Director’s Report

It is with great pleasure to present our second Bold Ideas Colloquium Series Proceedings from the Fall/Winter 2017-2018 academic year. Our bold ideas series moved well beyond just a story or a list of facts. It showcased ideas that take certain evidence and draws a larger conclusion for the benefit of family, community, population and public health.

By showcasing bold ideas, we aimed to contribute to new or to extend existing faculty and student scholarly thinking and networks. Our speakers were drawn from our faculty, medical residents, research fellows, research associates, graduate students, visiting scholars, and our colleagues in the international, federal, provincial, regional, and community health and social systems.

Like our previous year, we challenged our speakers to tell us about their bold ideas. Our presenters asked new questions, which prompted us to think local when a particular topic could not be addressed globally, to think global where we reflect outward so that other communities can learn from our community, or to reflect inward when we learn or adapt from the world not known or familiar to us (glocally).

Our speakers presented on bold ideas that covered a broad range of themes, engaged diversity and inclusiveness, and were of great relevance to our undergraduate/graduate curriculum and residency program. By adopting a short talk model, our series attendees had an opportunity to positively debate and critically reflect on the ideas and conclusions presented during this one-hour session. Our audience approximated on average 22 attendees, with many talks having an attendance that surpassed 50. We also had the opportunity to host several visiting scholar speakers.

Our success is attributed to our outstanding Community Health Sciences Bold Ideas coordinating staff, Pamela Gordon/Martha Ericastilla, and for promotions, Kathy Bell.

Overall, we are tremendously grateful for the interest shown by our speakers who courageously took the bold step to tell us their bold ideas. We are so thankful for the many attendees who reciprocally shared their bold ideas and for the admiration and gratitude they extended to those who presented. We are also very appreciative of our guest moderators, many who were from our graduate student body. As well, we were incredibly delighted and honoured to work with our co-hosts in co-creating bold idea opportunities.

With many thanks to all, we look forward to showcasing the Fall/Winter 2017-2018 Bold Ideas Colloquium Series.

Dr. Brenda Elias
Director, Bold Ideas Colloquium Series
Associate Professor, Community Health Sciences
Our Bold Ideas Coordinating and Promotion Staff

Ms. Pamela Gordon is the past coordinator and web page coordinator for the Bold Ideas Colloquium Series and the Department of Community Health Sciences. She maintains our web presence for the Series and promotes events through UM Today. Ms. Gordon is also the Graduate Program Assistant for the Master of Public Health, PHPM Residency Programs and Admissions for CHS. Upon her departure, Martha Ericastilla assumed the Bold Idea post and promoted Bold Ideas talks through the Bold Idea network and UM Today. She also assumed the Graduate Program Assistant position for the Graduate Program.

Ms. Kathleen Bell also played a key role in disseminating our promotional ads throughout our diverse Community Health Sciences membership. She is the administrative assistant to the Community Health Sciences Department Head.
Our Bold Idea Presenters

Fall/Winter 2017-2018

**CELEBRATING BOLD COMMUNITY HEALTH SCIENCE GRADUATE STUDENT RESEARCH ON MATERNAL-CHILD HEALTH**

Dhiwya Attawar
Deepa Singal, CHS Graduate Students
September 22, 2017

This Bold Idea event highlights the research of Dhiwya Attawar and Deepa Singal, two celebrated graduate students from the Department of Community Health Sciences. Dhiwya Attawar's talk highlights the value of privileging the knowledge of marginalized women in understanding maternal, newborn, and child health inequalities, illustrating that a community engagement process can make a positive difference. Deepa Singal's talk highlights how students can leverage the power of administrative data at the Manitoba Centre for Health Policy to inform clinical and patient decision-making concerning maternal-child health. Her talk illustrates the research process to conduct a administrative data study focused on the prenatal use of antidepressant medications and the impact it had on child mental and physical health and educational outcomes.

