PUBLIC HEALTH IMPROVEMENT AND INTEGRATED PLANNING IN BRITISH COLUMBIA

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ABSTRACT

Experiences of staff involved in public health improvement in a health authority highlight several barriers and keys to success. Analyzing these experiences with the *BC Core Functions Improvement Process* and reviewing the literature of other recent initiatives leads to a summary of potential key areas to address public health improvement. This project will explore in detail the key area of integrated planning using information from interviews with public health staff, a public health leadership team meeting, implementation of an integrated planning framework, and the relevant literature. A proposed framework for integrated planning will assist health authorities in successfully implementing public health improvement initiatives, assist the Ministry of Health in their goal of renewing public health services, and move towards an integrated planning and delivery system in public health in British Columbia.

Keywords: planning, public health, Core Functions, improvement, integration

Subject Terms: Public Health Administration British Columbia; Health Planning British Columbia; Public Health Administration; Health Planning

For my family and friends who helped me "survive grad school".

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TABLE OF CONTENTS

Approval ii
Abstract iii
Dedication iv
Acknowledgements v
Table of Contents vi
List of Figures viii
List of Tables ix
Introduction 1
  Background 1
  Interior Health 3
Purpose 4
Methods 5
  Core Programs Analysis Project 5
  Public Health Leadership Team 6
Results 8
  Core Programs Analysis Project 8
  Public Health Leadership Team 10
Discussion 15
  Integrated Planning 15
  Framework Description 16
    Foundations 16
    Context and Influences 18
    Process and Outcomes 21
    Critical Factors for Success 22
  Limitations 25
Implications and recommendations 26
    Implications 26
    Recommendations 27

Conclusions 29
Appendix A Core Functions Framework 30
Appendix B Core Programs Analysis Project framework 31
Appendix C Integrated Planning Recommendations 32
Appendix D Document Analysis 34
Appendix E Gap Analysis 37
Appendix F Interview Summary 42
Reference List 50

LIST OF FIGURES

Figure 1: Evidence to Practice Project Continuum Model 3
Figure 2: Integrated Planning INPUTS and OUTPUTS 7
Figure 3: A Framework for Integrated Planning in Public Health 14

LIST OF TABLES

Table 1: Interview Summary 8
Table 2: Integrated Planning Framework Discussion – Inputs 11
Table 3: Integrated Planning Framework Discussion – Outputs 11

INTRODUCTION

British Columbia (BC) has undergone many changes in public health in recent years. Recent initiatives to improve public health services in the province aim to strengthen response to emerging infectious diseases and to integrate chronic disease management in answer to the SARS outbreak in 2003 and the increasing burden of chronic disease for Canadians.

Analysis of a health authority's participation in one such initiative has contributed to this discussion of quality improvement and integrated planning. Participant interviews, group analysis, and literature review led to the proposed integrated planning framework and implications and recommendations for BC health authorities and Ministry of Health to address successful public health improvement.

Background

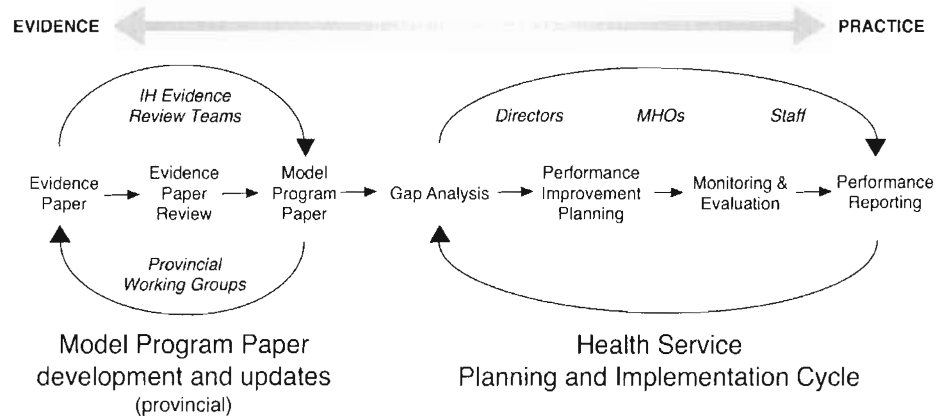
Recent reports on public health renewal such as the 2003 report by the *National Advisory Committee on SARS and Public Health* and the Canadian Institutes of Health Research report *The Future of Public Health in Canada: Developing a Public Health System for the 21st Century* (2003) have both been cited as key documents recognizing the need for improved public health services in Canada.

British Columbia has taken a lead on this issue with the announcement of the *BC Core Functions Improvement Process* (Core Functions) in 2005. The BC Ministry of Health established Core Functions to strengthen public health services and improve population health in the province. This quality improvement process involves twenty-one Core Programs implemented through Public Health Strategies outlining public health services health authorities should provide (see Appendix A for BC Core Functions Framework). The initiative aims to strengthen the link between public health, primary care, and chronic disease management (Ministry of Health Services, 2005).

Health authorities in BC participate in various steps of the Core Functions process. Evidence Review Teams review recent literature to develop Evidence Papers for the Core Program areas. Participants from the health authorities and BC Ministry of Health form Working Groups to use this evidence in developing a Model Program Paper for each Core Program outlining best practices. Health authorities independently perform a Gap Analysis comparing their current services with the model and creating a Performance Improvement Plan to address significant gaps. This plan is subsequently monitored and reported on, meeting the requirements and deadlines of the BC Ministry of Health.

The Interior Health Authority has created a model of this process as shown in Figure 1. The Core Functions process within Interior Health is termed the *Evidence to Practice Project*.

Figure 1: Evidence to Practice Project Continuum Model



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Interior Health

A recent analysis of Interior Health's participation in Core Functions led to the development of an integrated planning framework and several recommendations for successful implementation of Core Functions and public health improvement within the health authority (see Appendix B for framework and Appendix C for recommendations). Further investigation of integrated planning and improvement in public health as well as extended consultation with public health managers and directors in Interior Health has led to final recommendations and a revised framework for integrated planning. Future policy implications in this area are also discussed allowing health authorities and the Ministry of Health to address the importance of integrated planning to improve public health services in British Columbia.

PURPOSE

To increase effectiveness of the Core Functions, this project proposes a *Framework for Integrated Planning in Public Health* to assist health authorities in their implementation of public health improvement initiatives and service delivery.

Information gained from the analysis project with Interior Health, discussions with public health leadership, review of the literature, as well as revisions to the framework will help identify areas of need for both health authorities and the broader public health system to address.

Future policy implications and recommendations will assist regional health authorities and the BC Ministry of Health in their goal of renewing public health services, and aid them in moving towards an integrated planning and delivery system for public health in BC.

METHODS

Core Programs Analysis Project

The first phase of the *Core Programs Analysis Project* in Interior Health consisted of 20 interviews with staff involved in the *Evidence to Practice Project*. Participants included staff from varying levels in the organization involved at different stages of the project. Interviews were conducted mainly by phone, each took approximately 20-30 minutes, and were recorded, transcribed, and coded for major themes.

Following interview analysis and summary, discussions with the project team and further analysis of interviews led to the identification of the need to address integrated planning in public health. This shaped the creation of the next phase of the project to identify the current approach to planning in Public Health through key informant interviews and document analysis (see Appendix D for document analysis of current Public Health plans).

Current Public Health plans were collected and analyzed for their process, participation, and overall approach to planning. Staff involved in developing these plans were interviewed mainly by phone and findings were summarized. Interviewed staff included Directors, Managers, program area staff, and external consultants involved in health authority planning. Consultations from staff in other areas of Interior Health included staff from Research, Organization Development, Performance Management, and the Interior Health Library. This

consultation increased organizational awareness of the project as well as improved the rigor of the framework development and literature review.

