future planning and implementation of the Core Function's framework.

### Introduction

*Thank you for taking the time to meet with me. I am a SFU Population and Public Health graduate student working with Jennifer Scarr and the Population Health Team. One of the initiatives I am working on is conducting a qualitative evaluation of the Core Public Health Services process. This interview is intended to elicit your perspective regarding your experience with this process. Your feedback will be collated with other's feedback into a document that will highlight the findings around the process, which will be shared with applicable VCH representatives as well as other representatives in different health authorities. We intend for this information to ultimately improve the Core Function's process for future use.*

*This interview should last approximately 20 minutes. I will be recording the interview.*

*Do you have any objections to this? Do you have any questions?*

*Great, lets begin.*

### Questions

- 1. What was your role in relation to the process utilized for the Core Function's initiative?**

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**2. Did you find the roles and responsibilities for each party involved to be clearly defined?**

*Probes: How did you determine other parties' roles and responsibilities?  
Which role or responsibility did you find most ambiguous?  
How did you clarify this ambiguity?*

**3. Was the support for your role in the overall process sufficient?**

*Probes: What else could have been done to help you?  
How could things have been improved?  
Who was a key supporter for you/for your team?  
How did this person support you/your team?  
Were other members of your team supportive of the process?  
How did they demonstrate their support?  
Did you feel as if senior leaders and managers were engaged and invested in the process?  
How did the senior leaders and managers demonstrate their support?*

**4. How clear was the Core Public Health Service's Process outlined and communicated to you?**

*Probes: Did you feel the lines of communication were open?  
Did you find that communication was timely?  
Do you think this communication could be improved for the future? If so, how?  
When you wanted information were you able to access it when you needed it?  
What helped to facilitate this?*

**5. What did you find particularly helpful or useful about the process?**

*Probes: What are some of the positive results you have witnessed?  
Describe some of the positive outcomes resulting from using this process.*

**6. What barriers have you encountered relating to your work around the Core Public Health Service's process?**

*Probes: How did you deal with the barrier?  
What was the most challenging part of the process and why?  
Do you have any suggestions as to the ways to improve the process for future use?*

**7. Did you encounter any unexpected opportunities along the way?**

*Probes: Describe the unexpected opportunities you encountered.  
How do you think these opportunities could be utilized for future practice?*

**8. Do you have any additional comments you would like to share?**

***Closing***

*Your feedback has been very helpful in informing the VCH process. Again, thank you very much for taking the time to meet with me. Please feel free to email either Jennifer or myself if you have any questions, comments, or concerns. I am at VCH until the end of July.*

# Appendix C: Evaluation of the VCH Core Public Health Services Project – Analysis of Findings<sup>2</sup>



Evaluation of VCH's Core Public Health Services Review Project

## Evaluation of the VCH Core Public Health Services Review Project *Analysis of Findings*

### INTRODUCTION

Through an extensive consultation process, the British Columbia Ministry of Health Services has produced a Core Public Health Functions Framework. The purpose of this Framework is to define and describe the core public health activities of a comprehensive public health system. The Framework provides a tool for Health Authorities to strengthen their public health infrastructure by reviewing their existing programming with those defined in the Framework. All British Columbia Health Authorities will participate in the Core Functions Improvement Process.

The focus of this evaluation is to gain feedback on the implementation of this process within VCH; Core Public Health Services Review Project. VCH staff involved in the process were consulted through a set of interviews. This document summarizes the main findings from these interviews, highlights the successes and challenges associated with the VCH process, as well as presents recommendations for improving the process.

### METHODS

A qualitative approach was utilized to ensure a reflective evaluation. Eight face-to-face interviews and two telephone interviews were conducted for a total of ten key informant interviews.

