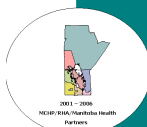


MANITOBA CENTRE FOR HEALTH POLICY

# Building rural health research capacity – the Manitoba experience

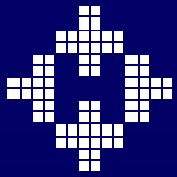
**Patricia J. Martens PhD**

Director, MCHP;  
Associate Professor, Dep't Community Health  
Sciences, University of Manitoba



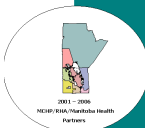
The Need to Know...

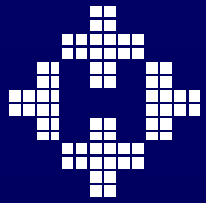
**BCEOHRN: Vancouver, BC**  
**April 20, 2007**



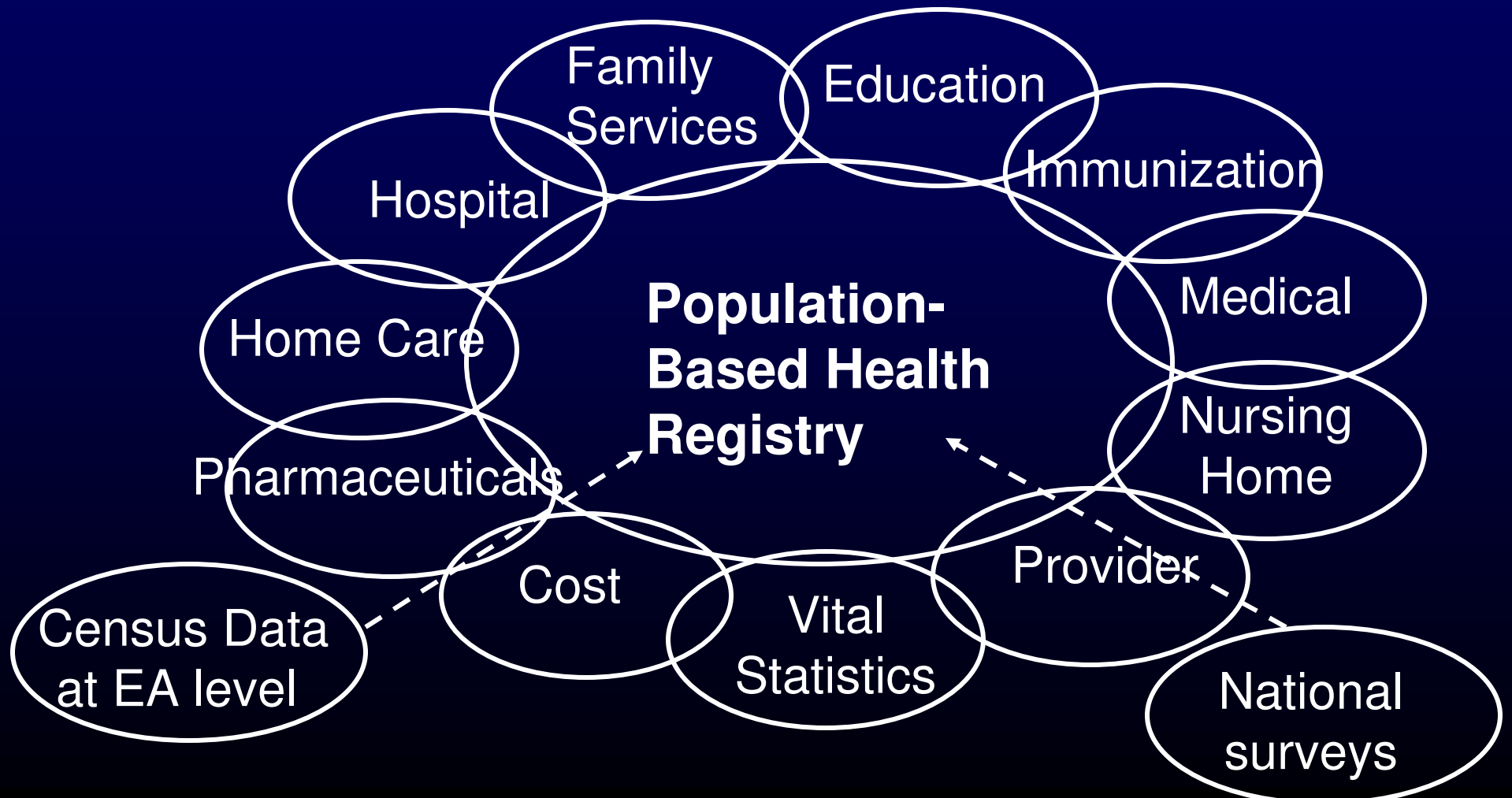
# Manitoba Centre for Health Policy (MCHP)

- The Manitoba Centre for Health Policy
  - » University of Manitoba: Department of Community Health Sciences, Faculty of Medicine
  - » anonymized administrative health claims database
  - » 6 “deliverables”/yr on contract with Manitoba Health
  - » Reports, four-pagers, website, concept dictionary
  - » *More than half our funding from peer-reviewed granting agencies (CIHR etc.)*
- Mission:
  - *to provide accurate and timely information to health care decision-makers, analysts and providers, so they in turn can offer services which are effective and efficient in improving the health of Manitobans*

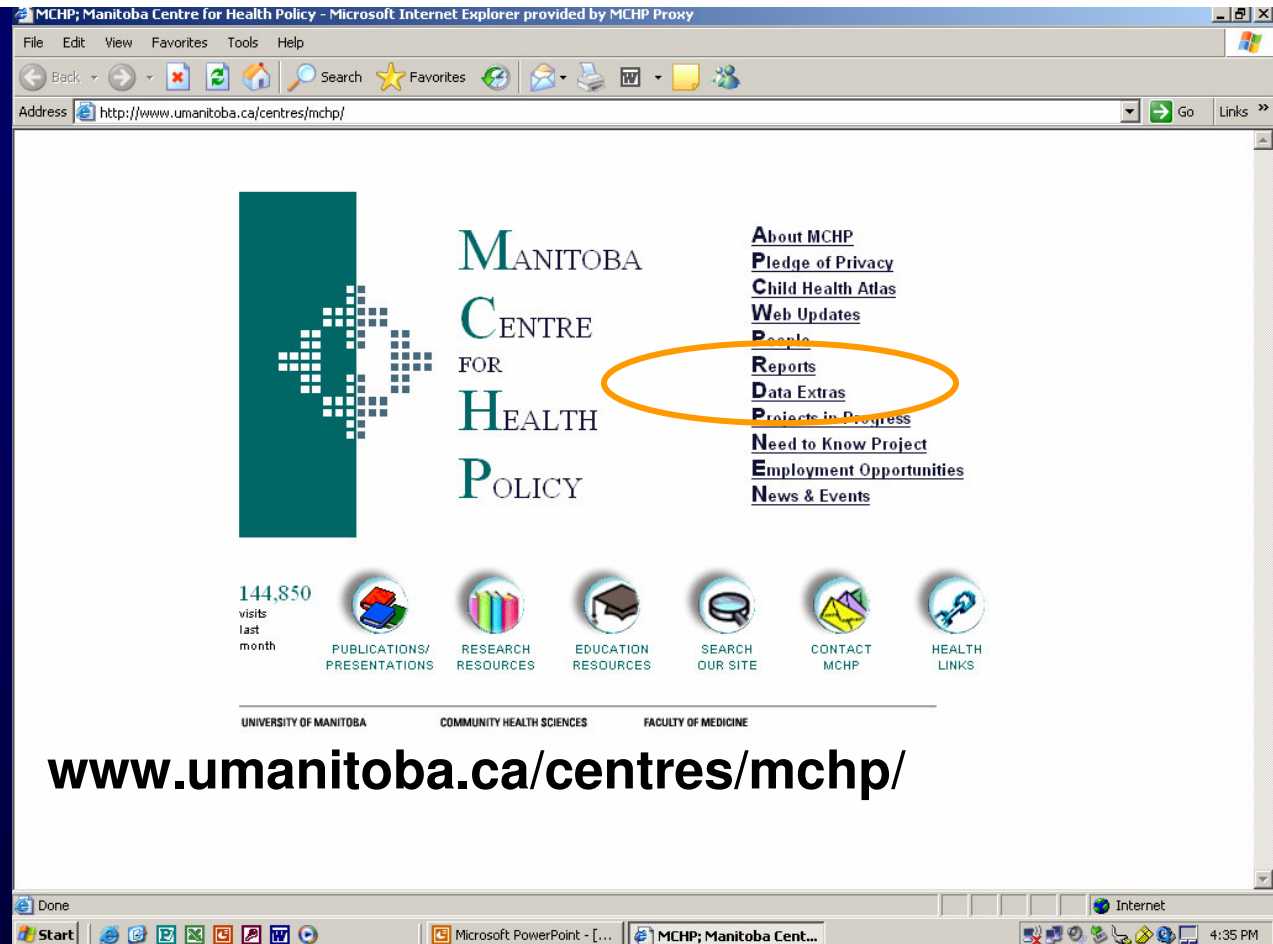




# MCHP uses a data laboratory ... “paperclips”

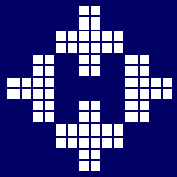


Website  
Full reports  
Four-pagers  
News releases  
Briefings



[www.umanitoba.ca/centres/mchp/](http://www.umanitoba.ca/centres/mchp/)