**QUEEN ELIZABETH SCHOLARS: CELEBRATING STUDENT SUCCESS**

Dr. Natalie Riediger CHS
Valdine Flaming, Andrew Samuel and Linet Cherono, QES Students
September 29, 2017

The UofM’s Queen Elizabeth II Diamond Jubilee Scholarship provides travel opportunities and funding to students for research and field placements in global and Indigenous health. This student panel includes 1) Valdine Flaming, an MA student in the Department of Disability Studies, who completed a placement at Whakaue Research for Māori Health and Development in Whanganui, New Zealand; 2) Andrew Samuel, an undergraduate Science student, who completed a placement in ophthalmology at the Groote Schuur Surgical Training Unit in Cape Town, South Africa; and 3) Linet Cherono, an MSc student visiting from the University of Nairobi, conducting research on the health benefits of Kenyan purple tea.
PLACES AND NETWORK CONNECTIVITY IN STIS/HIV: OPPORTUNITIES FOR TARGETED CONTROL
Jacky Jennings, John Hopkins University (Invited Speaker)
October 13, 2017

Network affiliation analyses may be a useful tool for STI/HIV targeted control strategies. A case study example is presented. Baltimore, Maryland ranks among U.S. cities with the highest incidence of HIV infection among men who have sex with men (MSM). HIV screening at sex partner meeting places or venues frequented by MSM with new diagnoses and/or high HIV viral load may reduce transmission by identifying and linking infected individuals to care. We investigated venue-based clustering of newly diagnosed MSM to identify high HIV transmission venues.

CHANGE WITHOUT FEAR: SUPPORTING HEALTH CARE CHANGES WITH EVIDENCE & FACILITATION
Colleen Metge, CHS
October 20, 2017

Using a case study approach and IHI’s framework for “Managing Healthcare Services for a Population”, Dr. Metge outlines a multi-faceted approach to change in the real-life context of a health authority. Development of the approach began with an understanding that the use of traditional forms of program evaluation resulted, “after the fact”, in minimally effective change. As a result, developmental evaluation (DE) was used to design and improve healthcare services in real time and in complex environments to help solve problems where key stakeholders are in conflict about how to proceed (Patton 2010). Further, the use of Russell Glasgow’s RE-AIM Framework (Reach, Effectiveness, Adoption, Implementation & Maintenance) and applied net benefit analyses helped to portray the impact of various healthcare interventions. From describing impact (a form of evidence) we moved onto the use of the PARiHS framework (Rycroft-Malone J, et al., 1998) for help in implementing the changes needed. For example, the use of evidence, facilitation and an understanding of context (PARiHS) is key to implementing Zimmerman’s (2013) work on ‘front-line ownership’ which is needed for sustainable and supported change. Finally, the session will summarize how agencies can be prepared for change in the health care sector.
Pakistan developed National Health Vision 2016-25 and also adopted SDGs as national level development agenda in 2016. This strategic shift put considerable responsibility on Government to address unmet agenda of MDGs while entering into SDGs through development cooperation for strengthening public institutions, social policies and planning development programs. Prime Minister’s National Health Program is a milestone towards social welfare reforms providing financial protection to families against out of pocket expenditure especially catastrophic health expenditure. It is a major step toward achieving Universal Health Coverage which is fundamental to achieving equitable and sustainable health outcomes. This talk will address how empirical evidence has informed policy in establishment of the new program of PMHP and highlight its implementation challenges and report on the progress over the last 2 years.

Canada increasingly receives large numbers of immigrants and refugees from countries where age-old patriarchal structures and attitudes that promote male dominance are still the norm. Gender inequities manifest in various health disadvantages for girls and women over the life span across the world. However, little is known about whether such patterns persist among immigrants settling in Canada and how their health, development and wellbeing are affected. This colloquium will describe Dr. Urquia’s applied research program to fill these critical knowledge gaps, assist with a healthier integration of immigrants to the Canadian society and help advance gender equity initiatives.
Ontario has just embarked on a bold Basic Income Experiment modelled to a large extent on the Mincome Project conducted in Manitoba forty years ago. Subjects are being recruited, baseline surveys contrived and research teams put in place. This symposium presents the motivation of the experiment, describes its design and outlines the metrics for success. It discusses some of the (unanticipated?) challenges faced during implementation, and situates the Ontario experiment in the context of several ongoing and planned experiments around the world. Dr. Forget served as an advisor and is currently a member of the research team in Ontario. She has also consulted with the research teams in Finland and Oakland, and has been called upon by BI research teams and policymakers considering social experimentation elsewhere.