A gap analysis of the current approach to planning and best practices in integrated planning highlighted key areas for improvement in the planning process (see Appendix E).

A literature search conducted for processes of supported, integrated health services planning facilitated the development of a framework for integrated planning. This also included reviewing areas such as change management, performance management, strategic planning, and quality improvement.

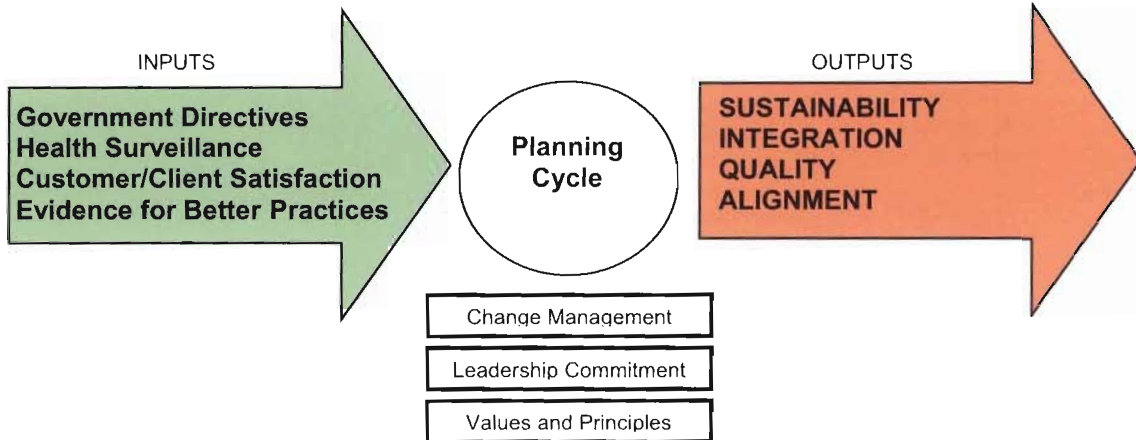
Public Health Leadership Team

The final analysis project report for Interior Health was a basis for discussions at the Public Health Leadership Team meeting on September 26 and 27, 2007 in Kamloops, BC. Directors, assistant directors, and managers in the Public Health department discussed the application and feasibility of implementing the framework.

The Public Health Leadership Team meeting included a broader discussion of Core Functions as well as a presentation summarizing the analysis project and findings. Participants discussed the various pieces of the framework in small groups and presented back to the larger group for discussion.

Specifically, small groups discussed the *Inputs* and *Outputs* of integrated planning as shown in Figure 2.

Figure 2: Integrated Planning INPUTS and OUTPUTS



The group also began discussions on the foundational pieces of *Change Management*, *Leadership Commitment*, and *Values and Principles*.

Following the meeting, all discussions were documented, summarized, and analyzed. This information was used to revise the framework, assess challenges to implementation, and discuss future implications and next steps.

The leadership meeting, information from the literature, as well as interviews, document analysis, and gap analysis from the original project influenced the revision of the *Framework for Integrated Planning in Public Health*.

RESULTS

Core Programs Analysis Project

Interview Summary

Table 1 presents the major challenges, successes, and keys to success of the initial interviews with Interior Health staff (see Appendix F for complete descriptions). Overall, staff felt there were unclear expectations from the Ministry of Health and were frustrated with the lack of resources and capacity to implement this improvement process. Participants highlighted integration challenges and noted the importance of Core Functions being foundational to public health planning to address these integration issues.

Table 1: Interview Summary

Challenges	Successes
Communication	Work with other health authorities
Capacity	Staff skill development
Integration	Celebration of success
Consistency	Project Coordinator
Implementation	**Keys to Success**
Experience	Commitment
Provincial Challenges	Change Management
	Quality Improvement

Staff value Core Functions as an important process to improve public health services. Working with other health authorities was a positive aspect of

the experience as well as staff's increased skills, knowledge, and competency in reviewing evidence.

Participants described their definition of the future success of Core Functions leading to the major themes of commitment, change management, and quality improvement. Leadership needs to show continued commitment to the project and address change management issues with staff and within the organization. Core Functions was seen as an ongoing quality improvement process that will require continued efforts and support.

Key Finding

The most significant finding from interviews was the recognition that Core Functions needs to form the foundation of public health work. To address having Core Functions as an integral part of public health work, planning in Public Health should incorporate Core Functions. Having Core Functions embedded in an integrated planning process has the potential to address several challenges that emerged from the interviews. For example, a comprehensive planning framework could address the challenges of integration, lack of capacity, managing change, quality improvement, ongoing commitment, and lack of awareness of the Core Functions initiative in Interior Health.

Public Health Planning

The second phase of the analysis project assessed the current approach to planning. There was wide variation in the current planning process in Public Health. Through interviews and document analysis, the current approach to planning showed varying levels of participation, methods of initiation of plans,

scope and number of plans in different portfolio areas, and varying implementation success.

Public Health Leadership Team

Tables 2 and 3 summarize findings from discussions on the *Inputs* and *Outputs* of the framework. Staff discussed their interpretation of the *Inputs*, the importance of these to the planning process, and any other important factors missing from the framework. Staff also noted additional factors such as the impact of the political landscape of the day, the difficulty of changing historical practices, and feedback from previous planning and improvement processes.

Staff expressed confusion about the definitions of some of the *Outputs* terms and if they applied to the planning process or to the outcomes and services affected by the planning activities. There were suggestions of alternate terms, but participants felt there were no missing *Outputs* in the framework. More clarity on the meaning of each of the *Inputs* and *Outputs* would be beneficial for staff's understanding of and successful use of the framework.

Participants then began discussion of the foundational pieces of the framework: change management, leadership commitment, and values and principles. They recognized the opportunity to use the evidence as a platform for change and a way to employ best practices in public health services eliminating out-dated practices or conventional services that have not shown effectiveness in the evidence.

Table 2: Integrated Planning Framework Discussion – Inputs

Inputs
Government Directives • also Interior Health and Public Health's directives and corporate strategies • government directives and politics both impact planning • directives from other organizations (ex. Aboriginal)
Health Surveillance • health and determinants surveillance • meaningful message that comes out of surveillance information • the translation of data to inform planning
Customer/Client Satisfaction • staff feedback and input is also important, need internal information • service feedback comes in many ways, how do we capture this? • feedback, engagement, identified need, more than just satisfaction • how would we get this information? and how would we use it?
Evidence for Better Practices • what do we define as evidence? • more than just the literature that leads to best practices, staff experiences, qualitative evidence, etc.

Table 3: Integrated Planning Framework Discussion – Outputs

Outputs
Sustainability • sustainability of planning process, plans, outcomes, and health impacts • is the implementation of the plan sustainable in the face of barriers? • some projects have defined end date, sustainable for life of the project
Integration • understanding, awareness, sharing vs. blending, shifting, changing • difference between integration and alignment: going in the same direction and being aware of what others are doing to end up aligned • level of integration will vary, but still an important part of the process
Quality • quality of what? Planning process, outcomes, services • dimensions of quality, definition, part of accreditation process • create a plan with intention that services provided by the plan are high quality, but also a high quality planning process
Alignment • do we always want alignment? • what about innovation? • alignment to what and of what parts of planning process

Although restrained by time, staff started the discussion of the foundational piece of *Values and Principles.* Public Health lacked one set of guiding values and principles for the whole department. The different portfolio areas of Health Protection, Prevention Services, Aboriginal Health, and Population Health, however, each have their own set of guiding directions. Although there may be differences in these values or principles, participants agreed further discussion would be valuable to create one set of guiding *Values and Principles* for Public Health and that this would be beneficial in achieving the goals of an integrated planning process.