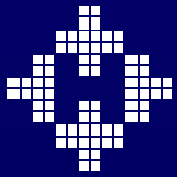
# Involvement and influencing health policy

- At the RHA level
  - MCHP's Annual Rural and Northern Health Care Days since 1994
  - WRHA since 2003
- At the provincial level
  - since 1991 with Deputy Minister of Health
  - Manitoba Health Days since 2004



# Anamorphosis at work

- Look for the “stories” or “golden nuggets” in your data from your perspective
  - A powerful experience for researchers and planners alike
  - Transformative!
- You see different parts of the picture from different people around the table

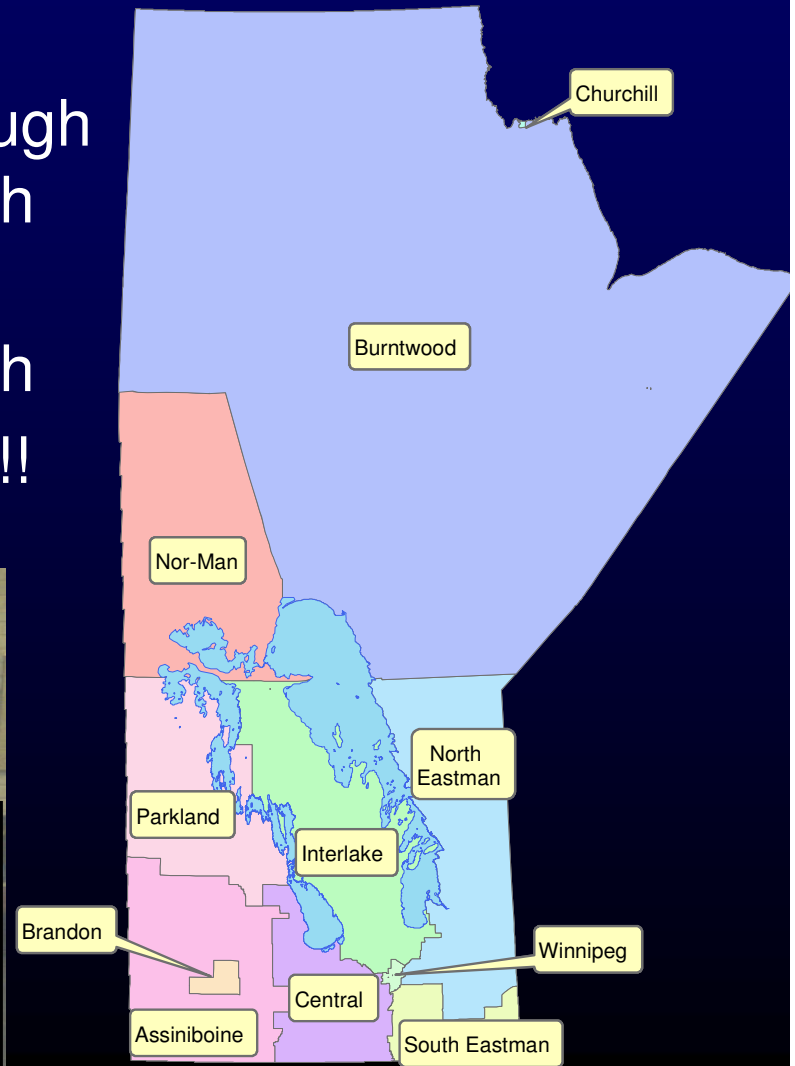
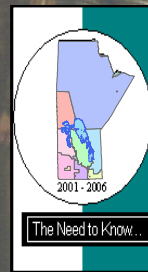


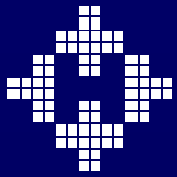
# MCHP's involvement in influencing health policy

- *The Need To Know* Team
  - CIHR-funded, 2001-2006 through Community Alliances for Health Research (CAHR) program
  - MCHP, RHAs, Manitoba Health
  - CIHR's KT Award (Nov. 2005)!!

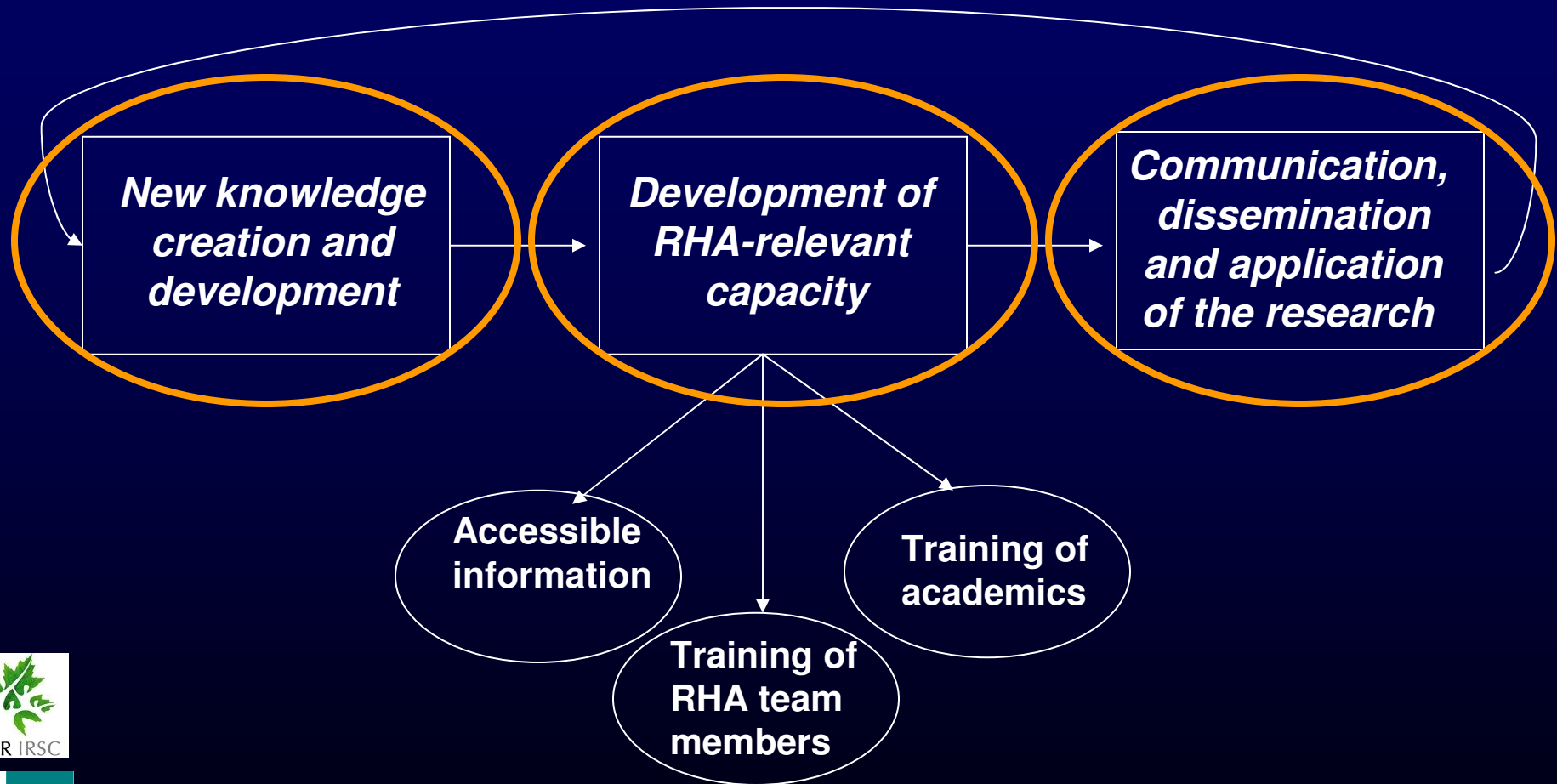


CIHR IRSC





# Conceptual model of the MCHP/RHA/MH collaboration: *The Need To Know* knowledge translation model

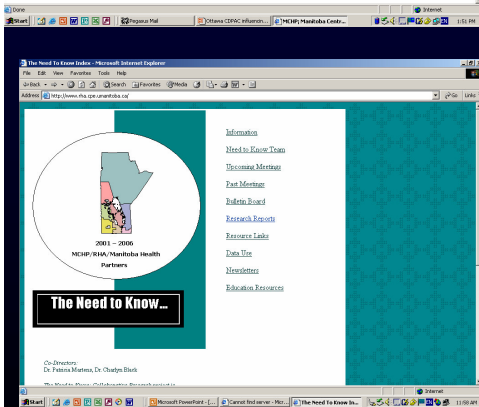


The Need to Know...

