

## **(Re) Conceptualizing Health Behaviour: Looking Beyond the Individual**

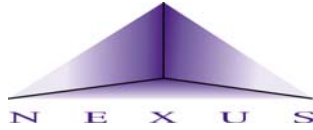
**Friday, April 22, 2005, Green College Coach House, University of British Columbia**

### ***2<sup>nd</sup> Annual Spring Institute Program***

<b>8:00 am</b>	Registration in Lobby of Graham House						
<b>8:30 am</b>	Welcome in Coach House						
<b>8:40 am</b>	Introduction of Dr. Louise Potvin						
<b>8:45 am</b>	Keynote Address  <b>Dr. Louise Potvin</b> , Professeure titulaire, Université de Montréal <b>From Behaviour to Practice: Tell Me How You Conceive Human Action, I'll Tell You the Likely Effect of Your Program</b>						
<b>9:45 am</b>	Introduction of Dr. Joy Johnson						
<b>9:50 am</b>	<b>Dr. Joy Johnson</b> , Professor, University of British Columbia <b>What is Health Behaviour?</b>						
<b>10:30 – 11:00 am</b>	Coffee Break in Reception Rooms of Graham House						
<b>11:00 – 12:10 pm</b>	<b>NEXUS Research Presentations</b>  <table><tr><td><b>Vicky Bungay</b></td><td>Life with Jib: A Snapshot of Street Youths' Use of Crystal Methamphetamine</td></tr><tr><td><b>Cindy Masaro</b></td><td>Factors Influencing Perceptions of Partner Safety</td></tr><tr><td><b>Karen DeVries</b></td><td>Condom Use among Aboriginal Youth in Vancouver: A Qualitative Study</td></tr></table>	<b>Vicky Bungay</b>	Life with Jib: A Snapshot of Street Youths' Use of Crystal Methamphetamine	<b>Cindy Masaro</b>	Factors Influencing Perceptions of Partner Safety	<b>Karen DeVries</b>	Condom Use among Aboriginal Youth in Vancouver: A Qualitative Study
<b>Vicky Bungay</b>	Life with Jib: A Snapshot of Street Youths' Use of Crystal Methamphetamine						
<b>Cindy Masaro</b>	Factors Influencing Perceptions of Partner Safety						
<b>Karen DeVries</b>	Condom Use among Aboriginal Youth in Vancouver: A Qualitative Study						
<b>12:15– 1:15 pm</b>	Buffet Lunch in Great Hall						

<b>1:15 pm</b>	Return to Institute (Coach House)
<b>1:30 – 2:35 pm</b>	<b>NEXUS Research Presentations</b> <p> <b>Susanne Burns</b> Chronic Disease Management in Cardiovascular Risk Reduction: Incorporating the Chronic Care Model into Clinical Practice </p> <p> <b>Paulien Brunings</b> Development of the HCVQ: An Instrument for Assessing Quality of HCV Care from the Clients' Perspective </p> <p> <b>Dr. Chris Richardson</b> Integrating Social Context into the Dimensions of the Tobacco Dependence Scale </p>
<b>2:35 – 2:55 pm</b>	Coffee Break in Reception Rooms of Graham House
<b>2:55 – 4:00 pm</b>	<b>NEXUS Research Presentations</b> <p> <b>Fuchsia Howard</b> Punjabi Immigrant Women's Experience of Breast Cancer </p> <p> <b>Dr. Aleck Ostry</b> A Historical Analysis of the Changing Context of Breastfeeding in Canada </p> <p> <b>Barbara Seed</b> Advancing 'Right to Food' through Food Security Programs in Belo Horizonte, Brazil </p>
<b>4:00 – 4:15 pm</b>	Dr. Louise Potvin's Response
<b>4:15 – 4:30 pm</b>	Closing

The NEXUS 2005 Spring Institute was sponsored by  
 The Michael Smith Foundation for Health Research  
<http://www.msfhr.org/index.asp>



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NEXUS is committed to exploring the social contexts of health behaviour. In our 2nd Institute we will examine the integration of social context within theories of health behaviour with an eye toward identifying implications for program planning and policy development. We will review the landscape of existing theories and identify gaps in questions being asked and methodologies being used. We will be inspired to reconsider our research and practice from a perspective that not only acknowledges but incorporates the complex contexts in which individuals live.