It is also important to consider alignment with Interior Health's vision, mission, and goals. The separate portfolio areas reported using this as the basis for their own *Values and Principles*, except for Aboriginal Health, which used community values to develop their guiding principles.

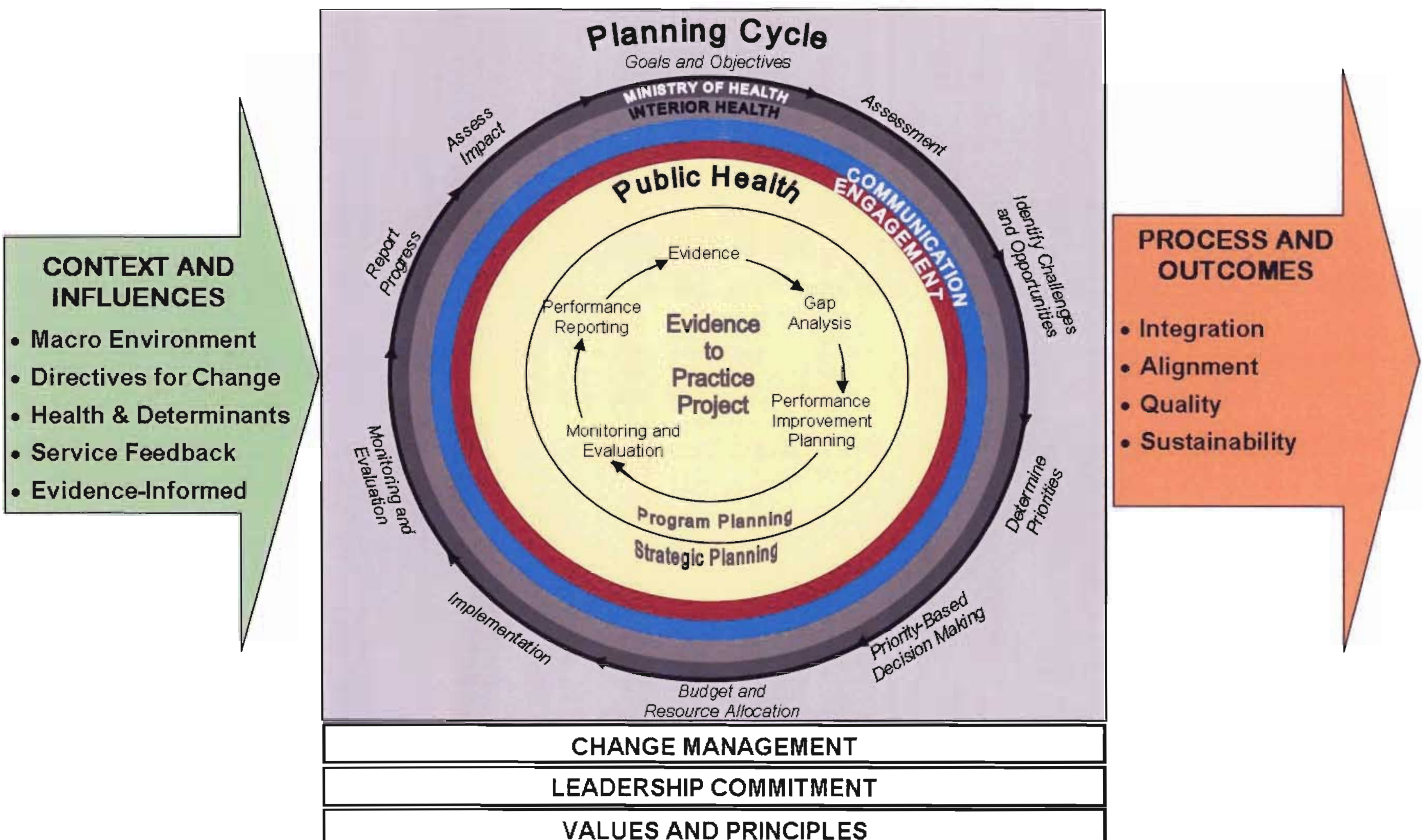
General discussion about staff experiences with Core Functions led to similar findings as previous interviews; staff again expressed their frustration with the lack of resources and capacity to complete all of the Core Programs. There was discussion about how Public Health is already improving, has plans in place, and is making changes. The Core Functions process, however, presents a standardized method for this and for reviewing evidence collectively as a province to improve public health practices.

The next steps for the Interior Health Public Health Leadership Team will be to continue discussions on these foundational pieces and to implement the framework in their planning practices. There was agreement that further

discussion of change management in planning and application of an agreed upon model for change management in the department would add to the success of future planning and improvement processes.

Following analysis of the discussions at the Public Health Leadership Team meeting, the framework was revised is presented here in Figure 3.

Figure 3: A Framework for Integrated Planning in Public Health



DISCUSSION

Integrated Planning

Many organizations have used integrated planning and an integrated approach to ongoing quality improvement. Such organizations have noted that to improve a system, the parts of the system need to operate as one with leaders from the various parts engaging in discussions about what is best for the entire system (North West Territories Health and Social Services, 2003).

An integrated planning process involves the integration of planning and budgeting, and the integration of different program planning strategies (University of Saskatchewan, 2002). Collaboration and awareness of planning initiatives in the different program areas in Public Health will lead to a more integrated approach to planning.

The Treasury Board of Canada Secretariat (2004) states that effective quality improvement is having "a comprehensive, lifecycle approach to management that integrates strategy, people, resources, processes and measurements to improve decision-making and drive change." Such a framework is a first step for health authorities to take in their planning and service delivery. This will help health authorities and the province with effective long-term quality improvement initiated by the *Core Functions Improvement Process.*

The following sections discuss the key components of the *Framework for Integrated Planning in Public Health* outlining the evidence and information from

interviews, consultations, and the Public Health leadership Team meeting used to develop this framework.

Framework Description

Foundations

Values and Principles

Staff in initial interviews and in the leadership meeting expressed a need to have a set of guiding values and principles for Public Health. This is one of the first steps to effective planning along with developing a vision, mission statement, and specific goals and objectives for planning activities. These serve to remind everyone of the principles and beliefs, unique purposes, ideal future, and clear vision of the kind of Public Health system we are working towards (Shapiro, 2006). Staff highlighted this in their desire to understand the larger direction of Public Health, and their role in contributing to this.

The BC Ministry of Health and Interior Health require appropriate alignment of the Public Health department with their larger directions and initiatives. This presents a prime opportunity to discuss and evaluate the relationship of Public Health *Values and Principles* to the larger direction in the health authority and in the province. To help with effective and successful implementation of plans, staff need to be involved in the development of these *Values and Principles* and understand their role within planning activities.

Change Management

Addressing change management will help determine the future success of the improvement process in health authorities making it a foundational element to

integrated planning. Many staff were not aware of changes being made or were unclear about the improvement process taking place. Participants in the leadership meeting noted the importance of adopting a change management model for Public Health to help with their improvement efforts with staff.

Effective change management is present at all stages of planning and implementation. Managing change is not a separate initiative, however, as its key elements should be integrated into the planning process itself. Factors for addressing change include early and broad awareness of change (engagement), clear understanding of why the change is occurring and how it affects the staff's day to day work (communication), and ongoing commitment by leadership (The Communication Initiative, 2005).

As change is spread throughout Public Health, best practices for spreading this change can be used in other areas as they emerge (Massoud et al., 2006). Using change management tools and preparing staff for changes will lead to wider understanding of the changes needed for effective ongoing quality improvement.