NEW FINDINGS IN SUICIDE PREVENTION: SHIFTING THE FOCUS FROM PREDICTION TO TREATMENT
James Bolton, Psychiatry/CHS
November 17, 2017

Suicide is a major public health issue and the second leading cause of death of young Canadians. Accurate methods to predict suicide remain elusive and an active area of investigation. Novel approaches to risk assessment that do not rely on interview-based assessments have shown promise. The treatment of suicidal individuals is alarmingly poor despite the presence of evidence-based treatments such as lithium and cognitive behavioral therapy. Exciting new options for treatment will be reviewed including ketamine, means restriction, and safety planning.
Persons with intellectual and developmental disabilities (IDD) are a vulnerable population, experiencing significant health disparities compared to the general population. Little was known about epidemiology of IDD in Manitoba, and in Canada as a whole. This colloquium will describe Dr. Shooshtari’s applied program of research, which has helped enhance the existing knowledge on epidemiology of IDD in Manitoba and beyond, health disparities experienced by this population, and enhancing health equity for this vulnerable population by implementing evidence-based programs and policies, and evaluating their effectiveness in Manitoba. In her presentation, Dr. Shooshtari will describe the progress of her program of research from local to global levels over the last decade, and the challenges faced in promoting health equity for persons with IDD as they age.

The George and Fay Yee Centre for Healthcare Innovation (CHI) is working with faculty and students at the University of Manitoba and University of Victoria to deliver an NSERC-funded collaborative training program in Visualization and Automated Disease Analytics. As well, the CHI was successful in acquiring funding from the Canadian Statistical Sciences Institute for the Manitoba Health and Statistical Sciences Collaborating Centre. What do these new training initiatives have to offer you and who can participate? How can these programs benefit an already excellent environment for research collaboration in the Department of Community Health Sciences?
IS PUBLIC HEALTH CAPACITY TO PROMOTE HEALTH EQUITY UNDER THREAT?
Benita Cohen, Nursing, CHS
December 8, 2017

In 2008, the WHO Commission on the Social Determinants of Health issued its landmark final report, calling on all nations to reduce health inequities within a generation; stating that this was an ethical imperative, a matter of social justice. Key public health roles for promoting healthy equity have been well-articulated and, since 2008, there have been some important developments in public health capacity to promote health equity in Canada. However, there are a number of challenges—some originating within the public health system; others external to it—that threaten public health’s ability to fulfill its potential roles. These challenges will be outlined, with particular attention to recent threats to public health system sustainability in Canada. Strategies for capacity building in Manitoba will be explored.

PEDIATRIC MEDICAL TRAUMATIC STRESS: BEYOND TRAUMA-INFORMED CARE
Caroline Piotrowski, CHS
December 15, 2017

Many children experience medical procedures and treatments as invasive and frightening, resulting in unintended short- and long-term mental health consequences such as depression, anxiety, and trauma-related symptoms. Trauma-informed care guidelines were created to minimize or prevent the potentially negative impact of pediatric care on children's mental health. The basic tenets of trauma-informed care will be reviewed, along with recent innovations in guideline recommendations designed to further enhance excellence in pediatric care. A local pilot study with pediatric kidney transplant patients and their families will be discussed.
WHAT CAN WE LEARN FROM OTHER COUNTRIES IN OUR APPROACHES TO INFECTIOUS DISEASES IN CANADA?
Pamela Orr, Internal Medicine (Infectious Diseases) and Medical Microbiology/CHS
January 12, 2018

Canada can learn from approaches taken in other countries to the prevention and control of infectious diseases. This talk will focus particularly on the following themes, pertaining to 1): Transparency, Accountability, Responsibility (Outcome over Output); 2) The necessity to ask questions and to form partnerships to answer them; and 3). Rejecting the status quo

CAN WE IDENTIFY DISEASE PRODROMES BY EXAMINING HEALTH SERVICES USE?
Ruth Anne Marrie, Internal Medicine/CHS
January 19, 2018

Chronic neurologic diseases such as dementia, Parkinson disease and multiple sclerosis are among the leading causes of disability in Canada. Increasingly, we recognize that classic onset of these diseases may be preceded by a prodrome. A prodrome is an early sign or symptom, or set of signs and symptoms, that indicate onset of disease before diagnostically specific signs and symptoms develop. Using multiple sclerosis as an example, we propose that use of health services may be used to identify a disease prodrome.