**Keynote Speaker: Dr. Louise Potvin**

**Title of Presentation:**      **From Behaviour to Practice. Tell me how you  
Conceive Human Action, I'll Tell you the Likely Effect  
of your Program**

A professor in the department of social and preventive medicine at the Université de Montréal, Dr. Louise Potvin holds a PhD in community health and has done extensive work on evaluating community health programs. As a CHSRF/CIHR chair, Dr. Potvin is leading a program of education and research into how people's health is shaped by social circumstances and how public health programs can affect the health of socially disadvantaged people.

**Speaker: Dr. Joy Johnson**

Professor, School of Nursing, University of British Columbia

**Title of Presentation:**      **What is Health Behaviour?**

A professor at the UBC School of Nursing, Co-Director of NEXUS, and Co-Principal Investigator at the Nursing and Health Behaviour Research (NAHBR) Unit at UBC. Dr. Johnson's research focuses on health promotion and health behaviour change. Drawing on a broad array of theoretical perspectives her work explores the social, structural and individual factors that influence the health behaviour of individuals. She has a particular research interest in the development and treatment of tobacco dependence and other drug use (marijuana). A major thrust of her work focuses on sex and gender issues in substance use.



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**Vicky Bungay** MN, RN  
PhD Student, School of Nursing, UBC

Ms. Bungay is currently in the second year of her PhD program in the School of Nursing at UBC. She is also a Training Fellow with the Integrated Mentor Program in Addictions Research Training that focuses on gender, women and addictions. Her research interests are in the area of drug and alcohol-related harm reduction for women living with addictions. She has a background in critical care and community health nursing. Ms. Bungay holds a CIHR Canada Graduate Scholarship Doctoral Award and Integrated Mentor Program in Addictions Research Training Award.

**Title of Presentation: Life with Jib: A Snapshot of Street Youths' Use of Crystal Methamphetamine**

By: **Bungay, V.**, Malchy, L., Buxton, J.A., Johnson, J., MacPherson, D., & Rosenfeld, T.

**Abstract:** Crystal methamphetamine (CM) is a psychoactive form of methamphetamine that is inexpensive and easy to obtain. It is a powerful central nervous system stimulant whose effects include euphoria, alertness, restlessness, and a feeling of endless energy. CM use is associated with sleep deprivation, depression, paranoia, acute psychosis, malnutrition, and increased risk of sexually transmitted infections including HIV. Its use is increasing at an alarming rate among street-involved youth, yet little is known about their patterns of CM use, the side effects they experience, and the ways in which they manage their drug use and survive on the streets. A small qualitative study was undertaken among inner-city, street-involved youth in British Columbia with the purpose of exploring the social context of CM use among these youth. Semi-structured interviews were conducted with twelve youth in which the youth were encouraged to describe their experiences with CM and the relationship between CM use and living on the street. The data were analysed using thematic analysis and 4 key themes emerged from their stories: patterns of jib use, reasons for using jib, the downside of using, and managing jib use. Each theme revealed that the context of drug use could not be separated from being street involved. The youth used CM to stay awake to protect belongings, to enhance social interaction, to cope with negative emotions, and as an alternative to psychiatric medications. The negative consequences of CM use for these youth included deteriorating physical and mental health, exploitation, isolation and physical harm. Their stories reflect that they are knowledgeable about their drug use and are capable of creatively adapting to, and coping with, many of the consequences it has for them. Resources such as social service agencies and health care professionals were not identified as helpful for them in relation to managing their drug use and its side effects. This data can provide some insight for policy and program planning aimed at providing treatment and support for street-involved youth using CM.