Leadership Commitment

Effective performance management requires promotion of top leadership support (Lichiello & Turnock, 2005). If commitment is not in place from leadership, there is a risk of lack of commitment from managers and front-line staff that can affect implementation of improvement plans.

Frustrations with the current planning process showed the need for renewed commitment to quality improvement and to a quality planning process

with staff involvement and clear commitment of managers and directors. Public Health leadership recognized the need for parallel leadership commitment from Interior Health Senior Executives and the Ministry of Health in their efforts to improve public health services.

The planning process itself takes time, energy, and resources and these will not be committed unless leaders view this process as valuable (Martinelli, 2007). Public Health leadership needs to understand the planning process, how it relates to the broader goals of Public Health, Interior Health and the Ministry of Health, and how it relates to the Core Functions process.

To achieve integrated planning and incorporate Core Functions into Public Health work, this shift from a "silos" to "systems" approach in public health takes leadership and a firm commitment (Public Health Foundation, 2003). Senior staff need to show dedicated commitment to an integrated planning process to encourage participation and commitment of staff. Leadership in Interior Health's Public Health department are already on their way towards adopting a standard framework for planning, showing their renewed commitment to quality improvement.

Context and Influences

The integrated planning framework includes various contexts that public health works within and influences upon public health planning. These include Macro Environment, Directives for Change, Health and Determinants, Service Feedback, and Evidence-Informed.

An important part of any planning process is to recognize the *Macro Environment* influences of the organization, and of the larger social, economic, political, technological, ecological, and legislative contexts that the system is working within (Shapiro, 2006). For Public Health, this also involves looking at the influences that directly affect public health planning and services.

There are several *Directives for Change* affecting planning and improvement initiatives in Public Health. These include directives from the health authority, the Ministry of Health, and the broader public health system federally and globally. Public Health Leadership Team members discussed the importance of media and the political landscape influences on decision-making and priority setting.

Population data, including information from health surveillance, are also important factors and the translation of this *Health and Determinants* information can influence priority areas affecting both implementation of Core Functions and planning initiatives in public health. In developing a mechanism for public health improvement in Ontario, health determinants and status were seen as a vital component for successful quality improvement (Woodward et al., 2004).

Service Feedback and influences of customer/client satisfaction affect planning and quality improvement processes. Staff recognized that not only does this include the perspectives of the public, but also the knowledge and experiences of staff and other stakeholders, including other health and community organizations.

Feedback from clients and staff as well as information on the health status of the population requires substantial amounts of data and mechanisms for collection of such data. This has been one of the criticisms of a widely used framework for planning, the Balanced Scorecard (Zelman et al., 2003). Staff recognized the lack of such monitoring systems, but felt being aware of this input was an important part of public health planning and an impetus for establishing improved systems in the future to gather this critical information.

Evidence-Informed decision-making and using various forms of evidence is part of the Core Functions process and the development and implementation of public health plans. The *Core Functions Improvement Process* explicitly uses evidence to inform best practices in the areas of the 21 Core Programs (BC Ministry of Health, 2005). Participants in the Public Health Leadership Team, however, recognized that including other forms of evidence such as experience and qualitative information will further the success of these initiatives.

Discussions in recent years about evidence-based decision-making in medicine have led to a parallel debate in public health. *Evidence-Informed* decision-making takes into account the changing political structures and the variety of factors, inputs, and relationships that affect public health decision-making (Bowen, 2005).

Using a diversity of evidence as well as being aware of the other important *Contexts and Influences* will allow public health to apply a quality improvement process of integrated planning to increase the success of such initiatives and ultimately lead to improved services and population health.

Process and Outcomes

In-depth discussion on the proposed *Outputs* of the planning framework led to a revision of the framework to define these as applying to both the components of a successful planning *Process* and its intended *Outcomes*.

Integration is meant not as a blending of services or loss of individual departments in Public Health, but as a mechanism for collaboration and awareness of other portfolio areas. *Integration* is "the quality of the state of collaboration that exists among departments that are required to achieve unity of effort by the demands of the environment" (Axelsson & Axelsson, 2006). In a health authority, the areas in Public Health can work together to achieve the best possible services and outcomes for the population they serve.

A key word in health authorities today is *Alignment* with the requirement of aligning departmental activities with the larger direction of the organization and provincial ministry. Staff recognized the tension between aligning enough to ensure portfolio areas are not going in different directions on the one hand, but also the need for misalignment to produce rapid change and innovation on the other. There is an opportunity for the program areas within Public Health to address these challenges and find the balance of *Alignment* and innovation. Integrated planning, with awareness and collaboration, can lead to discussions about this tension and areas to apply *Integration*. Staff recognized the ability of *Integration* to achieve the same intended outcomes as well as *Alignment* to address the larger health authority goals and directions and those of the Ministry of Health.

A *Quality* planning process incorporating many of the described elements of the framework will lead to a successful public health improvement process with successful implementation of plans, communication of changes, and high quality health services leading to improvements in population health.

To address issues of capacity and resources needed for the Core Functions process, management will need to consider the *Sustainability* of their planning process and of proposed improvements. Staff were concerned about their ability to sustain the level of work required for Core Functions along with their other responsibilities. Addressing these capacity issues early in planning can contribute to a more sustainable process of planning and outcomes in the future.

Critical Factors for Success

Engagement

Participatory planning with engagement from all areas of Public Health, all levels of staff, other areas of the organization, as well as external stakeholders creates a greater sense of ownership and increases the likelihood that managers and staff implement plans. A common framework or template for planning in different areas, including opportunities for input and feedback to improve the planning process itself, is key to integrated planning (University of Saskatchewan, 2002). Engagement of staff and opportunities for input was cited in initial interviews and is an important part of the adoption of a common framework for planning.

Engagement is a crucial step in managing change, and a foundational piece to integrated planning. Those engaged in the planning process are already involved in accomplishing the initial marketing of changes (Ontario Ministry of Health and Long Term Care, 2006). Preparing to spread change involves making those responsible for implementing the change aware of it early (Massoud et al., 2006). Engagement and regular and effective communication are useful mechanisms to do this.

Communication

Clear and ongoing communication is a critical component of effective change management. An effective planning process is transparent, values-based, and well communicated to all those it will affect (Canadian Public Service Agency, 2006).

Interviewed staff did not clearly understand the current approach to planning in Public Health and felt it was not clearly communicated. Staff also needed clarity about their in role in the Core Functions process and its affects on their daily work.

Budget Cycle Integration

Resource allocation was a challenge highlighted by staff involved with Core Functions in Interior Health, both in initial interviews and in the Public Health Leadership Team Meeting. Staff felt frustrated with the lack of additional resources allocated to the Core Functions process and were unclear about how the process was to be implemented without increased funding.

One method to address this issue is linking decisions to resource allocation and reallocation, using prioritization, integrating the budget and planning cycles, and effective communication of budget decisions to Public Health staff.

Shifting to priority-based decision-making where leadership makes the tough decisions about priorities and follows up by shifting resources to these areas adds to the powerful nature of an integrated planning process (University of Saskatchewan, 2002). Real decision-making with real resources attached to decisions increases effective implementation and accountability for those involved (Ontario Ministry of Health and Long Term Care, 2006). When the organization integrates its planning process with its budgeting process, managers can focus more clearly on organizational outcomes and priorities (Interior Health, 2004).

Participants in the Public Health Leadership Team meeting noted the challenges within a health authority to apply these principles. They also noted that directives from the BC Ministry of Health to carry out Core Functions should also look to these processes for increased success. Although the province has yet to provide additional funding to the health authorities for this initiative, there was discussion about advocating for more funding and capacity from the health authority to improve their public health services.