Martens & Black 2001

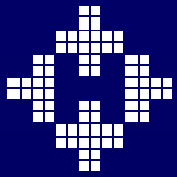
# *The Need To Know Team (originally CIHR-funded): partnership of MCHP, Manitoba Health, and RHAs*

- 3 projects & 3 evaluation reports, plus several publications:
  - RHA Indicators Atlas, June 2003
  - Mental Illness in Manitoba, 2004
  - Sex differences in health, health care use and outcomes, 2005
  - 3 evaluation reports
  - In progress:
    - What Works
    - RHA Indicators 2008



# New funding ...

- Team model adapted in Nova Scotia (Kiseley et al.) for a CIHR grant
- CIHR's *From Evidence to Action* (Martens, Bowen), 2005-2008
  - Qualitative research on barriers and facilitators to uptake of evidence; tools to address barriers
- LOI accepted for CIHR PHSI competition
  - a look at quality care indicators, and a way to develop Quality Circles through *The Need To Know* Team



# KT: degree of user involvement

Low  High  
Degree of involvement of users / decision-makers

Results sent to users

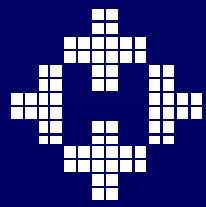
Users given help to understand results

Users are involved in “working group” to assist researchers in interpreting information

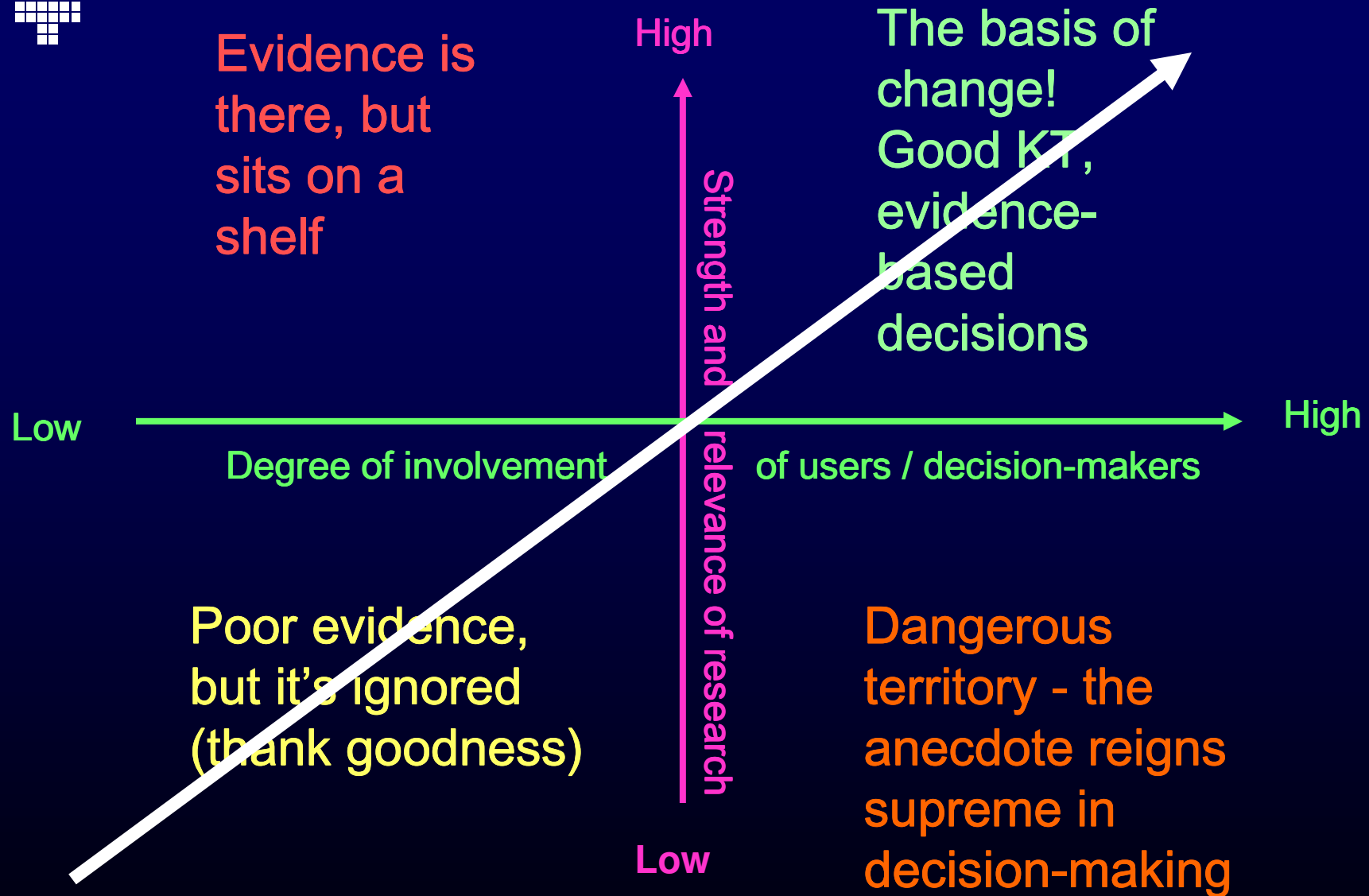
Users collaborate to frame the research at the start, and to be involved throughout



The Need to Know...



# Influencing policy and planning?





INVITED PAPER

# When Health Services Researchers and Policy Makers Interact: Tales from the Tectonic Plates



by PATRICIA J. MARTENS, PHD  
*New Investigator, Canadian Institutes of Health Research  
Director, Manitoba Centre for Health Policy  
Associate Professor, Department of Community Health Sciences  
Faculty of Medicine, University of Manitoba  
Winnipeg, MB*

NORALOU P. ROOS, PHD  
*Canada Research Chair in Population Health  
Founding Director, Manitoba Centre for Health Policy  
Professor, Department of Community Health Sciences  
Faculty of Medicine, University of Manitoba  
Winnipeg, MB*

## THEORY AND METHODS

# A model for collaborative evaluation of university-community partnerships

Sarah Bowen, Patricia J Martens

*J Epidemiol Community Health* 2006;**60**:902-907. doi: 10.1136/jech.2005.040881

**Introduction:** Manitoba's The Need to Know project was presented with a unique opportunity to develop a collaborative approach to evaluation, and to explore the effectiveness of a variety of evaluation methods for assessment of university-community collaborative health research partnerships.

**Objectives:** The evaluation was designed to incorporate participation of community partners in planning, developing, and evaluating all aspects of the project. Objectives included: (a) assessment of extent to which the project met its initial objectives; (b) assessment of extent participants needs and expectations were met; (c) refinement of evaluation questions; (d) identification of unanticipated impacts; (e) assessment of participant confidence as research team members; (f) development of knowledge translation theory; and (g) component analysis.

**Methods:** A "utilisation focused" approach was used. Primary stakeholders identified evaluation questions of concern, and how findings would be used. The multimethod time series design incorporated key informant interviews, a pre/post-test survey, written workshop evaluations, and participant and unobtrusive observation. All aspects of the evaluation were made transparent to participants, and formal feedback processes were instituted.

**Results:** There was a high level of participation in evaluation activities. Identifying evaluation questions of concern to community partners helped shape project development. While all methods provided useful information, only key informant interviews, participant observation and feedback processes provided insights into all evaluation objectives.

**Conclusion:** Collaborative evaluation can make an important contribution to development of university-community partnerships. Qualitative methods (particularly key informant interviews, participant observation, and feedback processes) provided the richest source of data, and made an important contribution to team development

See end of article for authors' affiliations

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Accepted for publication  
12 March 2006

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## Original research

# Demystifying knowledge translation: learning from the community

**Sarah Bowen, Patricia Martens, *The Need to Know* Team**

Department of Community Health Sciences, Manitoba Centre for Health Policy, University of Manitoba, Winnipeg, MB, Canada


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**Objectives:** While there is increasing interest in research related to so-called Knowledge Translation, much of this research is undertaken from the perspective of researchers. The objective of this paper is to explore, through the participatory evaluation of Manitoba's *The Need to Know* Project, the characteristics of effective knowledge translation initiatives from the perspective of community partners.

**Methods:** The multi-method evaluation adopted a utilization-focused approach, where stakeholders participated in identifying evaluation questions, and methods were made transparent to participants. Over 100 open-ended, semi-structured interviews were conducted with project stakeholders over the first three years of the project. These interviews explored the perspectives of participants on all aspects of project development. Formal feedback processes allowed further refinement of emerging theory.