Respondents were a mix of front-line workers and managers, and had varying levels of exposure and involvement with the Core Public Health Services Review Project. The various roles included:

- Reviewing and providing feedback for the evidence documents
- Drafting model core program papers
- Working on the development of performance improvement plans

Each interview was recorded, transcribed and the collated data was then coded. Themes that emerged from the collated data are presented in this document.

### SUCCESSSES

#### Support

The majority of respondents confirmed that they were supported in their roles due to the efforts of various people. Most informants noted that the Project Manager (Jennifer Scarr) was a major resource for the project. Informants stated that the Project Manager kept them up to date, informing them about the process, tasks to be completed and project timelines. The majority noted that the Project Manager was a good support in that she was always available to answer questions to the best of her ability. Many cited their managers and directors to be strong supports. Staff stated that their managers demonstrated their support by allowing them to work on the initiative. Other members of one's team were also recognized as

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### **Access to Information**

There was consensus amongst the respondents that they had access to information when required. Emails to the Project Manager, and access to the website with Core Function's material were both noted as main sources of information. Many also stated that the template outlining the Core Public Health Services Review Process, which was readily available on paper, was helpful with providing information.

### **Communication**

Participants stated that external and internal communication was open. They were comfortable asking questions and engaging in discussions both within their working group teams as well as outside of their teams. There was agreement for the most part that communication was timely, with emails and questions being answered within a reasonable time frame.

**Across Regions** - It was recognized by some that the Core Public Health Services Review has helped improve and foster communication within the Vancouver Coastal Health Region and across Health Service Delivery Areas (HSDA). Some respondents remarked that this process has helped spark conversations amongst and between HSDAs, allowing each to become more aware of the services provided in different locations and how they are being provided. This enhanced collaboration between HSDAs was noted as a positive result. A few commented on how this process has made VCH examine what services are provided under each core program and what is expected across the region. Understanding this has helped with making the delivery of services more consistent across Health Regions and HSDAs.

### **Attention to Prevention**

Some respondents stated that the boost of awareness for prevention has been a positive by-product of this initiative. There has been increased talk about the role of prevention and public health as a result of this initiative. However some respondents have expressed the need to ensure that this discussion and planning translates into implementation. A few commented on the fact that there have been numerous similar attempts to establish public health programs, so a commitment with the end result of having such programs implemented was cited as being important.

### **Evidence Based Approach**

There was agreement that this initiative, through its evidence review, has a focus on evidence informing practice. Many remarked that the evidence based approach helps to solidify and substantiate the work associated with the initiative. The evidence based approach has highlighted best practices which has helped to clear the lens around what are the main public health functions and primary prevention strategies that front-line workers should focus on.

### **Renewed Sense of Focus**

Respondents noted interesting conversations that were sparked as a result of the Core Public Health Services Review. Many commented on how great it was to have people involved and contributing to program planning as well as how inspiring it was to see the passion that people brought to the table. It was also good for many to see their colleagues' ability to critique information. Some stated that this has enhanced their work because they were able to learn from the energizing discussions. Others commented on how it has helped provide clarity to their own work by giving them a sense of how to craft or articulate their work.

## CHALLENGES

### Understanding the Process

Respondents interviewed noted different levels of understanding regarding the Core Public Health Service Review project. A few stated feeling comfortable with their knowledge regarding the overall process, while others voiced that they did not have a solid grasp of the overall process. The majority emphasized the need for further clarity around the process, what it entailed, and who was responsible for each component.

**Next Steps** - There was lack of clarity around the next steps of the process. Some were unsure of the process for developing and implementing performance improvement plans. There was also confusion as to what role, if any, one would play in the future. Communication regarding the next steps of the process as well as who was responsible for these next steps was found to be crucial to staff as they expressed having mounting work schedules in the upcoming months. Therefore planning and knowing the workload one can expect would be helpful.

