

MANITOBA INTEGRATED KNOWLEDGE SYSTEM (MIKS)
New Name PARTNERS IN PLANNING FOR HEALTH LIVING
Monday, October 30, 2006 – 9:30 – 12:00 noon

Present:

Linda Venus, Chair, Dexter Harvey, Louise Hutton (APCD), Recorder, Tannis Erikson, (IRHA); Debbie Brown (HSFM); Mark McDonald, Jane Griffith (CCM)

Regrets: Doreen Fey

1. **Welcome** by Linda.
Update from Mark McDonald about possible funding available through the National Cancer Institute of Canada. Mark reported that Roy Cameron joined the CCS meeting and understood Manitoba's CCS – KEN workshops.
2. **Minutes** of September 25 meeting approved
3. **October Status Report – Regional contacts** – Louise
The latest summary was sent to the committee. Still trying to contact North Eastman and will add Central region to the list.

Dexter has a workshop with Assiniboine communities on Nov. 17, 10 – 3 p.m. in the Brandon Government Bldg.

Note: that Norman has had staff changes.

4. **Research proposal.** Dexter explained that the research focused on improving the Health Care System and that CBURPE is the mentoring institution. It is policy science work. CIHR is moving to the applied side of research. Barb Riley of U of Waterloo would be the principal investigator along with one other person, perhaps Barb, Mark McDonald, and John Garcia. The Manitoba Component would be the “decision-maker” piece and Manitoba would be co-researchers. The research may include Manitoba, Ontario and one other province, e.g. Alberta. There is \$200,000 for the life of the project over 3 – 5 years. Question to answer – does the money cover the analysis and research as well as the actual research? Manitoba would have to match at a 2 to 1 ratio and Manitoba's contribution will be in-kind from the Interlake RHA, Heart and Stroke, Canadian Cancer Society and CancerCare Manitoba. There needs to be an investment in the process for research and to look at other partners, e.g. PHAC in Ottawa. Linda has a phone call meeting with Marie DesMeules of PHAC before Nov. 5.

Phone call to Barb Riley – discussion of research

Barb Riley, PhD

HSFC/CIHR Research Fellow

Centre for Behavioural Research and Program Evaluation (CBURPE)

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Barb described the opportunity and that a systems approach is required to develop linkages. The innovation and leadership is building and there is funding from partnerships for health system improvement. This research will support teams of researchers and decision-makers to make policy decisions. It will involve learning from practices – which will allow Manitoba to learn as we go.

Requirements:

Letter of Intent by December 4 with an expression of interest naming a team of decision-makers and researchers and Barb is willing to take the lead. One researcher will be required from Manitoba and there is interest from CBURPE to build a team across Canada.

Manitoba struggles currently with funding at the community level. CancerCare has received \$100,000 from Manitoba Health/PHAC which is 25% of the provincial reach. The Partners in Learning want to do all the regions in the province.

It was noted that NCIC has new leadership funding within a sub-group of surveillance. Question – where do we find the money for the community level data gathering? We have in-kind support only. What would the \$200,000 of the research fund get spent on? Barb believed it would be for research and not core funds for programs.

Question – can it be contributed to surveillance? Barb replied that perhaps it could be used as bridge for emerging surveillance but probably not for ongoing surveillance. Barb will explore these questions further.

Allowable costs of the research include release time for decision-makers up to 50% and 25% for others. Costs of networking, exchange and meetings would also be allowable.

Noted that money needs to flow into regions to do research – intervention dollars are needed. Is it possible to partner with CDPI or to find other funding?

Four themes

- Engagement process
- Capacity-building system
- Economic evaluation (potential)
- Outcome measures of evidence and the use of evidence

Required – strategic investment from Provincial Non-profits.

Is PHAC eligible to be a partner? Partnerships are between CIHR and provincial partners.

Barb is not sure how a PHAC funding request would be received because Manitoba has received CDPI funding. PHAC criteria is to look for partnerships with NGOs. Barb asked about funding for surveillance questions. Linda explained the Manitoba approach was led by the IRHA who developed a simple tool using existing questions from other surveys. They also used in-kind resources. Two tools were developed – school survey and adult community survey. The survey cost is much less than the usual \$45. per survey. Other regions are interested and can provide in-kind support. We need to look at different work plans and how to gain resources for shortfalls.

Community led risk factors can be surveyed in schools and communities or workplaces. Adults are getting insufficient attention for lifestyle changes. We need to focus on the community and that is more expensive.

Dexter estimated that we would need \$100 – 150,000 per year to help regions collect data and Linda thought the cost may be higher for schools and communities. Dexter suggested we rotate between schools and communities (opposite years) and then it may \$15,000 per region.

Key Issue is ongoing money for surveillance functions – we need to phase in and provide to Manitoba Health, Province is committed to CDPI for the next three years.

Barb requires strategic interaction with partners.

Decision to meet with Barb at CDPAC – Tuesday for lunch at the Conference registration desk at 12 noon. Mark will look into a small meeting room and invite Kelly McQuillen as a policy-maker.

Debbie pointed out that the Heart Health Strategy, just announced last week, has provincial representation and Manitoba Health has federal dollars.

We need good research to present models and learning about what does work in Manitoba. Could Partners in Planning provide \$150,000 each year for the next 3 years?

We need to connect with In Motion baseline data gathered earlier this year. Louise will contact Jaymi Derrett.

5. **Public Document** written by Lorna Mayer – adopted with a couple of edits. Officially changed name to Partners in Planning for Health Living – accepted by members.
The document will be distributed at the CDPAC conference next week.
Dexter will speak to the Partners in Planning for Healthy Living when he presents on Manitoba of the CBURPE presentation.

We also need to consider how Manitoba data might fit into a National database.

The document will be sent to CEO's, the Planning Network, CHAN, and HPSEN with a letter.

6. **Engagement Process** – Louise Louise distributed a draft of the document. Discussion to either shorten or break into sections. Louise will ask Dexter if he wishes to edit the section on knowledge translation referring to KEN.
7. **Guidelines for Heart and Stroke Funding** – Louise will work on this.
8. IRHA Budget for expanded sample size – A proposed budget of \$45,000. Will use \$5,000 from the Heart and Stroke grant and use some of the CDPI funds for communities.

9. **Kerri Irvin-Ross, Minister of Healthy Living** – The Partners in Planning for Healthy Living will request a meeting, who should attend on behalf of the Partners? Linda will bring a discussion forward to the Alliance ED meeting.

10. **Meeting with Marie DesMeules** – Linda will have spoken to her by phone by Nov. 5. Linda will also contact Cate Harrington of the Regional office of PHAC to discuss the Partnership and the progress being made. Mark also offered to meet with Linda and Cate.

11. **Meetings:**
 - Linda to speak to Marie DesMeules
 - Linda and Mark to speak with Cate Harrington
 - Louise and Debbie will speak to Jaymi Derrett
 - Mark and Debbie will speak to Kelly McQuillen

12. **Next Meeting** – November 27, 9:30 – 12 noon with lunch.
December meeting is Dec. 18