

Annual Highlights 2014-15

PHSA Population & Public Health Program



Our vision

To catalyze joint solutions for British Columbians' health and well-being.

Who we are

Started in 2005, the Population and Public Health Program (PPH) of Provincial Health Services Authority works in collaboration with various partners to prevent chronic disease and create healthier populations throughout British Columbia. Our team has expertise in epidemiology & biostatistics, knowledge translation, project management, and leadership as well as in various content areas related to population health.

What we do

PPH seeks to inform and advise policy and practice on emerging and priority population health issues with the goal to prevent chronic disease. We focus on upstream prevention approaches that seek to enhance the health of British Columbians where they live, learn, work, and play. We exchange and mobilize credible knowledge for action with a variety of partners.

Our current priorities as outlined in these highlights are to promote healthy weights and health equity, as well as to address key focus areas such as population health surveillance, food security, the healthy built environment, and to support chronic disease management.

Executive message

I am pleased to present the 2014-15 activity highlights of the PPH program. In collaboration with our many partners and networks, we continue making strides towards collective action for enhancing the health and well-being of British Columbians through chronic disease prevention and population health initiatives.



For example, PPH resources like the *BC Community Health Profiles*, a project under the Healthy Families BC Initiative, and the *Healthy Built Environment Linkages Toolkit*, are sparking conversations across BC about how to achieve healthier communities. PPH data and expertise are helping to integrate health equity as a consideration during provincial monitoring and reporting and we are partnering with Quality, Patient Safety and Outcome Improvement to promote health equity in PHSA services. Our provincial leadership is advancing the food security agenda and pursuing innovative directions for healthy eating resources. PPH has also supported prevention projects within PHSA, such as the development of resources for health professionals to reduce weight bias and stigma and improve cross-cultural mental health literacy.

These accomplishments are a result of the commitment and dedication of every PPH team member and I thank them for all their efforts. As we close one year and begin another, we are excited for opportunities to collaborate with our stakeholders on actions that improve the health of the people in BC.

Lydia Drasic
Executive Director, British Columbia
Centre for Disease Control
Operations and Chronic Disease
Prevention



Promoting healthy weights

PPH demonstrates provincial leadership in promoting healthy weights through collaborative action.



Interactions between physical well-being and obesity

Released in 2013, the PPH discussion paper *From weight to well-being: Time for a shift in paradigms?* reviewed the evidence regarding the relationships between obesity, weight bias and mental well-being and suggested a shift to a well-being paradigm to address obesity.

In 2014-15, PPH explored how physical well-being fits with the new paradigm. Findings included that obesity leads to a medical focus on weight as a problem, whereas well-being leads to a more solution-focused approach that is broad and diverse.

The complex relationships between obesity and physical and mental well-being were mapped and this tool is now being developed into an interactive tool that will inform policy and practice decision making.

Economic burden of risk factors

This year, PPH commissioned a report that estimates the direct health-care costs and indirect productivity losses associated with three chronic disease risk factors: excess weight (obesity and overweight), physical inactivity and tobacco smoking.

Our study estimates that across BC in 2013, the annual economic burden attributable to these three risk factors totaled \$5.6 billion: \$1.8 billion in direct health-care costs and \$3.8 billion due to disability and premature death. We estimate that if the prevalence of each of these three risk factors is reduced by a relative 1% annually until 2036, British Columbia could avoid a cumulative \$15.0 billion in direct and indirect costs.

This study will inform intersectoral and health policy- and decision-making at the provincial, health authority and health service delivery area levels in BC.



Promoting health equity

PPH seeks to promote health equity by improving the availability, accessibility, and acceptability of health services in BC. Improving health equity can benefit every British Columbian, but is particularly important for those who do not have the same opportunities to be as healthy as others.

Integrating health equity at PHSA

In partnership with Quality, Patient Safety and Outcome Improvement, PPH is refining a proposed strategy for strengthening health equity at PHSA.

Building on the framework developed in 2013-14, this strategy will integrate and guide existing and future PHSA equity-related initiatives, and identifies strategic opportunities for 2015/16 such as exploring opportunities to promote health equity through quality related mechanisms and the Triple Aim. The strategy will support professional competency through knowledge translation and capacity building.