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**Cindy Masaro** BSN, RN  
MSN Student, School of Nursing, UBC

Ms. Masaro completed a BSN at UBC in 2000 and is currently working on a Master's of Nursing; she also is a Research Coordinator in Epidemiology Services at the UBC Centre for Disease Control. Until recently, she worked as a research coordinator in STD/AIDS control at the BC Centre for Disease Control and presently works, on a casual basis, as a nurse in the STD Clinic in this division. She is an active member of a not-for-profit society that provides medical/surgical aid to the impoverished people of Guatemala. Robert Brunham, Director of the UBC Centre for Disease Control, and Medical Director for the BC Centre for Disease Control has funded her research.



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**Title of Presentation: Factors Influencing Perceptions of Partner Safety**

By: **Masaro, C.**, Dahinten, V.S., Johnson, J., Ogilvie, G., Patrick D.

Abstract: Over the last two decades, sexually transmitted infection (STI) prevention efforts have been based on the assumption that increased perceptions of risk motivate individuals to adopt safer sexual behaviour. Despite these prevention efforts, many individuals continue to engage in high-risk sexual behaviour with current evidence indicating that the transmission of human immunodeficiency virus (HIV) and other STI's (e.g., chlamydia, gonorrhea, syphilis) are not only increasing, but extremely widespread. Of growing concern is the high number of individuals estimated to be infected with an STI but unaware of their infection status. Because evidence now supports STI's as a cofactor in HIV transmission, this not only increases the magnitude of the STI problem, but also poses a significant health challenge for Canadians. Current prevention efforts promote behaviour such as sexual abstinence, consistent use of latex condoms, and refraining from sex with infected partners as effective methods in preventing STI/HIV transmission. Increasing evidence suggests that many individuals choose a 'version' of the latter option: refraining from sex with infected partners by selecting partners they assume are 'safe' or uninfected. These assumptions are often based not on objective knowledge, such as STI test results, but rather on subjective knowledge based on relationship and/or partner characteristics. Although the majority of STI's are transmitted through sexual contact occurring in the context of a dyadic relationship, the influence of interpersonal dynamics on sexual decision making has been relatively understudied. The purpose of this study is to determine the degree to which factors related to relationship and partner characteristics influence an individual's assessment of their partner's STI risk, and how this assessment affects their sexual decision-making. The target population for this study was sexually active adult heterosexual males and females over the age of 19 years. Participants were clients of an STI clinic in Vancouver that provides services free of charge. An investigator-designed structured self-report questionnaire was used to collect data from 320 participants from September 2004 to January 2005.

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**Karen Devries** MSc

PhD Student, London School of Hygiene and Tropical Medicine, London UK

Originally from BC, Ms. Devries' research background is in women's health and substance use. After a stint at the BC Centre of Excellence for Women's Health in Vancouver, she began the doctoral program in Epidemiology at the London School of Hygiene and Tropical Medicine in 2003. For her PhD, she is exploring predictors of sexual risk among BC Aboriginal youth using both qualitative and quantitative methods. After completion of her PhD, she intends to work both in Canada and internationally in health research.

**Title of Presentation: Condom Use among Aboriginal Youth in Vancouver: A Qualitative Study**

By: **Devries, K.M.**, Free, C.

Abstract: Canadian Aboriginal youth suffer a disproportionately high burden of sexually transmitted infection relative to their non-Aboriginal counterparts. Condom use is one effective way to reduce individual risk of contracting sexually transmitted infections, yet very little research exists on condom use or sexual health among Aboriginal groups. The purpose of this qualitative study is to examine male and female Aboriginal youths' perceptions of the factors influencing their condom use, and the relationship between individual condom use and social norms around pregnancy and condom use. In partnership with



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local youth workers, Aboriginal youth aged 15-19 are being recruited from Vancouver, Canada for individual interviews. A thematic analysis has been conducted drawing on some of the techniques outlined in Grounded Theory. To date, 11 interviews have been conducted, 7 with sexually active youth. Emerging themes include: female control of sexual decision making, perceived connections between substance abuse and sexual activity, and the importance of pregnancy and motherhood and normative nature of adolescent motherhood. Condom use promotion efforts that do not address the importance of pregnancy among young people may be less effective. Exploration of condom use and pregnancy norms in different social domains also merits further exploration, as well as the perceived relationship between substance use and sexual risk taking.