**Results:** This research suggests that there has been insufficient emphasis on personal factors in knowledge translation. The themes of 'quality of relationships' and 'trust' connected many different components of knowledge translation, and were essential for collaborative research. Organizational barriers and lack of confidence in researchers present greater challenges to knowledge translation than individual interest or

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# Health Status and Healthcare Use Patterns of Rural, Northern and Urban Manitobans: Is Romanow Right?

État de santé et habitudes de recours  
aux services de soins de santé des Manitobains  
des zones rurales, nordiques et urbaines :  
Romanow a-t-il raison?



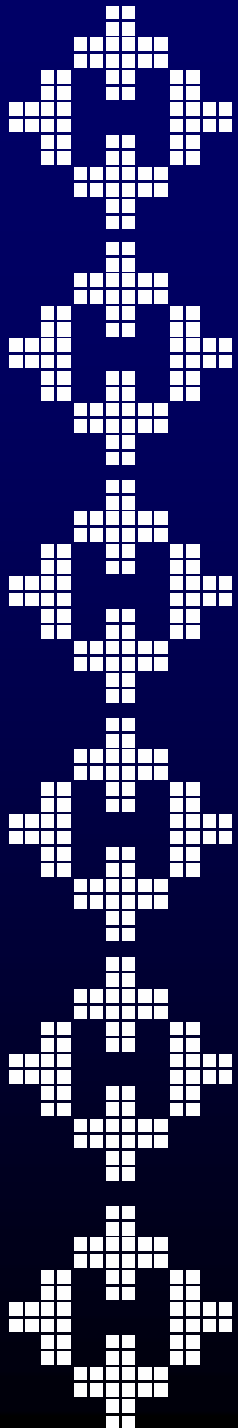
**Healthcare Policy 2006;2(1):108-127**

by PATRICIA J. MARTENS, PHD

*Manitoba Centre for Health Policy, Department of Community Health Sciences  
University of Manitoba, Winnipeg, MB*

THE NEED TO KNOW TEAM

*A project funded through Canadian Institutes of Health Research (CIHR) from 2001–2006,  
comprising high-level planners from each of Manitoba's non-Winnipeg regional health author-  
ities, Manitoba Health and MCHP researchers*



MANITOBA CENTRE FOR HEALTH POLICY

# Patterns of Regional Mental Illness Disorder Diagnoses and Service Use in Manitoba: A Population-Based Study

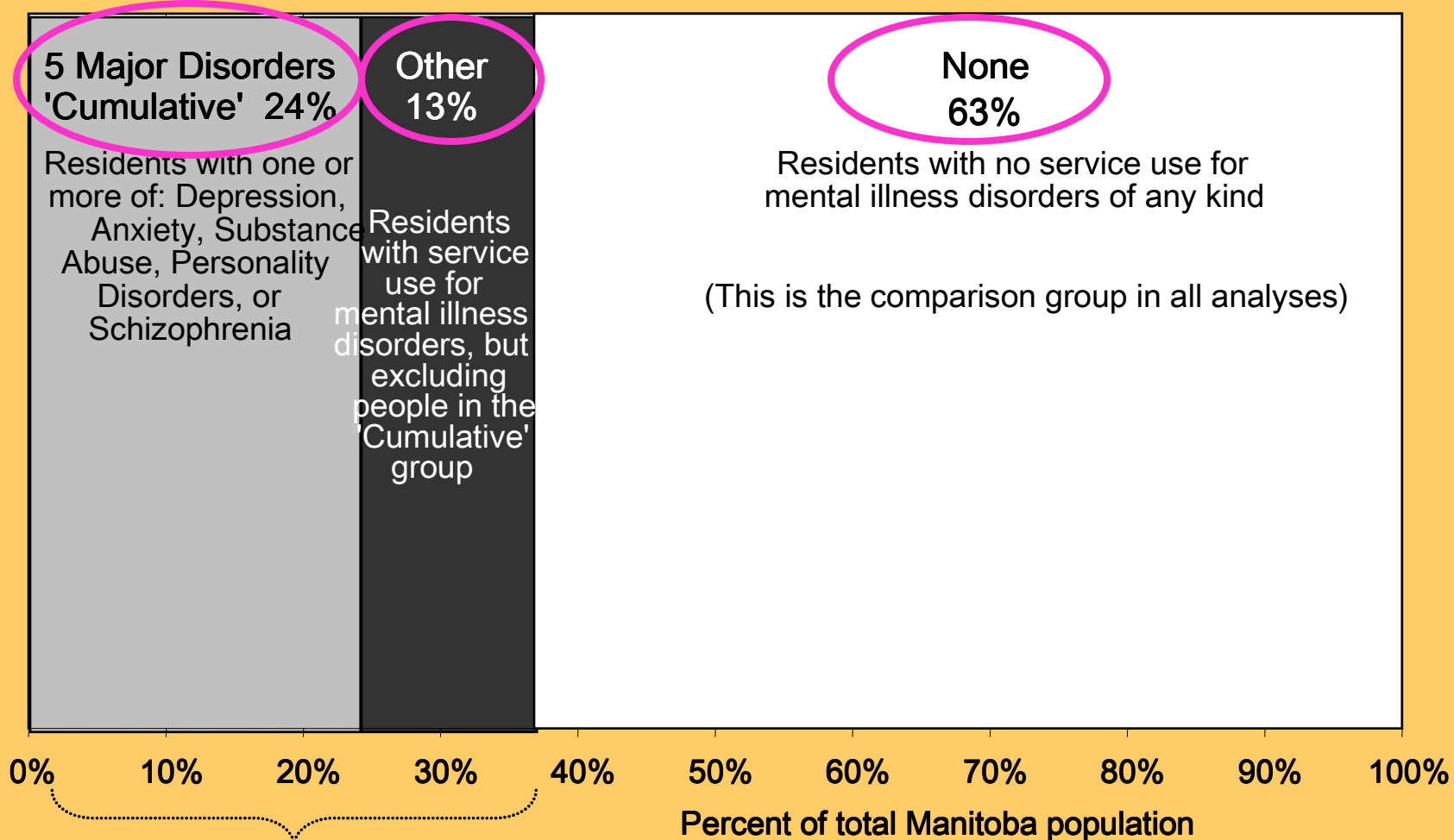
Patricia J. Martens, Randy Fransoo, Nancy McKeen, *The Need To Know* Team, Elaine Burland, Laurel Jebamani, Charles Burchill, Carolyn DeCoster, Okechukwu Ekuma, Heather Prior, Dan Chateau, Renee Robinson, Colleen Metge

Thanks to the Working Group: Christine Ogaranko, Eckhard Goerz, John Walker, Marni Brownell, Renee Robinson

September 2004



Figure 2.4.1: Percent of Residents (aged 10 years +)  
Within Each Category of Mental Illness Groupings



'Any' group = 'Cumulative' + 'Other'