Pilot projects

In 2014-15, PPH explored opportunities for integrating health equity into program planning, service design and delivery with select PHSA Agencies. The completion of this early engagement and discussion phase will help inform the development of tools and resources to strengthen health equity throughout PHSA.

Equity indicators

PPH is leading a project to develop and report on a suite of priority health equity indicators that will ultimately inform health equity target-setting at the population level. These indicators will allow for provincial surveillance of health equity across various population groups, and include consideration of: health status and outcomes; determinants of health; and health system performance measures.

Key 2014-15 milestones:

- Released report to describe the process of developing and finalizing the suite of 52 priority health equity indicators for use in BC (*Development of priority health equity indicators for BC: Process & outcome report*)
- Completed analysis of currently available data on selected indicators from the priority suite.



Food security

PPH works with the Ministry of Health to lead and facilitate collaboration across government, health authority and nongovernment sectors to increase food security in BC and to contribute to the evidence on food security.



The goals of food security are to increase access to nutritious, safe, personally acceptable food with a focus on those most vulnerable to food insecurity and to increase availability of healthy food produced in a sustainable manner.

Food costing

PPH works with the MOH, the health authorities, and Dietitians of Canada to monitor the cost of the National Nutritious Food Basket (NNFB) in British Columbia. The data are collected and analyzed to provide insight into the cost required to purchase a nutritionally adequate diet.

This year, PPH collaborated with the health authorities to improve the NNFB costing process. New additions for the 2015 cycle include:

- Data collection and analysis at the HSDA level (vs. health authority).
- Training video and companion resource, to improve data quality and decrease health authority workload.
- Technical support for volunteers who encounter difficulty during food costing, delivered by HealthLink BC staff.

Gateway redesign

The BC Food Security Gateway website was developed in 2009 to provide BC health authorities and community organizations with up-to-date food security resources and evidence.

A 2014-15 stakeholder survey revealed that the Gateway website looks outdated, is difficult to navigate, and its users desire website changes that will support collaboration and highlight successful BC initiatives.

Based on this input, the website will be redeveloped and modernized in 2015 to better meet the needs of BC's food security community.

Evidence reviews

Agriculture and health

Health authorities and local governments have indicated they need clear evidence that demonstrates how a resilient, sustainable food system influences healthy eating and food security.

As a result, PPH commissioned leading researchers to conduct a 2014-15 evidence review on the direct and indirect connections between BC agriculture, food security, and health.

The completed evidence review and upcoming consumer resource will aim to assist local governments in evidence-based planning and decision making.

Exploring opportunities for cross-collaboration

In consultation with the MOH Office of the Provincial Dietitian, PPH commissioned a scan of provincial food security work to identify opportunities for greater collaboration between sectors.

In 2014-15, the project team completed more than 20 key informant interviews, a literature review, and a scan of BC policies and legislation.

Project findings have informed the new MOH Healthy Eating Strategy and will support PPH Food Security.

Provincial Healthy Eating Strategy leadership

For the new provincial Healthy Eating Strategy, a key priority area is “improving access to and availability of healthy food”.

PPH co-facilitated the multi-sector action team to inform this section of the strategy. The action team gathered evidence and facilitated discussion on how to support a food secure population in BC, including consideration of: food insecurity, a sustainable food system, and building local community capacity.

The team presented an action plan to the Healthy Eating Leadership Council in March 2015.

Therapeutic food gardens

In 2012-13, PPH established two therapeutic food gardens at BC Children’s Hospital and BC Women’s Hospital + Health Centre in partnership with the Child and Youth Mental Health Programs, the Heartwood Program and the Environmental Youth Alliance. All garden produce is incorporated into meals and cooking sessions with the patients.

During this final year of PPH support, the Heartwood site grew fresh greens indoors year-round and will start an outdoor vegetable and herb garden in spring. Thanks to its success to date, the youth garden has already obtained external funding to sustain its operation.





Healthy Families BC

Healthy Families BC (HFBC) is the BC Government's health promotion and chronic disease prevention agenda. PPH leads, coordinates, and supports various components of the HFBC initiatives in collaboration with the Ministry of Health and regional health authorities.



Healthy Families BC Communities

HFBC Communities aims to build and support strong relationships between the health and local government sectors to address chronic disease risk factors in community settings.