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**Susanne Burns** RN, BSN, CCN(C)  
MSN Student, School of Nursing, UBC

Ms. Burns practices within the Healthy Heart Program at St. Paul's Hospital. She is currently a Patient Educator in the Lipid Clinic/Cardiovascular Risk Reduction Clinic and has managed the Healthy Heart Program's Smoking Cessation Clinic since 1996. Her research includes participation in the Atherosclerosis Reversal Clinic and current Family Atherosclerosis Counseling and Treatment Study. She also has an interest in chronic care disease management related to program improvement and service delivery. Ms. Burns has very recently completed her Master's of Science in Nursing, and will graduate this Spring.

**Title of Presentation: Chronic Disease Management in Cardiovascular Risk Reduction:  
Incorporating the Chronic Care Model into Clinical Practice**

By: **Burns, S.L.**, Galte, C.A., Frohlich, J.

**Abstract:** Cardiovascular disease (CVD) is a chronic disease and a major health care burden in Canada. Treatment interventions from current delivery systems have been documented as inadequate. Frequently, risk reduction interventions do not achieve targeted evidence-based guidelines and result in preventable morbidity, mortality and associated health care costs. Increasingly, it is recognized that broad changes to health care delivery are necessary for effective guideline implementation. Improving prevention and chronic illness management requires complex, multifaceted approaches to care. Chronic disease management models have been applied to health prevention and promotion. The Chronic Care Model (CCM) is a chronic disease management model that addresses these disparities and facilitates quality improvement through a system wide approach. The CCM provides a template and a set of organizing principles for instituting basic changes to support care that is evidence-based, population-based, and patient-centred. The components of the CCM include health system, clinical information systems, delivery system design, decision support, self-management, and community resources. We are proposing redesign of the Lipid Clinic to reflect a comprehensive risk reduction program. This format of delivery system redesign will expand the role of interdisciplinary team members, incorporate planned visits and structure follow-up to focus on targeted outcomes. This comprehensive initiative targets reorganization to improve quality of care, produce activated patients and practice teams, and reduce overall system costs in CVD reduction.

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**Paulien Brunings** BD, BHS, RD

MSc Public Health Student, University of Maastricht, The Netherlands

Ms. Brunings is a Dutch student working on her MSc in Public Health. Her main subjects are health promotion Control and health education. She is currently working with Hepatitis Services at the BC Centre for Disease in Vancouver, Canada. Her research focus is in exploring the health care needs of people living with hepatitis C and inductively designing and testing an instrument to measure the quality of their health care. This study received grant support from Ortho Biotech. Ms. Brunings will finish writing her thesis soon, and expects to obtain her MSc Public Health degree by the end of May.

**Title of Presentation: Development of the HCVQ: “An Instrument for Assessing Quality of HCV Care from the Client’s Perspective”**

By: **Brunings, P.**, Buxton, J., Butt, G., Nijkamp, M.

**Abstract:** We developed a questionnaire to measure the quality of hepatitis C virus (HCV) care as perceived by clients infected with HCV. Quality assurance in health care is developed mostly from the provider’s perspective. Previous research, however, has shown little agreement between the patient’s perspective and the physician’s perspective regarding priorities in health services. When using instruments that do not include client-defined dimensions of quality of care, quality improvement efforts may be directed toward improving care from the provider’s perspective, while failing to address the client’s views of quality. To our knowledge, so far no study has been conducted to assess the total concept of quality of care from the HCV client’s point of view, and no instruments such as the HCVQ have been developed. The aim of our study is to inductively develop an instrument that measures quality of HCV care from the client’s perspective. Focus group discussions with clients were held to identify aspects of HCV care that are important to people living with HCV. Qualitative data analysis was performed using NVivo and Concept Mapping. Quality items that emerged from the data analysis were categorized and rated on importance by the clients. After designing the HCVQ, the questionnaire was pilot tested for feasibility and readability. The HCVQ was then tested for test-retest reliability and internal consistency. A total of 21 HCV clients participated in the focus group discussions. The focus group discussions resulted in a 65 item pool. The 65 items were categorized and rated by 20 HCV clients. Forty-two items had a rating score of  $\geq 3.5$  and were included in the first draft of the HCVQ. Further, 12 clients were involved in the pilot test and 20 participated in the reliability testing of the HCVQ. This study has produced a ‘first of its kind’ instrument for the evaluation of HCV care, the results of which can be used for continuous quality assurance and to guide quality improvement programs. The findings of this study also help to get better insight into the specific health care needs people living with hepatitis C. Further research will contribute to a better understanding of the challenges that this vulnerable population faces, and hopefully decrease the burden on the individuals and their families who have been infected and affected by this disease.