### Five-year treatment prevalence by sex:

Males: 18.8% cumulative; 11.5% other; 69.7% none

Females: 29.1% cumulative; 14.0% other; 56.9% none

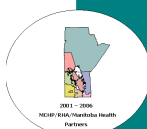
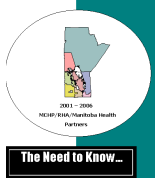
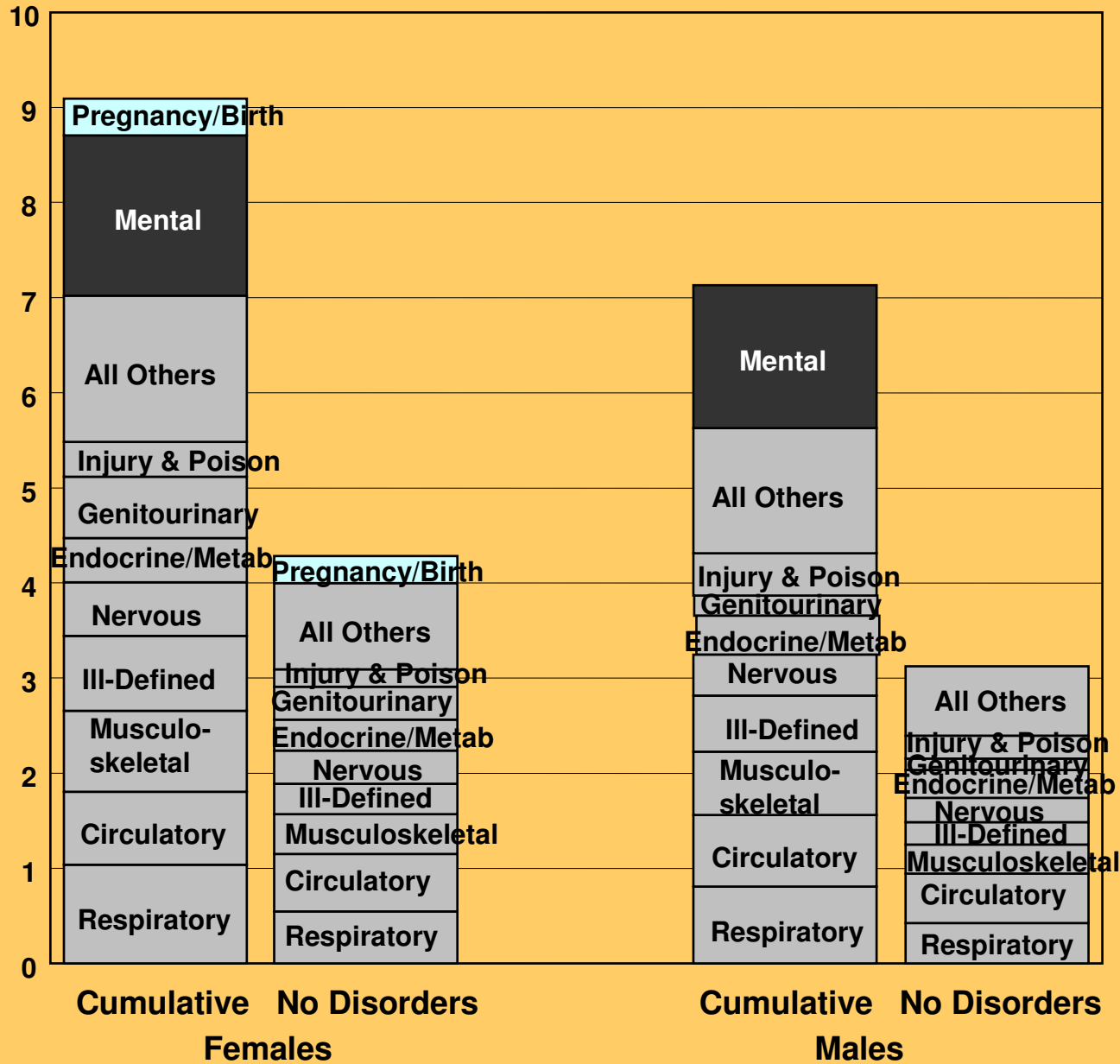




Figure 4.2.9: All-Cause Physician Visit Rates by Sex and Cause Cumulative Disorders vs. No Disorders, 1997/98 - 2001/02

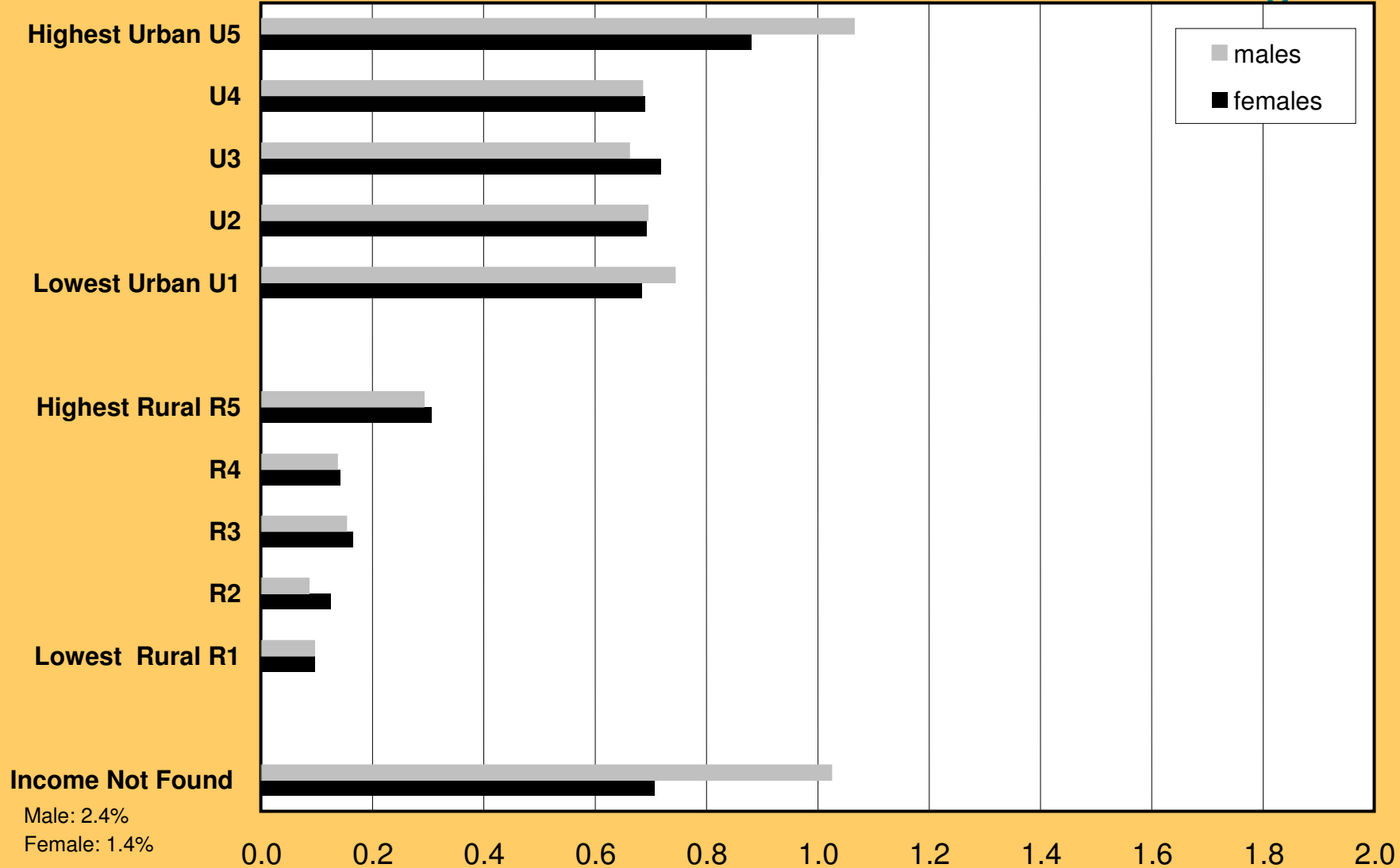
Age-adjusted annual rate of visits to all physicians, per resident





# Figure 4.4.4: Visit Rates to Psychiatrists for Mental Illness Disorders for those with Cumulative Disorders by Income Quintile, 1997/98-2001/02

Age-adjusted annual rate of visits per resident aged 10 years +

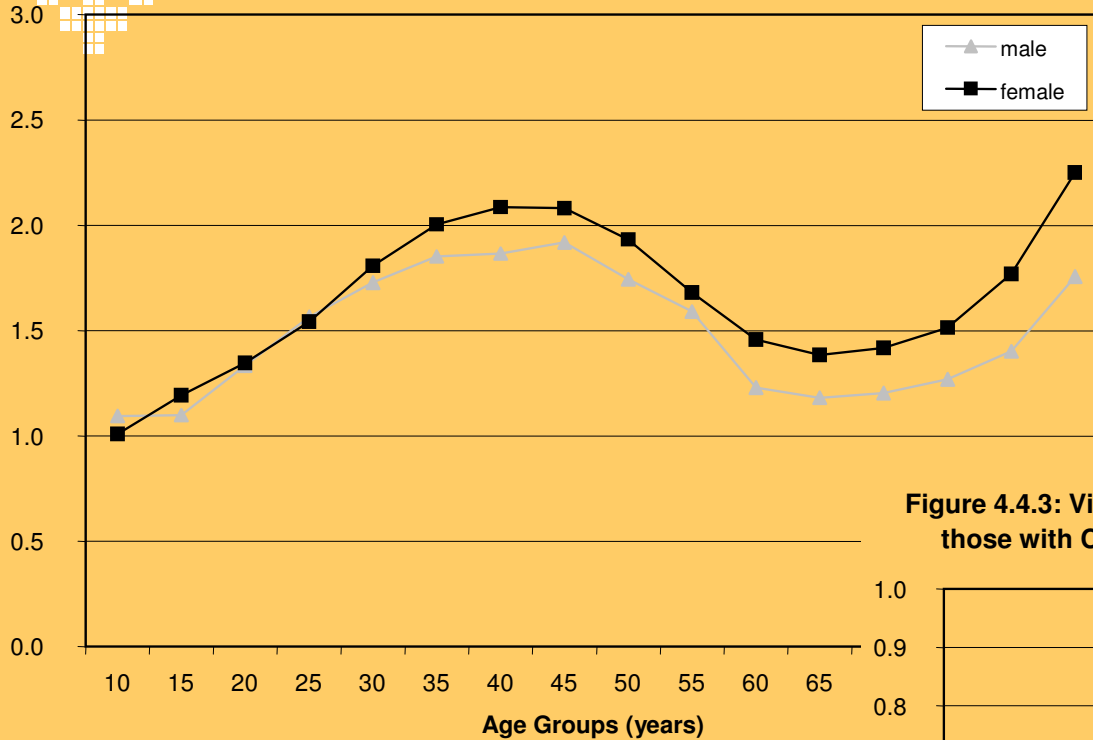


### Linear Trend Test Results

Urban Male: Significant ( $p < .01$ )    Urban Female: Significant ( $p < .01$ )  
Rural Male: Significant ( $p < .001$ )    Rural Female: Significant ( $p < .001$ )