Accountability

Participants addressed the lack of a formal accountability mechanism for planning in Public Health. Ongoing monitoring and reporting as part of the Core

Functions process can be integrated with the planning cycle to establish an accountability mechanism. Consistent and systematic reporting of progress should be communicated widely and will help increase engagement in planning.

An accountability mechanism in the planning process needs to be recognized as a continuous feedback loop integrated into all planning in Public Health (North West Territories Health and Social Services, 2003).

Limitations

The experiences of Interior Health staff involved in the Core Functions improvement process is only representative of that health authority. Although consultation with Core Functions coordinators of other health authorities indicated similar experiences, there are unique attributes of these organizations that may impact a useful framework for planning in public health.

Limited time available for discussion in the Public Health Leadership Team meeting may not have allowed for a thorough critique of the proposed framework for planning. More discussion is likely to highlight other challenges with implementation and the need for specific dialogue on key issues such as the values and principles of the department and an acceptable change management model for managers and directors to successfully improve public health services.

IMPLICATIONS AND RECOMMENDATIONS

Revision of the *Framework for Integrated Planning in Public Health* is meant to serve health authorities in addressing public health improvement. Experience with Core Functions and discussions with BC health authorities has led to the recognition of the need for integrated planning in public health. The following implications and recommendations will contribute to successful public health improvement in the province.

Implications

This analysis of public health improvement in BC is an argument to address the Core Functions initiative through the health authorities' planning rather than as an additional quality improvement exercise within the organization.

BC health authorities can adopt the proposed *Framework for Integrated Planning in Public Health* or another agreed upon model to inform both their work with Core Functions as well as their larger mandate as a public health organization. An important implication for such organizations is the recognition of Core Functions as the quality improvement of public health services of a health authority and not just the services of the Public Health department. Departments should engage in discussions about integration with the rest of the organization as well as feedback and engagement from other organizations and the public.

Recommendations

Experiences and discussions with other health authorities in BC have indicated similar challenges with the Core Functions process. The provincial steering committee in its mid-term review also highlighted some of these challenges.

A recommended next step for public health improvement is for health authority public health managers and directors to adopt an agreed upon framework for planning. These staff may have additions or changes to the proposed framework, however engaging in initial discussions about the framework will still be important. Discussions about changes, improvements, and planning activities in public health will be a first step in effective integrated planning.

Public Health departments should explore the foundational pieces of planning including further development of a change management model and strategies to improve leadership commitment. Reassessment of the department values and principles may also serve as a foundational exercise to aid in public health improvement.

The BC Ministry of Health in its continued effort towards public health improvement could improve success and implementation of Core Functions with increased communication and engagement with health authorities. Discussions about the provincial role in the health authority planning, resource allocation, and tools for implementing Core Functions would not only improve communications

between the organizations, but could develop useful tools for improving public health services and outcomes in BC.

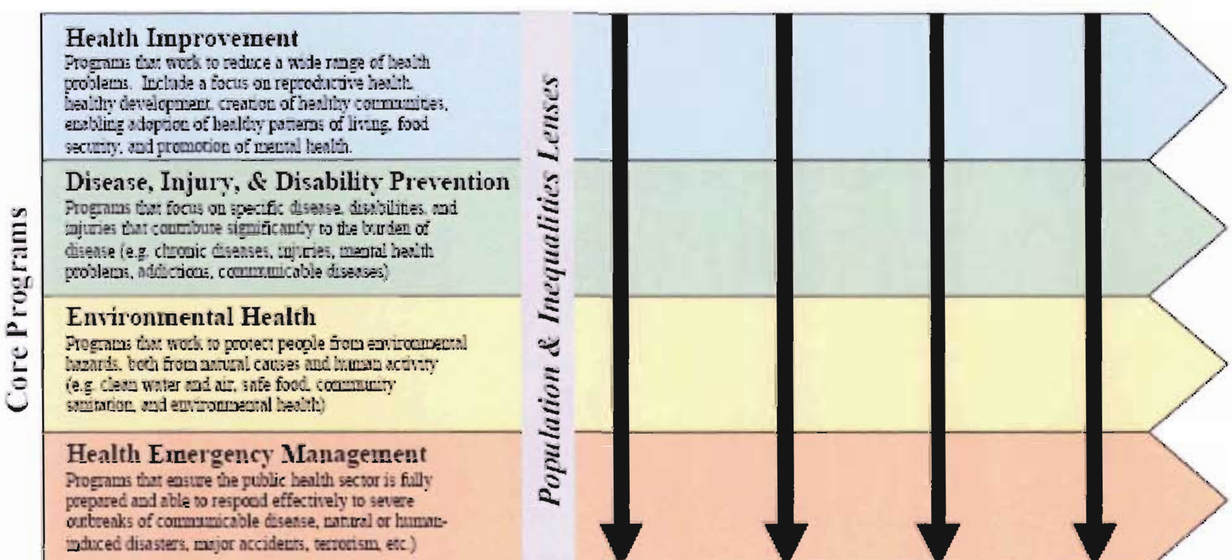
CONCLUSIONS

Analysis of one health authorities' participation in the *BC Core Functions Improvement Process* has highlighted several challenges, but more importantly, has pointed out the many opportunities for continued success of public health improvement efforts.

Building on the *Core Program Analysis Project* of my practicum in Interior Health, the findings of this study may initiate changes in the organization and in the province. Further inquiries and in-depth discussions about Core Functions highlighted the complex nature of public health services and the ongoing challenges of integration for effective quality improvement and ultimately improving the health of the population.

By not only addressing Core Functions implementation within a health authority and moving upstream to the planning activities of the department, I was able to show key areas where the health authority can make changes for successful public health improvement. This was ultimately the goal of the project and will assist me in my career to recognize the importance of the foundational pieces in public health and the nature of ongoing quality improvement in the field.