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**Dr. Chris Richardson**

NEXUS Post-Doctoral Fellow, UBC

Dr. Richardson’s main areas of research interest involve (1) the use of structural equation modeling (SEM) to investigate aspects of health measurement related to scale development and validation and (2) using SEM to model processes implied by psychosocial theories of health behaviour (e.g., testing mediating pathways and modeling change over time). He is currently working on models related to nicotine addiction (e.g., latent class analysis to test stage-based theories) and has been actively involved





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in research on stress and resilience in the general population, workplace stress, measuring health-related quality of life and investigating measurement issues related to assessments of health preferences in econometric analyses.

**Title of Presentation: Integrating Social Context into the Dimensions of Tobacco Dependence Scale**

By: **Richardson, C.**, Johnson, J., Ratner, P., Tucker, R., Bottorff, J., Zumbo, B., Prkachin, K., Shoveller, J.

**Abstract:** Studies indicating that tobacco dependence tends to begin in adolescence have led to a great deal of attention being focused on the prevention of youth smoking. However, despite substantial prevention efforts, roughly 20% of youth currently smoke. Of these smokers, research indicates that a substantial proportion would like to quit or don't think they will still be smoking in 5 years time. Although most youth smokers do not expect to be lifelong smokers, many become unwittingly trapped by their smoking and are unable to stop. While numerous instruments have been developed to assess nicotine addiction in adults, there is a need for a tool that youth and health professionals can use to monitor the early signs of tobacco dependence that typically precede full fledged nicotine addiction. The purpose of this presentation is to outline the process by which the role of social context was investigated and integrated into the development of the Dimensions of Tobacco Dependence Scale (DTDS). Although reference will be made to initial qualitative work, the focus of the presentation will be on the quantitative development and validation of the DTDS. Exploratory factor analysis of data from a sample of 513 high school students in British Columbia indicated that the following 4 dimensions underlie responses to the pool of 54 items derived from initial qualitative work: (1) social reinforcement, (2) emotional reinforcement, (3) sensory reinforcement, and (4) "full-fledged" or physical dependence. Evidence was also found that suggests that there may be gender differences in item responses. To verify the factor structure and test for suspected gender differences in item responses, a validation study was conducted on a sample of 1462 high school students in British Columbia. The analysis of this second set of data is currently in progress, however, preliminary findings will be presented with an emphasis on results and questions related to the role of social context when attempting to measure the dimensions of tobacco dependence in adolescents.

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**Fuchsia Howard** MSN, RN  
Ph.D. Student, School of Nursing, UBC

After completing her BSN at the University of Alberta, Fuchsia practiced as a registered nurse in acute and trauma special care for four years. She received her MSN at UBC in 2004 and is currently enrolled in the first year of her PhD program at the UBC School of Nursing. Her dissertation explores women who are at high risk for hereditary breast cancer's decision making, where they are considering risk-reducing mastectomy. She is also interested in the influence that cultural and social factors have on the experiences of cancer and how individuals make meaning of their cancer experiences. Ms. Howard is currently funded by the Michael Smith Foundation for Health Research and the CIHR/NCIC through a strategic training initiative called PORT (psychosocial oncology research training initiative).