**Figure 4.3.3: Visit Rates to All Physicians for Mental Illness Disorders for those with Cumulative Disorders by Age and Sex, 1997/98-2001/02**

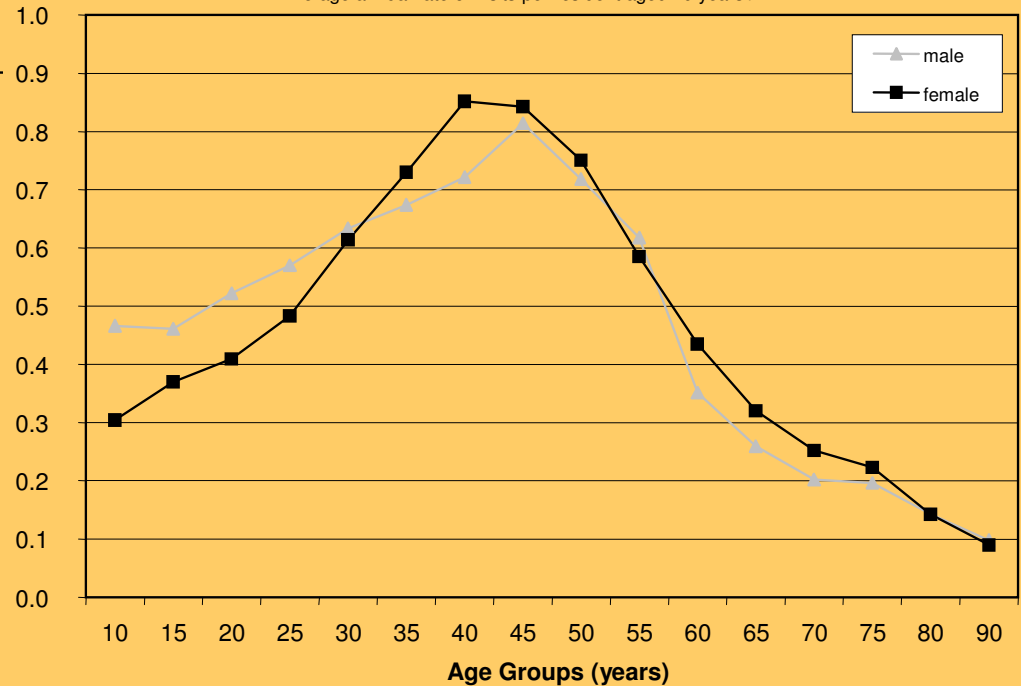
Average annual rate of visits per resident aged 10 years+



Pages 142,148

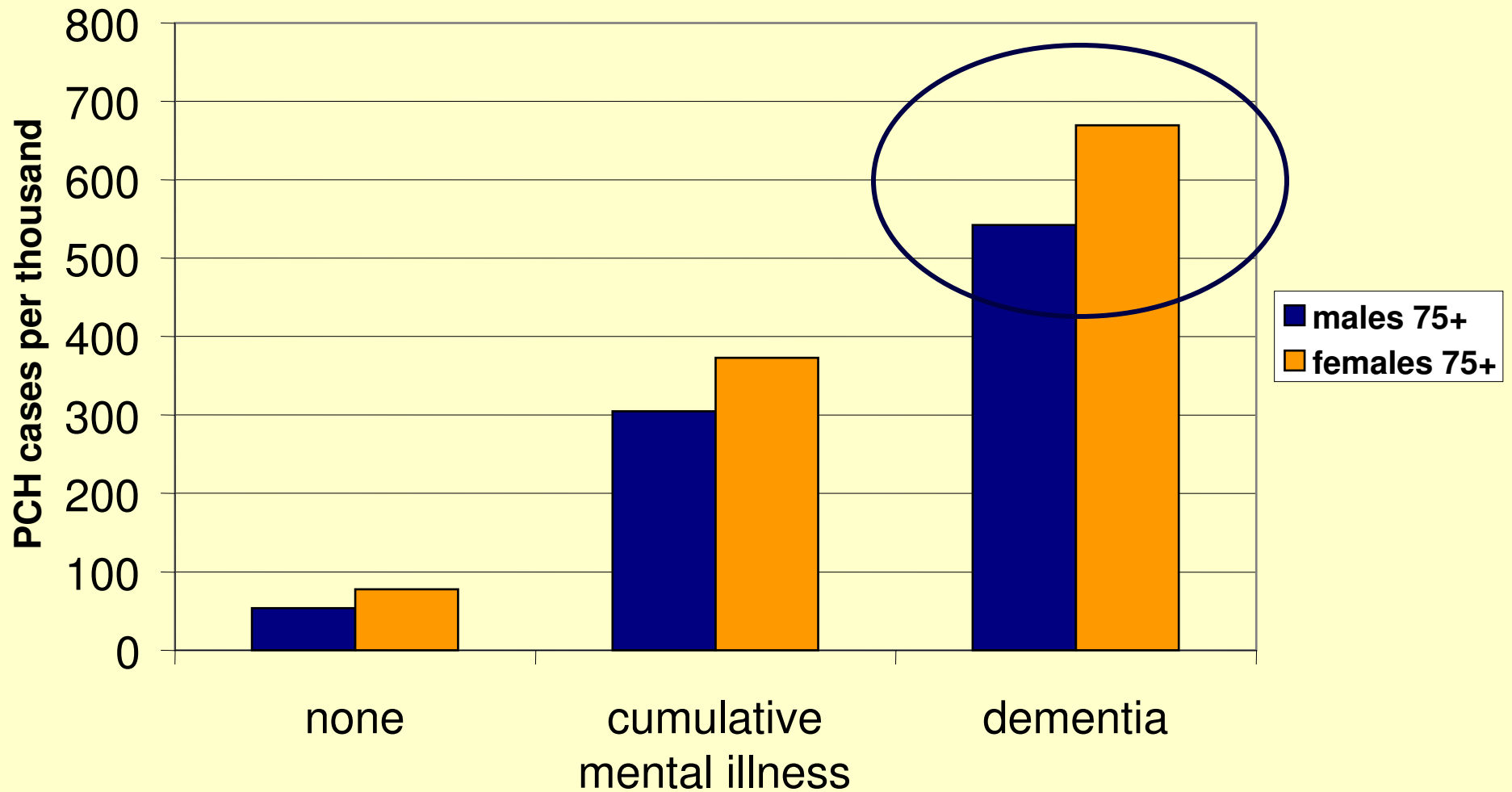
**Figure 4.4.3: Visit Rates to Psychiatrists for Mental Illness Disorders for those with Cumulative Disorders by Age and Sex, 1997/98-2001/02**

Average annual rate of visits per resident aged 10 years+

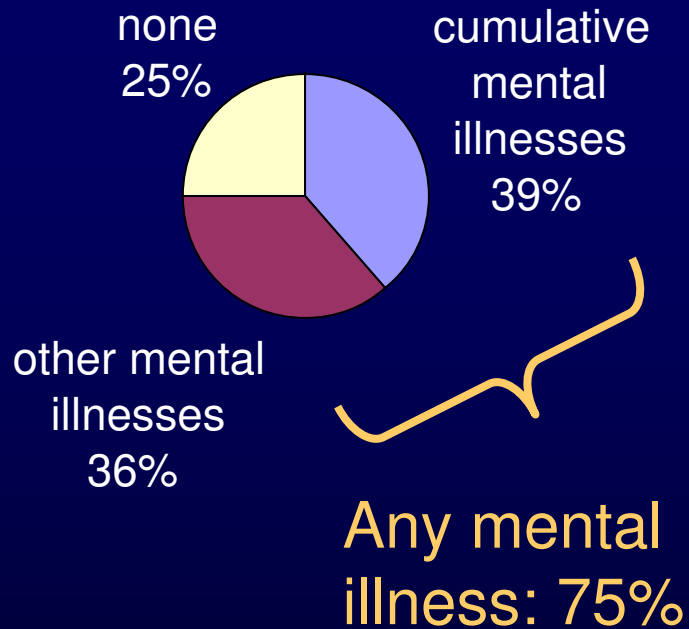


Age demographics vary:  
Physicians see the elderly,  
psychiatrists see the mid-aged people