HFBC Communities evaluation

PPH has completed the first year of a three-year evaluation of HFBC Communities.

Initial data shows how the initiative supports strengthened partnerships between health and local government sectors. As of March 2015, 83 incorporated municipalities (51%), three regional districts, and two unincorporated communities had developed partnership agreements with their regional health authorities.

Community Health Profiles

In response to local government requests for user-friendly community health data to inform priority setting, PPH created *BC Community Health Profiles*. Released in August and presented at the 2014 Union of BC Municipalities Convention, the profiles include user-friendly and local-level data on demographics, factors that affect health, available health services, and certain health conditions for 130 BC communities.

Health authorities and local governments use the profiles when collaboratively developing healthy community priorities and plans. Updated profiles will be publicly available through an interactive website that PPH is currently developing.

Healthy Schools BC

Healthy Schools BC (HSBC) aims to strengthen relationships between the health and education sectors and improve student health outcomes using the Comprehensive School Health approach.

Student Health in BC report

In September, PPH released *Student Health in BC: Provincial and regional highlights* to help Healthy Schools BC stakeholders identify provincial and regional priorities and inform healthy school policies and programs.

The report presents provincial and HSDA-level student health data related to healthy eating, physical activity, tobacco use, healthy weight, mental health, learning to stay healthy at school and school connectedness. Results showed that student health practices have generally improved over the past decade, although the number of students reporting that they get exercise in school or learn how to stay healthy in school has declined since 2009, particularly among students in older grades.

Healthy Schools BC evaluation

PPH has completed the first year of a three-year evaluation of Healthy Schools BC.

First-year results indicated that the majority of school district respondents (86%) believed that their district was in partnership with their health authority to create healthy schools, and 63% were knowledgeable about Comprehensive School Health and applied it in their work.

Healthy Eating

Healthy eating survey report

PPH released the *British Columbia Healthy Eating Population Health Survey, 2013: Technical* report in October. The report presents the findings of a provincial survey aimed to assess healthy eating knowledge and behaviours among adult British Columbians.

The survey revealed that many people might not be eating as healthily as they think they are. While a majority of British Columbians reported that they had good or very good healthy eating habits, only about one third of people consume adequate fruits and vegetables daily, for example.

Survey findings support the surveillance and monitoring of healthy eating across the province, and will inform the planning and implementation of the provincial Healthy Eating Strategy.

New resource development

In December, the PPH team added a new role that focuses on managing the development of province-wide, multimedia resources to enhance British Columbians' knowledge of healthy eating.

PPH and the MOH will co-lead and collaborate with other Ministries, regional health authorities, Dietitian Services at HealthLink BC, PHSA agencies, non-governmental organizations and Aboriginal communities to support the development and promotion of evidence-based, best practice healthy eating resources to meet the needs of various populations.





Healthy built environment

PPH works to promote healthier built environments that increase opportunities for physical, mental, and social health and well-being.



BC Healthy Built Environment Alliance (HBEA)

PPH provides secretariat and project management support to the HBEA which brings together health authorities, provincial and local governments, and researchers to promote healthier built environments. PPH adds value by facilitating dialogue and developing tools to encourage and support collaborations between and within sectors.

HBE Linkages Toolkit

The HBE Linkages Toolkit is an evidence-based and expert-informed resource that illustrates the relationships between community planning principles, health behaviours, and health outcomes. The Toolkit intends to support community decision-making for healthier neighbourhood design, transportation networks, natural environments, food systems and housing.

Dissemination

PPH launched the Toolkit in April 2014 with a national webinar and led dissemination by supporting our partners to share the Toolkit with their networks. HBEA members delivered more than 10 formal presentations with a variety of local, provincial and national audiences.

Evaluation

PPH is conducting an evaluation to assess the effectiveness of the HBE Linkages Toolkit. In 2014-15, PPH completed a stakeholder survey and an online focus group with over 110 total participants. Results will be summarized in 2015-16 and will inform future opportunities for PPH to sustainably promote healthier built environments.

Literature review guide

In 2014-15, PPH drafted a guide that describes the literature review process undertaken by the lead researchers who developed the Linkages Toolkit. When released in 2015, the guide will support ongoing updates and expansions to the Toolkit based on the latest research.