**Big Picture** - While most had stated that they understood the particular task they were asked to work on, many lacked understanding beyond the task at hand and were unaware of how their contribution was linked to the overall process. In particular, there was a lack of clarity around how one's particular task would feed into the larger picture. For example, one respondent who worked on developing model core program papers was unclear of how the evidence papers fed into their work and also how the performance improvement plans would later be developed and implemented. Therefore knowing the links between each component of the process and how the overall process is unfolding would prove useful.

### Engagement

Many respondents felt as if they were not adequately involved in the process. They stated that this investment was important in helping to establish the initiative as a priority as well as helping to alleviate some of the ambiguity around the process. It was also suggested that if staff were more invested, they would view the Core Services Review as being more meaningful, which would ultimately make them more committed to working on the initiative.

**Front line workers** - There was recognition of the particular need to further engage front line workers in the Core Public Health Services Review as they are the ones who deliver services on a daily basis. While there was acknowledgment that understanding the process may be complex for those who are not involved in program planning, there is still the need to have them involved, contributing and interested.

**Management Constraints** - Some respondents mentioned that their senior leaders and directors had a low level of awareness of the initiative due to lack of time, busy schedules and their focus on acute care.

### Roles and Responsibilities

Respondents were split on knowing the roles and responsibilities of others involved in the process. Some had a clear sense of this, while others voiced that the combination of front line workers, managers, and directors from across VCH and the HSDA's made it challenging to know who was doing what and who to communicate with.

### **Workload/Time Constraints**

There was consensus that this initiative caused an increased amount of workload for staff. Respondents stated that they were doing Core Public Health Services Review work from off the sides of their desk while others mentioned that they had to let other work slide off their plate in order to accommodate this added work. A lack of time to adequately fulfill one's role in relation to the Core Public Health Services Review was a major concern and added pressure for those involved. Many felt that there was a lack of recognition of the length of time it took to review the papers and provide constructive feedback within the given timeframe and in consideration of their normal workload. A few respondents stated they had to review materials and provide feedback from home due to their heavy workload. There was also hesitancy on how much effort to put into the Core Public Health Services Review because some staff were unsure of how much of their efforts would actually be used and how much their contribution would have an impact on the final product.

## **FUTURE DIRECTIONS**

The following are suggestions from respondents that seek to mitigate the identified challenges.

### **Understanding the Process**

There were recommendations for having mini workshops and/or more face-to-face meetings with the Project Manager, which would serve to further describe the process in detail. Many voiced this request as they stated that the process was intricate and that it took time to digest the concept.

### **Next Steps**

Recommendations to improve communication around informing of next steps included creating timelines for teams and regularly updating these timelines so that one would be able to see what step was next and when that step was expected to take place. Another suggestion was direct notification if individuals/teams would be required to work on the next steps of the process.

### **Engagement**

There was suggestion of getting those who worked on the Core Public Health Service Reviews more invested in the overall process again through more workshops or face-face meetings. This regular and frequent contact was thought to build strong bridges between people and the initiative. This was also thought to assist staff with understanding the process and each other's roles better. For front-line workers there was mention of making the process and planning more simple and meaningful for them in order to keep them interested and involved in the process.

### **Workload/Time Crunch**

Suggestions around this challenge included providing more time to review documents and provide feedback. Another suggestion was to provide some form of compensation or reimbursement for the extra work that individuals were performing.

This summary report will be circulated to the Project Steering Committee, Core Public Health Service's Coordinators within each healthy authority as well as to applicable VCH stakeholders. These individuals will discuss the proposed strategies from respondents as well as potentially develop other strategies to emphasize the successes and mitigate the challenges associated with the process.

## CONCLUSION

The Core Functions Improvement Process is a unique and important Ministry of Health initiative. As such, feedback from those who are involved at various stages of the VCH specific Core Public Health Services Review Process is essential in helping to inform how this process has been received thus far. Identified challenges will be addressed in order to improve the process for the future as well as to ensure the satisfaction of all those involved.

Thank you to all the respondents who took the time to provide such feedback. Your input is valued.

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