## Manitoba prevalence of PCH residents per thousand by sex, age 75+ (1997/98-2001/02)

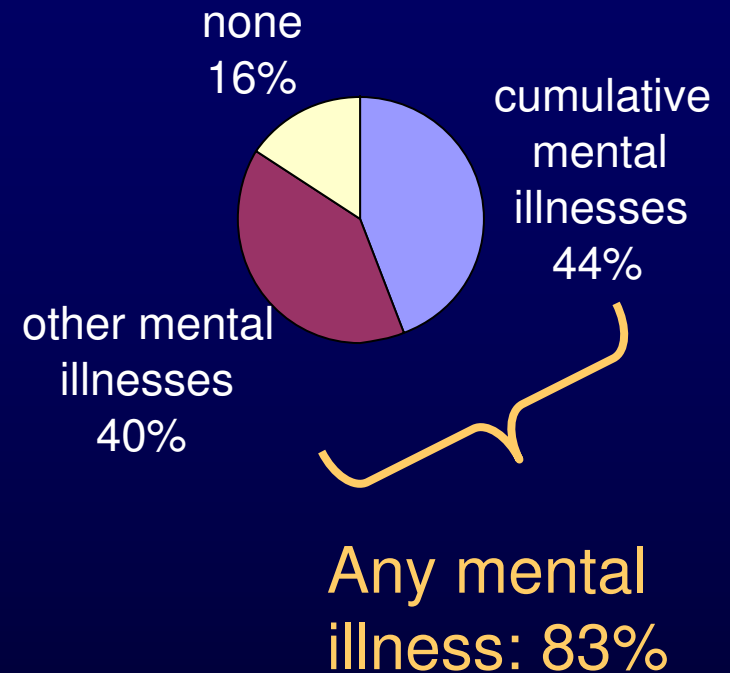


## 5 years prior to PCH admission in 2002/03



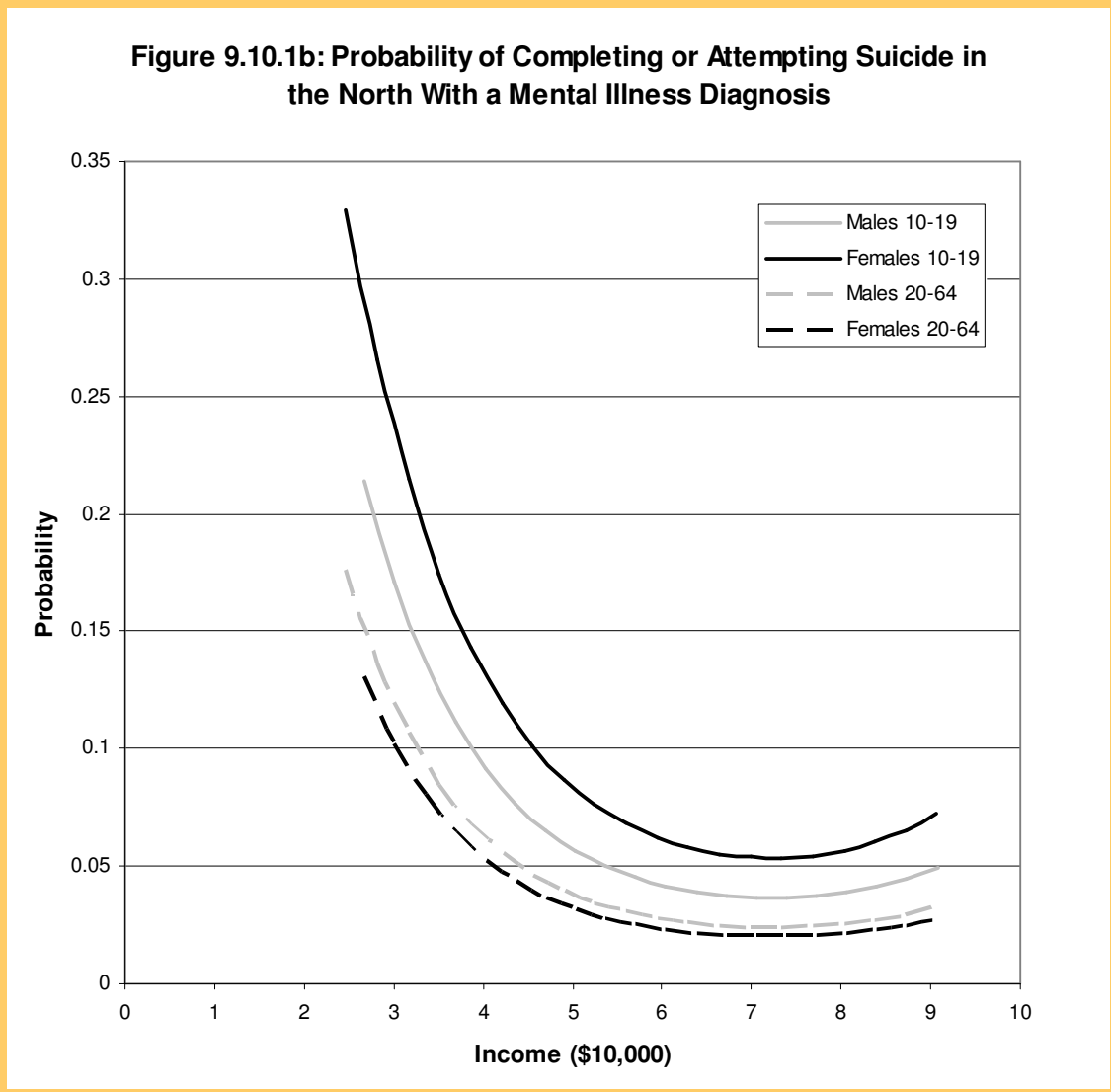
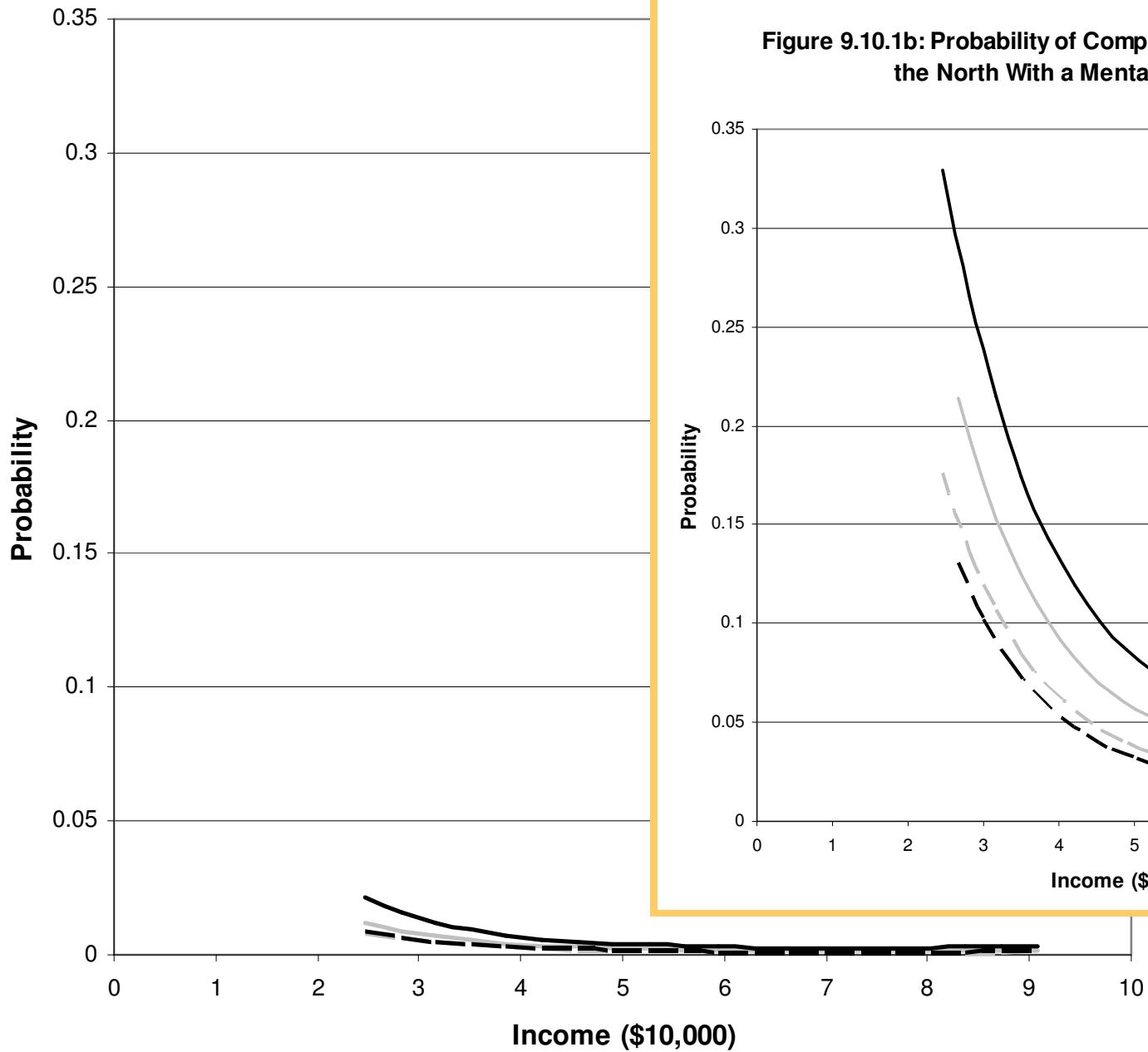
Dementia: 46%  
Depression: 34%

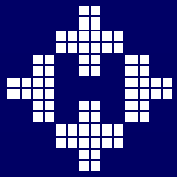
## Residents of PCH



Dementia: 67%  
Depression: 35%

**Figure 9.10.1a: Probability of Completing or Attempting Suicide in the North With No Mental Illness Diagnosis**





# KT in action: Mental Illness Report

“This report has been very useful for the mental health community broadly. We have presented and discussed it with a few key groups including the **Provincial Mental Health Management Network** (RHA mental health managers and our Branch) and the **Provincial Mental Health Advisory Council** (consumers and family members appointed by Minister of Health).