Prevention across PHSa

Renowned for tertiary care centres and specialized services, various PHSa agencies and programs are also engaged in a wide variety of prevention activities across the continuum of care.

These activities range from primary prevention (e.g., health education campaigns) to secondary (e.g., cancer screening) and tertiary prevention (e.g., clinical interventions for better chronic disease management).



PPH-funded health promotion and disease prevention initiatives

Guided by the PHSa Population and Public Health Advisory Committee, PPH funds prevention projects across various PHSa agencies and programs.

The aim of this funding is to enhance the capacity of PHSa agencies and programs for initiating and sustaining health promotion and chronic disease and injury prevention activities (Table 1).

Table 1. PPH-funded health promotion and chronic disease and injury prevention projects across PHSa, 2014-15.

Project	Description	
Promoting healthy weights		
<i>5 As of healthy pregnancy weight gain</i>	<p>Innovative clinical tools and training to support primary care providers to feel more comfortable, knowledgeable, and capable when counseling women about healthy weight gain, healthy behaviours and well-being during the prenatal period.</p> <p>Year 2 of 3: developed the online training modules as informed by a literature review, needs assessment, clinical input and key informant interviews.</p>	PSBC
<i>BalancedView: Weight bias and stigma for education for health professionals</i>	<p>An evidence informed online resource designed to reduce weight bias and stigma among medical, mental health, allied health and public health professionals.</p> <p>Year 3 of 3: completed pilot testing and evaluation, developed a dissemination strategy and promotional materials. (www.balancedviewbc.ca)</p>	BCMHSUS
Promoting health equity		
<i>Through an equity lens: A new look at environmental health</i>	<p>Collaborative framework and tools to help BC environmental health practitioners assess and address health equity issues in their practice.</p> <p>Year 1 of 3: completed key informant and focus group consultations; conducted environmental scan & literature review on food safety and food security collaborations.</p>	BCCDC
<i>Injury prevention casebook</i>	<p>Online resource with charts and infographics to assist BC stakeholders with public health and injury prevention decision-making, priority setting and planning.</p> <p>Year 1 of 2: conducted consultation and stakeholder engagement; drafted chapters and case studies.</p>	BCIRPU
<i>Ask Auntie: suicide and violence prevention for Aboriginal girls and youth</i>	<p>An interactive, knowledge-informed, and culturally grounded health promotion project to engage girls which has online and facilitated in-community components.</p> <p>Year 2 of 3: conducted training with community-based facilitators; continued development of course modules, including video production & website enhancements.</p>	BCW

BCCDC= BC Centre for Disease Control; BCIRPU= BC Injury Research & Prevention Unit; BCMHSUS= BC Mental Health & Substance Use Services; BCW= BC Women's Hospital & Health Centre; PSBC= Perinatal Services BC

Project	Description	
First Nations cultural adaption of the <i>Women's health pregnancy passport</i>	<p>A provincial health promotion resource to support women through their pregnancy, labour and birth, and the first weeks postpartum, adapted for First Nations and Aboriginal women.</p> <p>Year 1 of 1: completed Passport adaptation, with input from stakeholder feedback, clinical reviews, cultural reviews, and focus groups (on and off reserve).</p>	PSBC
<i>Culturally connected: a cross-cultural mental health literacy resource for health professionals</i>	<p>Resource to support health professionals to enhance their skills when working with clients and families from culturally & linguistically diverse backgrounds.</p> <p>Year 1 of 1: created content and developed mobile-first design (to be launched late spring 2015).</p>	BCW / BCMHSUS
Other		
PHSA Employee Wellness	<p>Wide variety of employee wellness programs to support the physical and mental health of PHSA staff.</p> <p>2014-15 highlights: implemented an improved communications strategy, offered education sessions to PHSA managers on workplace mental health, created four wellness teams at various PHSA locations, released "12 Weeks to Wellness" coaching program, administered Employee Health Survey to 3946 staff, and continued implementation of National Standards for Psychological Health and Safety in the Workplace focusing on BC Ambulance Service.</p>	PHSA





Population health surveillance

The PPH surveillance team engages in the collection, analysis, interpretation and dissemination of data about health status, chronic diseases, as well as protective and risk factors among British Columbians. PPH works closely with the MOH Population and Public Health Surveillance team via a

Surveillance plan

PPH and BCCDC are collaborating with the MOH and health authorities on a provincial surveillance plan to support *BC's Guiding Framework for Public Health*. This plan aims to improve provincial surveillance and reporting on communicable and chronic diseases, environmental health, injuries, risk factors, and the determinants of health.