APPENDIX A CORE FUNCTIONS FRAMEWORK



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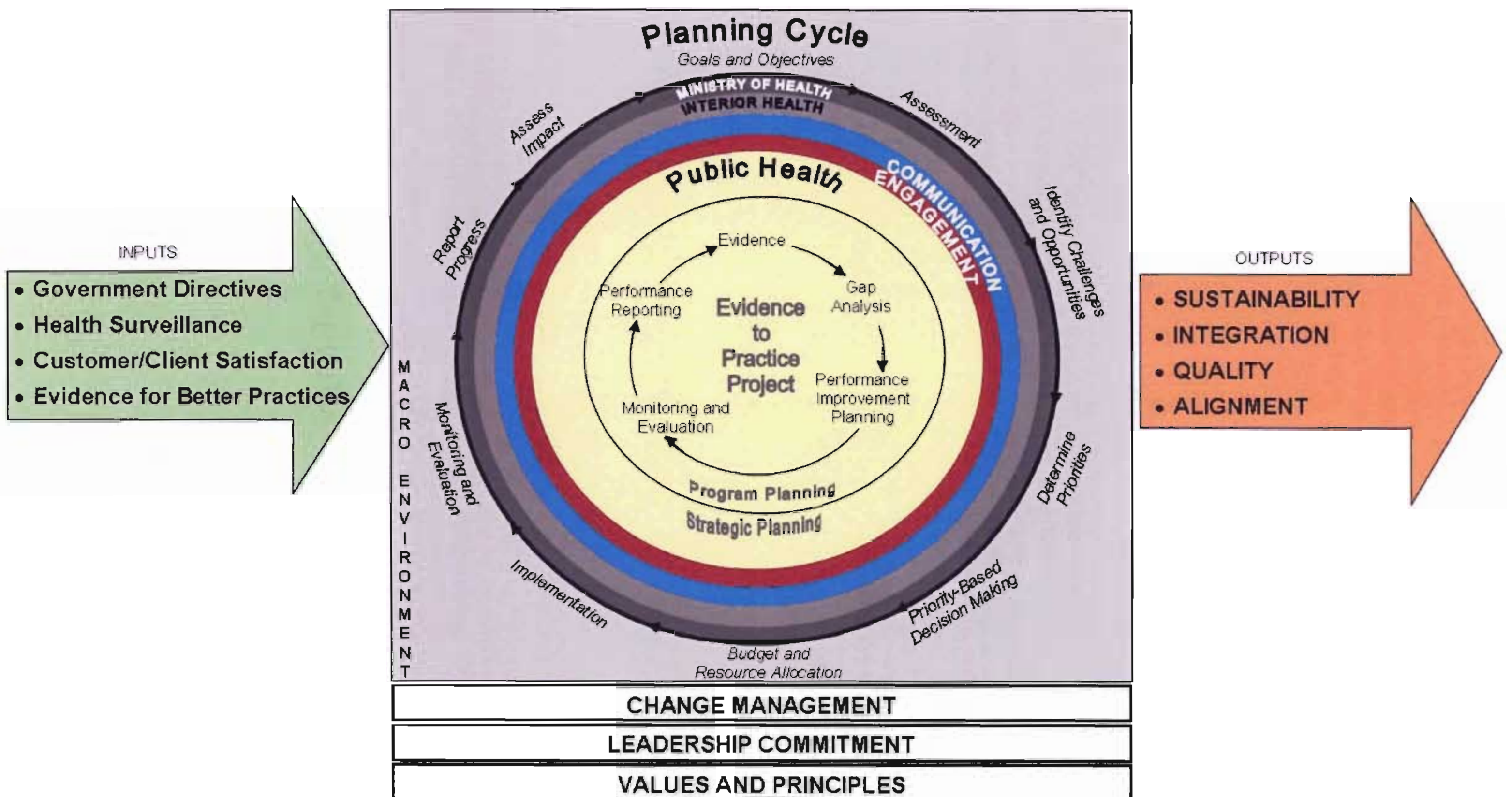
APPENDIX B CORE PROGRAMS ANALYSIS PROJECT FRAMEWORK[1]



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APPENDIX C INTEGRATED PLANNING RECOMMENDATIONS[2]

5.3.1 Work with the Public Health Leadership team to establish an understanding of the context of the Evidence to Practice Project in integrated planning in Public Health and educate managers on the importance of Core Functions forming the foundation of public health services of the health authority.

5.3.2 Establish a revitalized Public Health direction including underlying values and principles to guide Public Health work. This process should be participative and could involve the Public Health Leadership Team.

5.3.3 Use best practices in Change Management in the development of the planning process in Public Health and currently with the ongoing Evidence to Practice Project.

5.3.4 Promote and establish recommitment of Public Health Leadership to the Evidence to Practice Project and to an integrated approach to planning involving communicating this approach to staff and establishing ongoing review of planning with staff.

5.3.5 Develop opportunities and mechanisms in the planning process to address environmental changes and adaptability to respond to emerging challenges. Include aspects of the Evidence to Practice Project and flexibility in the planning cycle to incorporate the Evidence to Practice Project schedule.

5.3.6 Establish tools and a process for engagement (APPENDIX 9) to increase the depth and level of engagement for all planning in Public Health. Engage the staff involved in the Evidence to Practice Project in planning and knowledge transfer to those not involved in the project.

5.3.7 Public Health Communications should include the Evidence to Practice Project and planning processes in a communications strategy for Public Health. Include both vertical and horizontal communication and include communication to areas outside of Public Health and outside of the organization.

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5.3.8 Assess ways to integrate the budget cycle with the planning cycle including how Interior Health's Accountability Cycle (Interior Health, 2007a) can be aligned and how to link decision making to priorities from the Evidence to Practice Project and planning. Keep the development and implementation of this integration and decision making open and transparent.

5.3.9 Develop monitoring and evaluation tools and a progress reporting schedule to address both planning initiatives and Evidence to Practice Project deliverables resulting in one accountability cycle.

APPENDIX D DOCUMENT ANALYSIS[3]

Plan	Year	Analysis Notes
Public Health		
Moving Upstream - A Public Health Plan	2005-2007	• Moving Upstream was an update from redesign plan of 2003/2004 • is also in ppt format and presented across PH • Strategic Framework for Public Health has been updated aligning with MOH goals • both PH plans have CP has one line item with no relation to other areas • Moving upstream focuses on where we are going, changes to be made to PH • new strategic framework shows all the work we do in aligning with MOH goals
Public Health IMIT Strategic Plan		• IMIT plan is only place where broader PH vision, goals, and strategies • used an integrated planning approach for IMIT plan • document used to show IMIT PH needs
Public Health Communications Plan	2005	• being updated • many in PH not aware of, still in draft form

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Plan	Year	Analysis Notes
Aboriginal Health		
Aboriginal Health and Wellness Plan	2006-2010	• integrated, collaborated, and consultative approach to planning • include involvement outside of PH and IH • different HSA's can choose priority areas from the plan • has vision, goals, etc. but how do they relate to broader PH and IH goals?
Population Health		
Chronic Disease Management Plan	2004-2006	• individual program plans with individual goals, strategies, and desired outcomes • refer to linkages with other plans and population health as a whole, but is the plan being implemented using these linking concepts? • how do individual plans relate not only to each other but to broader plan of Population Health, Public Health, and IH?
Chronic Disease Prevention Plan	2005-2007	
Community Nutrition Strategic Plan	2007-2010	
Injury Prevention Strategic Plan	2004	
Population Health Plan	2004-2007	
Prevention of Falls Plan	2007	
Tobacco Reduction Plan (linkages)	2007	
Prevention Services		
Blood Borne Pathogens Plan	2006	• topics are driven by provincial directives • specific action plans for guiding work to achieve targets • ECD does talk about broader goals, strategies and links to population health and SDOH
ECD Strategic Plan	2005	
Fetal Alcohol Spectrum Disorder Prevention Plan	2006	
Immunization Improvement Plan (being refreshed)		

Plan	Year	Analysis Notes
Health Protection		
Directors Directions #5	2007	• no overall broader strategic visioning document for Health Protection (HP) • closest document to this is Directors Directions outlining what HP is doing for the year, key areas for improvement and focusing efforts • rest of the plans are work plans and guidelines for staff • HP has well established planning process and many plans come from their own needs, but how does this process relate to other areas of PH • could HP use their process for developing an integrated strategic plan? • CP are being integrated into their work plans because CP within their program areas • what about then CP from other areas span into HP, how will plans address this?
Growth Plan	2006-2010	
CC Licensing Orientation	2007	
Subdivision Referrals Guideline	2006	
Turbidity Education booklet	2006	
Bathing Beach Water Quality	2007	
Drinking Water Officer's Guide	2007	
Tobacco Enforcement Manual	2005	

APPENDIX E GAP ANALYSIS[4]

Foundations for Supported, Integrated Planning	
Integration	Integration of the EPP into PH planning, across different program areas in PH, connection to areas outside PH, and linkages to PH's broader goals and objectives
Population Health Lens	Population health approach to planning is key for integrated and collaborative planning in Public Health and to have positive outcomes at the population level
Managing Change	Spreading of change needs to be integrated into all stages of the planning process and addressed for each CP. Leadership support and commitment, a systematic feedback process for change implementation, and realistic evaluation of the ability to implement change are key.
Core Programs	Core Programs are related to all areas of work in PH. For effective implementation of the CP, consideration in planning in all areas and stages should consider the effect of CP and develop strategies to integrate this ongoing quality improvement process into PH work.