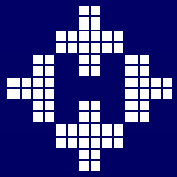
The **self-help groups** have been asking about it, referring to it in their advocacy. Our Branch has specifically used it to work in four key areas: (a) It is informing the **Provincial Suicide Prevention Strategy**; (b) we are using it as further evidence for the need for **a new mental health (and addictions) data system** - and this is moving along; (c) we have used it to pull together a **planning group to look at current and future needs in the area of access to psychiatrists**; (d) we are using it as further evidence for **the need for collaboration between mental health and primary health care initiatives**.

Personally the piece that stood out for me is the whole thing about how all health concerns are increased when there is a mental illness diagnosis. This is a piece that I pull out frequently in briefings, meetings etc.”



The Need to Know...

Yvonne Block, Director of Mental Health, Addictions and Agency Relations, Manitoba Health  
January 2005



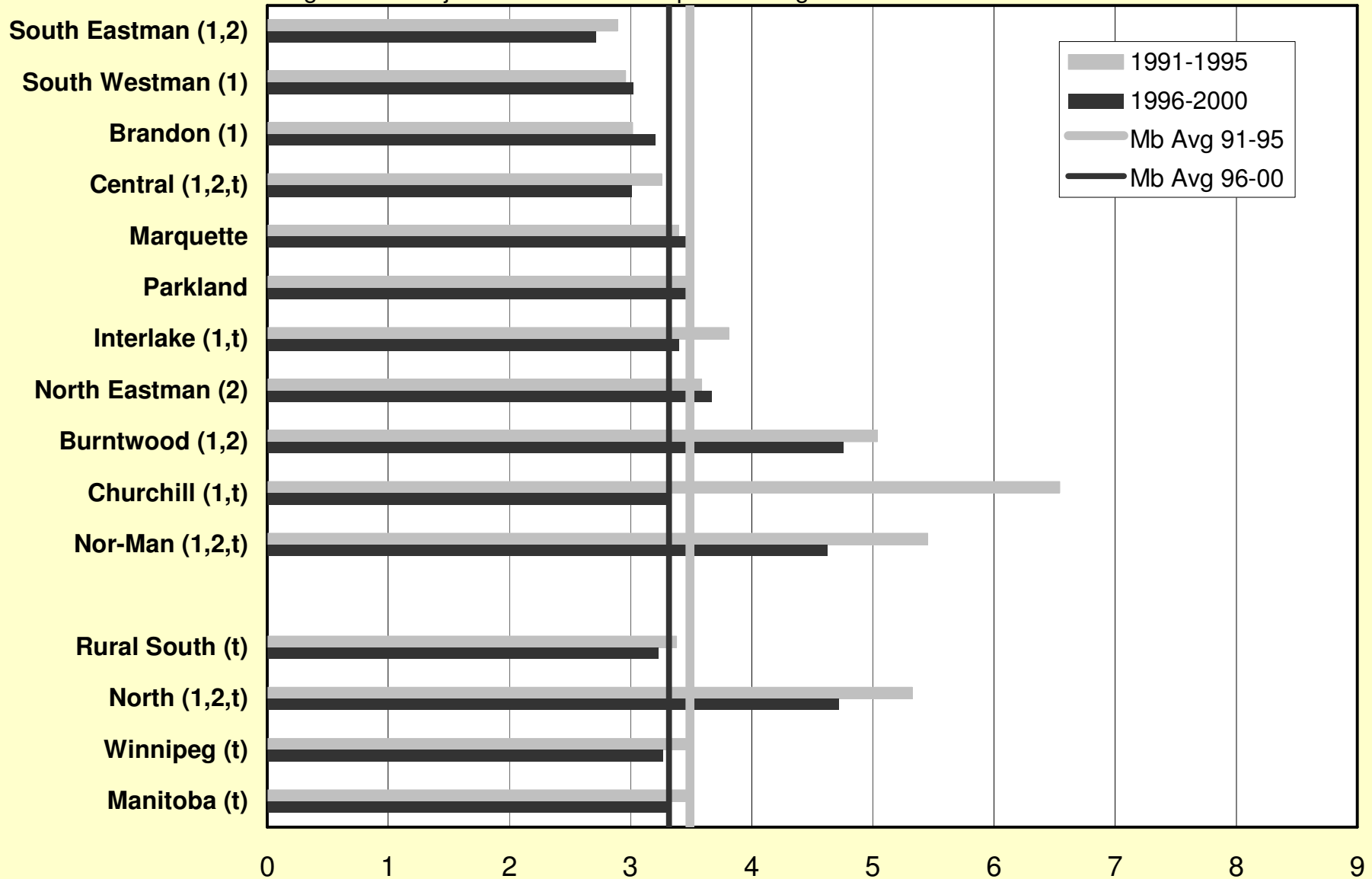
# So what works? ... research

- User involvement from start to finish
  - Questions of interest to the users, increases validity
- Interactive forums
  - learning about the research findings
  - Knowing what questions to ask, how to interpret the data
  - High tech is not as important as personal relationships
- Research at the level that people require
  - district and RHA level
- Research that is timely, population-based, accessible, and disseminated appropriately



## Figure 4.2.1: Premature Mortality Rates by RHA

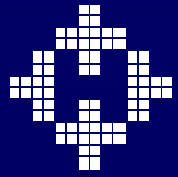
Age- & sex-adjusted rate of deaths per 1000 aged 0-74



'1' indicates area's rate was statistically different from Manitoba average in first time period shown

'2' indicates area's rate was statistically different from Manitoba average in second time period shown

't' indicates change over time was statistically significant

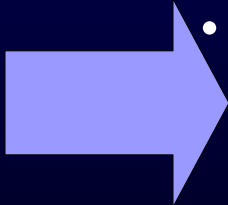


“The universe is made of stories,  
not atoms” ... *Muriel Rukeyser*

- Evidence is made of stories, not graphs
- Evidence-based story-telling

# How *The Need to Know* Team has informed Health Planning: CARDIOVASCULAR DISEASE

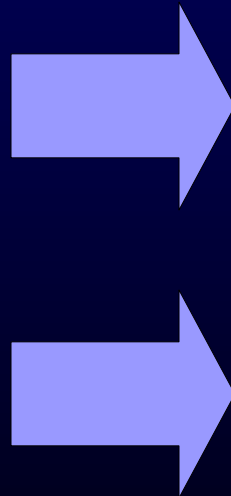
## ***Brandon RHA***

- Leading cause of death for both women and men
  - Heart attack rates are higher than Manitoba rate
  - Significantly lower rates of cardiac catheterization, angioplasty and coronary artery bypass graft surgery than the province & is one of the lowest when compared to other regions
  - Significantly lower % of persons with at least one physician visit for hypertension than the province
- 
- Public education & awareness strategies regarding screening and monitoring of hypertension
  - A chart audit to determine reasons for low rates of medical intervention
  - Chronic disease prevention strategy to address key risk factors

# How *The Need to Know* Team has informed Health Planning: CANCER SCREENING

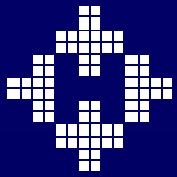
## *Parkland RHA*

- Low cervical screening rates below provincial average
  - lowest of Rural South RHAs
  - For all age groups
  - Oldest age group has lowest rate
  - Variation among sub region geographies, 3 of 4 districts low
- High cervical cancer incidence rates
- Inadequate screening leads to late diagnosis



### Addressing Cervical Cancer Screening

- Recommending implementation and ongoing evaluation of organized screening programs
  - Manitoba legislated Cervical Cancer Screening Program
- Consideration to cultural influences related to lack of access to female screeners
  - Implementation of Women's Health Clinics



# So what does it take?

To develop collaborative relationships, it takes:

- TIME and \$ commitment
- SHARED LANGUAGE
- TRUST
- RELATIONSHIP BUILDING
- “LETTING GO” of traditional researcher control
- PATIENCE
- UNDERSTANDING by CIHR and universities of this type of research team





# Manitoba Centre for Health Policy

[www.umanitoba.ca/centres/mchp/](http://www.umanitoba.ca/centres/mchp/)