MILK WARS: FUNDING PUBLIC HEALTH RESEARCH
Nathan Nickle, CHS
January 26, 2018
In 1981, the World Health Organization adopted the International Code of Marketing of Breastmilk Substitutes (WHO Code), a set of recommended regulations for the advertisement and marketing breastmilk substitutes, feeding bottles, and nipples. Amongst scholars engaged in infant feeding research, there is debate about the role of the WHO Code in scientific research and knowledge translation. This session will give a brief overview of the WHO Code and the impacts it has had on decisions around accepting research dollars, collaborations, and knowledge translation efforts. The discussion will then move to implications for other fields of research including funding, partnerships, and knowledge exchange activities.

**ESTIMATING THE COST OF RAISING CHILDREN: SETTING THE AGENDA FOR CANADA**  
Karen Duncan, CHS  
Sid Frankel, Social Work  
February 2, 2018

Currently, there are no official estimates of the cost of raising children in Canada. This serious gap in public knowledge persists even though the cost of raising children affects important decisions made by parents, policy makers, courts and community workers supporting children and families. State-of-the-art estimates of the cost of raising children are the missing link for social policies and programs meant to support low-income and middle class families in Canada. In this work in collaboration with Campaign 2000 End Child and Family Poverty, we outline the need for estimates of the cost of raising children, the difficulties in generating estimates, and recommend how to generate official estimates to guide public policy and assist parents across Canada with planning.

**DISABILITY (AND) CARE IN CRISIS: DISABILITY CONSCIOUSNESS ON THE FRONTLINES**  
Mary Jean Hande, CHS, Post-Doctoral Fellow  
February 16, 2018

Within the current political economy of austerity, white supremacy and imperialism, notions of disability and care are being reworked by policy makers, service providers, and activists
across North America. Taking Toronto’s gentrifying downtown east end as a case study, this talk draws on doctoral research examining how harm reduction workers and anti-poverty activists develop community-based models of caring for each other on the frontlines of housing and policing crises. Through these alternative care models, activists often develop a politicized “disability consciousness” as they contemplate expanded or new meanings of “disability” and the role of disabled people in anti-poverty organizing and other social movements.

STRUCTURES LAST LONGER THAN INTENTIONS: CREATION OF THE INDIGENOUS INSTITUTE OF HEALTH AND HEALING – ONGOMIIZWIN
Catherine Cook, CHS
March 2, 2018

Ongomiizwin – Translated as ‘Creating a Pathway for Generations to Come’… during the development and establishment of the Rady Faculty of Health Sciences, and following the release of the Truth and Reconciliation Commission and its Calls to Action; a sub-committee on Indigenous Health was tasked with creating safe space for Indigenous students, staff and faculty and for making available cultural safety training that raised awareness of Indigenous issues in the Faculty (RFHS). The amalgamation of three pillars of Indigenous studies in Education, Research and Clinical Service in the College of Medicine allowed the creation of the Indigenous Institute of Health and Healing. This discussion will center on the process and methods of engagement in the creation of Ongomiizwin – why it is important, how it was accomplished and what it is that we do – currently and in planning for future opportunities.

INJUSTICE, INSTITUTIONAL RACISM AND INDIGENOUS HEALTH #JUSTICEFORCOLTEN #LOVEFORTINA
Marcia Anderson DeCoteau, CHS
March 9, 2018

One expression of institutional racism is inaction in the face of need. Inaction has been the typical response to a myriad of inquiries, inquests, and commissions examining Indigenous health, child welfare, and justice. This is the context in which Indigenous peoples are experiencing collective grief in response to the verdicts in the trials for the murders of two
Indigenous youth: Colten Boushie and Tina Fontaine. Structural racism requires a structural response. Without transformative change in the structures that determine Indigenous peoples’ health and access to justice we will visit this place of grief again.