In 2014-15, the Surveillance Plan team completed an inventory of existing population health surveillance activities in BC and identified system gaps. In the next phase, a provincial population and public health surveillance committee (with representation from various PHSA agencies and programs including BCCDC, BCIRPU, BCCA, and PPH) will prepare an implementation plan.



joint work plan that aims to enhance provincial surveillance capacity through structural collaboration.

Through a range of projects, PPH surveillance activities support all PPH initiatives such as promoting health equity, food security, and Healthy Families BC.

BC Population Health Indicator Database

PPH is partnering with PHSA Performance Measurement and Reporting and the BCCDC to create a new database platform that will make socio-economic and population health data more available and accessible to MOH and health authority staff. This central database will reduce redundancy in health authority data requests and expedite the process of sharing health data across the province.

PPH completed the proof of concept phase in 2014-15. More data will be added to the prototype in the coming year.

Health-adjusted life expectancy analysis

Health-adjusted life expectancy (HALE) is an indicator included in *BC's Guiding Framework for Public Health* that measures both the length and quality of life.

PPH has completed analyses that estimate life expectancy and healthy years of life among British

Columbians. The results show the substantial impact that diabetes or hypertension have on these measures of overall population health.

Key results have been incorporated into the upcoming MOH Provincial Health Status Report, while PPH is developing a complementary resource that will support decision-makers to use HALE results for provincial health planning.





Chronic disease management

PPH worked with the Doctors of BC Shared Care, Specialist Services & General Practice Services Committees to engage physicians in redesigning chronic disease service delivery to improve complex chronic care management. As of January, Cardiac Services BC has assumed leadership of this initiative.



Health system redesign

In 2014-15, PPH coordinated the distribution and oversight of funding from the Doctors of BC Joint Clinical Committees for 11 projects across PHSA. Additional redesign funding supported six provincial projects at Cardiac Services BC, Perinatal Services BC, BC Cancer Agency, and Lower Mainland Pathology & Laboratory Medicine. In total, more than 80 specialists and nearly 40 general practitioners accessed over \$350,000 in funding to support physician engagement across a variety of projects at PHSA agencies and programs.

Shared Care Committee

In 2014-15, PPH partnered with BCCA and CSBC to explore opportunities that would support transitions in care and streamline care between PHSA agencies and patients' home communities. This year, the Shared Care Committee approved funding for:

- **BCCA Survivorship Transitions in Care project:** focuses on streamlining communication between oncologists and family physicians following cancer treatment.
- **CSBC Heart Failure Transitions in Care project:** seeks to standardize communication between care providers as patients transition from their home community to a heart failure clinic and back to their family physician.



Team members during 2014-15

- **Lydia Drasic**, Executive Director, British Columbia Centre for Disease Control (BCCDC) Operations and Chronic Disease Prevention, BCCDC and Provincial Health Services Authority
- **Dr. Drona Rasali**, Director, Population Health Surveillance & Epidemiology
- **Andrew Tugwell**, Provincial Director, Population & Public Health

- **Tannis Cheadle**, Provincial Manager, PPH (HBE; Health Equity); *until June 2014*
- **Bethany Elliott**, Project Manager, HFBC (Schools & Communities)
- **Charito Gailling**, Project Manager, (HBE; Health Equity)
- **Kamaljeet Guram**, Project Manager, (Prov. Chronic Disease Initiatives; Health Equity)
- **Sarah Gustin**, Manager, Knowledge Translation & Communications

- **Crystal Li**, Surveillance Biostatistician
- **Ellen Lo**, Project Manager, HFBC (Healthy Eating)
- **Melanie Kurrein**, Provincial Manager, Food Security
- **Cynthia Watt**, Provincial Manager, Healthy Eating Resource Coordination
- **Angeza Yusufzai**, Administrative Assistant
- **Rita Zhang**, Epidemiologist
- **Natalie Zinetti**, Business Operations Coordinator, Interim Executive Assistant, BCCDC

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