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Strategies for Supported, Integrated Planning	Current Status	Ideal
Engagement	Varied across PH. Challenges with who, how, when to engage others in the planning process. Issues of perceived relevance to staff, capacity and resources, and translation mechanisms from directors to front line staff.	To create ownership and increased effective implementation of plans, a comprehensive engagement process involving all levels and program areas in PH, other affected participants in IH, and external stakeholders.
Priority Based Decision Making	The process for priority setting is not clearly communicated to all staff, and more has been done to look at priorities to make tough decisions about reallocation and program changes.	Leaders need to be ready to make decisions involving changes to programs, resource allocation and reallocation, and implementation strategies. EPP will guide these decisions with identified best practices implemented and taking the place of some existing strategies. EPP will not add to the day to day work of field staff, but change their work to align with best practices.

Strategies for Supported, Integrated Planning	Current Status	Ideal
Resources	There is currently no formal resource allocation to planning or formal costs assigned to the implementation of the PIP or EPP.	In order to make decisions and develop strategies to achieve outlined goals and objectives of the plans and PIP, resources need to be allocated not only to the planning process, but to specific actions resulting from the process. Current resources need to be used more effectively, look for new resource opportunities, and establish funding partnerships.
Public Health vision, goals, and objectives	Outlined in IMIT through consultation process with IMIT leader. Are these widely accepted? Are they used?	Establishment of an agreed upon broader Public Health vision and outlined goals and objectives for planning in Public Health is needed for program areas to adopt strategies linked to these broader goals and to show how these align with broader IH vision and goals.

Strategies for Supported, Integrated Planning	Current Status	Ideal
Adaptability	With no consistent approach to planning, this is variable. Plans tend to be large static documents with little mention of future changes. May be a reason for staff skepticism of plans as they lose relevance in a changing environment.	Flexibility and the ability to be resilient to deal with the changing macro environment are key. The planning process should be constantly refreshed, it is not a static process and should have a mechanism in place for responding to emerging challenges and opportunities.
Accountability	No formal accountability, monitoring and evaluation of how the plans are being implemented and the effectiveness of the planning process. Some unique areas where provincial mandate to report on targets (ex. Immunization).	Establish ways to measure the success of having a supported, integrated approach to planning and incorporating the EPP. Key measures to assess progress against goals with effective monitoring tools and evaluation processes need to be developed during planning. Feedback loops should be present at all stages of the planning and reporting process. Decisions are linked to responsibilities and people are held accountable for implementation of the plans. Participants' definition of success will also be useful.

Strategies for Supported, Integrated Planning	Current Status	Ideal
Communication	The planning process is not clearly understood and there is not clarity how the plans are translated to field level staff. Little discussion on communication up from field staff on planning process.	The planning process and resulting decisions need to be part of an open, transparent process with information communicated to all levels and areas. A regular and well communicated reporting as part of a communications strategy for the planning process should be established at the beginning with stakeholder input.
Planning linked to budget cycle	The implementation of plans is affected by budget and resources. When budget changes or resources expire, certain areas of the plans are simply implemented.	in order for planning to drive budgeting and not the reverse (which leads to ineffective implementation of plans), the cycles of both planning need to be integrated.

APPENDIX F INTERVIEW SUMMARY[5]

CHALLENGES

COMMUNICATION

Understanding the Process
There are different levels of understanding of EPP by staff involved in the project. Many participants felt there was a lack of communication leading to feelings of stress and frustration. Participants were unclear of the details of the different processes despite their praise for the efforts of the Project Coordinator to communicate this and develop effective processes. There is a need for clear communication about the process, requirements, and expectations from staff, CP leads, and directors.

Provincial Expectations and Staff Involvement
Communication challenges were clear at all levels of the process. Participants felt expectations from MOH were not communicated and at the IH level, felt they would benefit from ongoing communication about their involvement in the process. For example, staff involved in the evidence review and model CP were not clear if they would continue to be involved in the gap analysis and PIP.

Communications Plan
There were several suggestions for a concerted communications plan including an ongoing timeline and tools for communication. This could also help to communicate the work of Public Health to the rest of the organization and the public.

Other recommendations to improve communications included a user-friendly guidebook with visuals to help staff gain clarity on the processes and expectations from the beginning to end of the processes.

CAPACITY

Financial Resources
As expected, there were many comments about the challenge of resources. There were many different areas relating to this however, with direct financial support from MOH and IH only part of it. There is concern over the small budget of Public Health and the difficulties of competing with acute care and other 'more

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urgent' sectors of the HA. It was recognized that although this process was intended to be resource neutral, this may be because the size and extend of the gaps in services was not anticipated. There is wide concern about the need for financial resources to accomplish many of the objectives outlined in the PIP.

There is also confusion about how this project is to be funded, and if there has been any effort made to look at where we have identified a need for resources to close significant gaps. Previous Public Health funding from MOH was talked about both in the context of not being enough to rebuild the infrastructure and the lack of funding left over for this current public health renewal project. Several staff are still confused about the relationship of this previous funding initiative to the CP process.

Human Resources

Both financial resources and staff workload play a part in determining the organization's capacity to accomplish the goals of this project. Staff already have an overwhelming workload and recognize the large amount of time and effort that is required to participate in EPP at all stages. There is wide concern both for individual capacity and organizational capacity to deal with implementation of all the CP. There may be a need to hire more resources or use resources more effectively.

A positive aspect related to resources however is that this process has allowed Public Health to articulate its gross needs and identify what is needed in terms of workforce, infrastructure, and financial investment in order to improve health services to the level of the CP expectations.

Risks

There are numerous risks involved with the high level of work demand and lack of financial and human resources for such a large initiative. There is a risk that tasks will not be completed, PIP will not be implemented, and Public Health services will not be improved. There is a risk to staff as they continue to feel overwhelmed, frustrated, and stressed because of their demanding workload. Staff risk disengaging as the process becomes too cumbersome and overwhelming with additional CP. It may also be difficult to recruit future staff to be involved in the process because of the high demand of work.

INTEGRATION

Organizational Structure of IH

Integration challenges arise due to the inherent organizational structure of IH when CP areas outside Public Health are working with Public Health in MOH. There is also continued discussion about the roles and responsibilities of Public Health in IH and the difference between the notion of public health functions of an entire Health Authority (HA) versus the work of a Public Health department.

Core Programs Span Outside of Public Health
Many CP have implications for other service areas within IH outside of Public Health. There are widespread opportunities here to include others outside of Public Health in the process to talk about public health in an integrated way. Broader organizational commitment is needed for the successful implementation of EPP. As the PIP are now being implemented, there is further opportunity to engage other sectors with performance targets placed directly in their sectors.

Integration Among Different Core Programs
There is significant need for integration among different CP. Strategic planning will be important to address integration challenges as more CP are completed and the workload increases. Specific program overlap or a broader sense of what the project means as a whole in terms of how we approach public health are both parts of this challenge. It was also commented on that Public Health does not work in 21 specific areas and success will not be achieved if 21 CP work separately at improvements.

Community Engagement
CP not only span to other areas of IH outside of Public Health, but also to the community as a whole. Community engagement with local governments, school boards, non-profits, and other community partners is an important part of an integrated approach to improving public health services.

CONSISTENCY

Within IH
There are challenges related to consistency with how EPP processes are being carried out throughout IH. Staff are unsure if the standardized process in IH is being carried out in a consistent and effective way for each CP and by staff within each CP.

Between HA
Flexibility between HA because of staffing and geographical issues is needed, but there is also a need for more consistency between HA. Challenges have been identified with the different approaches to the evidence reviews and model CP papers. Future evaluation may prove difficult for MOH to compare different HA in terms of their effectiveness in implementing the process and if they have improved health services with such a diverse method of carrying out the process.