**CONNECTING CLINICAL AND CULTURAL COMPETENCIES: THE CREATION OF A PRACTICE CHARTER FOR HEALTH PROFESSIONALS WORKING WITH INDIGENOUS COMMUNITIES.**

Melanie MacKinnon
Ian Whetter, Ongomiizwin Health Services, CHS
March 16, 2018

The current health comorbidities and social complexities lived by Indigenous clients and their adverse health outcomes not only require highly competent clinicians but culturally safe ones. Cultural competency is a CanMED standard and other health associations are adopting these concepts as well but what does that look and feel like in practice for learners and professionals? What attitudes, beliefs and behaviours need to be reflected and reconciled between providers and patients? Furthermore, how do institutions and organizations realign with Indigenous ways of knowing and being to become culturally safe themselves? The Rady Faculty of Health Sciences at the University of Manitoba has been asking and responding to these questions with real action through the guidance of physician leaders, Indigenous health experts and elders. One such example is the Ongomiizwin Health Services (OHS) Physician Charter.

**SEEKING “BOLD IDEAS” TO STRENGTHEN INTERCOLLEGE COLLABORATION IN PRIMARY CARE AND PUBLIC HEALTH**

Joel Kettner, CHS
March 23, 2018

Much discussion has occurred on how to strengthen a pre-existing collaboration between the disciplines and professions of Dentistry, Medical Rehabilitation, Medicine, Nursing, and Pharmacy. This collaboration is relevant to health programs, services, and other activities that include education, training, research, clinical practice and other services, community engagement, health policies, regulations, administration, and critical matters such as health and social diversity and equity. Primary care and public health are two domains in which the
public should benefit from the pursuit of goals for better integration as well as more inter-disciplinary and inter-professional collaboration. This presentation will seek “bold ideas” and advice on how best to proceed.

**RECOGNITION FOR TRADITIONAL MEDICINE: THE CASE OF BELIZE**
Lucia Ellis, NUMASA Wellness Resource Center (Invited Speaker)
April 13, 2018

In the asset approach to health and wellbeing cultural capital is listed as one of the key assets. NUMASA Wellness Resource Center uses the Belize National Culture Policy as a mandate to design a series of interventions as a strategy to achieve the goal of recognition for traditional medicine by the Country’s Ministry of Health. The multi-faceted approach needed for this process has posed quite a challenge. As the movement gains momentum, however, many collaborators local, regional and international have contributed, including researchers at the University of Manitoba. This process is also reflective of Canadian Indigenous efforts towards recognition and integration of traditional medicine within healthcare settings. The presentation will highlight the strengths, opportunities, and threats to this effort in Belize and open a space for shared learning across Belize and Canadian contexts with regards to the question of recognition and integration of traditional Indigenous medicines.

**Upcoming Announcements**

**Be Bold, Be a “Bold Idea” Speaker**

**Bold Ideas Colloquium Series**

**Fall/Winter 2018-2019**

Want to be a bold idea speaker? We invite faculty, research fellows, research associates, graduate students and our colleagues from the international federal, provincial, regional, and community health and social systems, to send us their proposed bold idea talk using the speaker form we developed. Presenters are asked to prepare a 25-minute presentation, which will be followed by a 35-minute discussion. By adopting a short talk model, attendees will have the opportunity to positively debate and critically reflect on the ideas presented in this one-hour session.
We have a number of broad themes listed on our speaker form, thus allowing for diversity in topics and speakers, including relevance to our undergraduate and graduate curriculum. Talks should be relatable, defended by well-founded evidence, and foster a change in perceptions. Bold ideas are the most interesting, particularly when seasoned with an antagonist. Talks should ask new questions, either promoting us to think local when a particular topic cannot be addressed globally, to think global where we reflect outward so that other communities can learn from our community or reflect inward when we learn or adapt from the world not known or familiar to us.

**When to give your talk?** Just select a number of dates on our speaker form, accompanying this report, using our up-coming schedule as a guide. Simply tell us when you are available to present and we will do all the rest.

**Want to stay connected?** Please visit our webpage at:

http://umanitoba.ca/faculties/health_sciences/medicine/units/community_health_sciences/departmental_units/9763.html