IMPLEMENTATION

Conceptual to Realistic
Much of the work on the CP process so far has been conceptual with the actual implementation of the PIP now a new challenge. There is lack of clarity as to

how we are going to implement the PIP, and how we are going to measure, monitor and evaluate the success of this implementation. Some program areas have developed work plans after the development of the PIP in order to get to the needs of the field staff that have to operationalize the PIP concepts. Perhaps this can be applied to other CP areas.

Prioritization
It is recognized that certain programs will be either discontinued or substantially changed as a result of this initiative. Challenges arise due to historical attachments to programs and the substantial added workload demand of prioritization.

EXPERIENCE

Certain program areas faced challenges with recruiting staff with enough technical experience on the topic area. A few staff felt they had the ability to participate effectively in the process, but many found it challenging with little experience in academic work. Critical thinking skills are key to a particular skill set needed by those participating.

It was also noted the importance of realizing and supporting the group of CP leads who will have this learning experience and area of expertise to use with future CP and within their program area.

OTHER CHALLENGES

Evidence and Indicators
There were instances where there was a lack of appropriate evidence and where the evidence paper did not meet the needs of staff. There was concern over not being able to make any changes to an inadequate evidence paper. This is concerning as the rest of the processes rely on this document.

The selection of indicators and having the necessary tools or processes to measure these indicators were also challenges.

Provincial Challenges
Many of the other challenges presented relate to MOH. The overall process was seen as 'half thought out' with a lack of support in terms of frameworks or tools for the gap analysis and PIP and the implementation stage not fully addressed by MOH. Participants also had questions about how their feedback was considered at the provincial level.

Participants felt there was confusion about the intended scope and mandate of the initiative that has resulted in a lack of clarity from MOH to the HA.

There is concern that the initiative continues to get supported and be valued as an important process by MOH. Staff feel there is a risk that this initiative could lose support with a change of government which would be disappointing after the amount of work put into the project.

SUCCESS

SUCCESSFUL EXPERIENCES

Work with Other Health Authorities
Many participants saw IH as doing more than our share in the provincial process and exceeding the expectations of the HA on this project. There has been an increase in communication between HA and an increased willingness to contribute collectively to solutions.

Evidence to Practice Project
The EPP is seen as an opportunity to build the knowledge and skills and increase competency of staff with reviewing evidence. Staff involved enjoyed their participation and felt the experience would help them with work on future CP as well as in their program areas.
Comments were made about the positive nature of the process itself as a deliberate move to use evidence to improve public health services and allowing us to articulate core public health work.

There was a very successful team component of the process. From the mix of field level staff to decision makers on the teams, to working with people they wouldn't traditionally work with, there was a shared responsibility on the teams that led to a successful experience by many.

Opportunity to Celebrate
Participants recognized the need to celebrate areas where we were exceeding the model program and where we have done great work in light of all of the challenges and areas for improvement.

Awareness
Increased awareness of others in the organization about Public Health and its programs was seen as an important success. In some instances, awareness of gaps has already started change where the staff involved in the project felt there was a large enough gap to implement change immediately.

PROJECT COORDINATOR

The overwhelming consensus about the successes of the project related to the Project Coordinator herself, Geeta Cheema. Staff were consistently thankful for all her support and guidance throughout the project and were impressed with her organizational skills and ability to keep the project on course. Her ability to take

the initiative from the MOH and develop effective tools and resources for carrying out the process were recognized by all those involved. It is evident that the successes achieved so far would not have been possible without her skills and efforts on this project.

KEYS TO SUCCESS

DEFINITIONS OF FUTURE SUCCESS

One of the questions during the interviews related to what the participants defined as the future success of EPP. Themes arising from this form the basis for the Keys to Success in the next section.

Other definitions of success included achieving goals and closing the gaps. Another main objective is to improve public health services and ultimately improve the health outcomes of the population.

Public transparency, integration of services, implementing change, patient safety and staff safety, getting credible evidence papers, and having enough input into the model CP papers at the provincial level were also identified as keys to future success. In relation to the process of EPP, success was defined as the continued ability to get teams together, have their continued engagement, have the necessary tools to complete the process, and continue to have ongoing discussions at the leadership tables.

COMMITMENT

Organizational Commitment
Continued success in IH needs ongoing organizational commitment. Awareness of EPP is needed to embed it in the organization and have core functions be a part of strategic planning and service planning.

Commitment of Staff
Commitment is also needed from the front line staff that will be implementing the changes. Substantial and early buy-in to the process is required for engagement and to maintain this level of awareness throughout the process. Having staff engaged in the process and feeling they are part of it is central to keep the staff healthy and happy and to promote a healthy work environment. Resources to allow commitment of time and energy by staff were noted as an important part of commitment to the process.

Leadership
Commitment from the leadership within Public Health, within IH broadly, and the Senior Executive Team (SET) is a large key to success which affects all other staff and the organization as a whole. Realizing that they are also dealing with high work demands, the challenge is keeping the project visible and meaningful

to them without adding to this high workload. Keeping leaders informed through 'stories' of what is happening with the project in simple terms and in a way that doesn't add to their demands may be a useful tactic. Having champions of the story contact leadership by phone along with formal reports may increase awareness and commitment to the project. It may also be useful to let leadership know how the project will benefit them or certain areas of the organization deemed important to them. Leadership is interested in the affects the project has in terms of the awareness in the organization and the community.

CHANGE MANAGEMENT

Barriers to Change
Field staff implementing EPP will have to work with changes to structure (i.e. specialization), changing practice, and learning to implement best practices. As the first PIP have been completed and we are now tasked with implementation, other challenges include the capacity needed to manage the amount of change we're currently managing as well as what is coming forward. There was some scepticism to change about the realistic nature of 'small' Public Health (3% of budget) asking the larger rest of the organization to change (97% of budget).

Addressing Change
To address these large change management pieces, participants suggested more time spent with staff to introduce them to and support them through the change. One poignant comment saw this initiative as 'forcing us to do what we already knew we had to, but now having the added benefit of providing us with the evidence to rationalize these changes.'

QUALITY IMPROVEMENT

Continuous Quality Improvement Initiative
Ongoing quality improvement and continued use of evidence to guide strategic planning and public health services was seen as a major sign of future success. It is important to recognize this as an ongoing initiative that will become the standard of how we function and guide our activities in Public Health.

Barriers to Continuous Quality Improvement
Challenges relating to ongoing quality improvement include being able to maintain leadership and continue to have PIP implemented, monitored, and quality improvements made. There is some uncertainty within the participants with respect to the organization's ability for continuity and sustainability of EPP. There is also needed commitment from MOH to the ongoing process and review of evidence after the first round is complete.

ABORIGINAL LENS

Current Participation

Although the use of the Aboriginal Lens for EPP has been limited, there have been some positive steps to increasing awareness that this is an important piece to be included in CP.

Future Success

Successful incorporation of the Aboriginal Lens into EPP reflects the larger goals of IH's Aboriginal Health and Wellness Plan to assist management in thinking about the impact of their services on the Aboriginal population and how their needs can be incorporated into planning, programs, and service delivery.

The involvement in EPP in IH could consist of CP leads contacting the Aboriginal Health Team and seeking consultation on how to best incorporate this lens. If the issue is a priority and capacity is available, a partner from the community or Aboriginal Health Team can participate in the processes for that particular CP.

Challenges

Capacity challenges are present here as well as orienting the organization to realizing the presence and role of the Aboriginal Health Team. Similar to applying the Aboriginal Health and Wellness Plan to program planning and service delivery, the success of this project will be evident if the organization applies the principles in practice and continues to refer to this lens in their strategic planning.

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