**Title of Presentation: Punjabi Immigrant Women's Experience of Breast Cancer**

**Abstract:** There is a notable absence of women from specific ethnocultural groups, including South Asians, in the published breast cancer research. The breast cancer experiences of Punjabi immigrant





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women, who represent the most populace group of South Asians in British Columbia, need to be understood in order to provide culturally appropriate cancer care. The purpose of this qualitative study was to explore the ways Punjabi immigrant women told stories of having breast cancer in order to uncover how they made sense of their experiences. The cultural and social world reflected in women's stories was also considered. This investigation was a secondary analysis of interview data collected for a larger study investigating South Asian women's experiences of self-discovered breast changes. In-depth, open-ended interviews with twelve Punjabi immigrant women who had breast cancer within the last eight years were available for this study. A combination of narrative analysis strategies were used to guide this secondary analysis, focusing on stories the Punjabi women constructed. Four storylines emerged from the analysis reflecting different constructions of experiences of breast cancer. The storylines were: dealing with just another health problem, surviving a family tragedy, living with never-ending fear and suffering, and learning a lesson from God. The minor theme "being part of a close-knit family" illustrated the collective experience of breast cancer within the family and highlighted the family context as the most pronounced influence on the women's experiences. The detailed storylines suggest that Punjabi women's constructions of breast cancer are influenced by traditional family roles and expectations, spiritual beliefs, perceptions of breast cancer as treatable/untreatable, fears of speaking about breast cancer, and difficulties with translation and communication. These findings provide valuable insights for health care professionals into how culturally appropriate cancer care might address the needs of Punjabi women with breast cancer and their families.

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**Dr. Aleck Ostry**

Assistant Professor, Health Care & Epidemiology, UBC

Dr. Ostry is the recipient of a Canadian Institutes for Health Research, New Investigator Scholar Award, a Michael Smith Foundation for Health Research Scholar Award, and is an Assistant Professor in the Department of Health Care and Epidemiology and the Centre for Health Services and Policy Research at the University of British Columbia. He has a MSc in Health Services Planning from UBC, an MA in History from Simon Fraser University (specializing in the history of public health and nutrition policy), and a PhD, in Epidemiology (UBC). He conducts a research program on the social determinants of health in various workplaces and teaches courses on the social determinants of health with a workplace focus.

**Title of Presentation: An Historical Analysis of the Changing Context of Breastfeeding in Canada**

By: **Ostry, A.**, Nathoo, T.

**Abstract:** Breastfeeding rates went from approximately 90 percent in the 1920s to below 15 percent in the early 1960s. Middle-class and well-educated women led the way as they shifted more rapidly than their less well-educated sisters to artificial feeding. By the early 1960s, breastfeeding was mainly found among Aboriginal and poor non-Aboriginal women. However, in the late 1960s this changed radically. Breastfeeding initiation and duration rates increased to the early 1990s when they levelled off. As was the case in the 1920s, the leaders (this time back to breastfeeding) were the educated middle class. Since the "turnaround" in late 1960s, breastfeeding initiation and duration rates vary positively with maternal education and income. This paper is an historical case study of the social context of these radical shifts in an important health behaviour. We argue that, broad social and cultural influences, such as the rise of the women's movement and its impact on medical professionals and changing women's role in the labour force and in society more generally have been important elements in the social context influencing



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breastfeeding. As well as being influenced by these strong underlying secular trends, it is clear during this 80 year period, that while nutrition policy appears to have strongly promoted breastfeeding, it has often been "out-of-synch" with the practical guidelines and professional advice offered to breastfeeding mothers. The main lesson from this historical study is that the policy rhetoric promoting breastfeeding from government, medical professionals, and hospitals, while almost always positive, often has, in the past, masked guidelines and professional behaviour and advice that have made breastfeeding more difficult or even undermined it. This case study demonstrates that changing professional norms and guidelines can be an important dimension of the social context influencing health behaviour.

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**Barbara Seed** MPH, RD  
PhD Student, City University, London, UK

Over the almost 20 years that Barb Seed has been a Community Nutritionist, she has become increasingly focused on food security. Ms. Seed chaired the BC Community Nutritionist Council Food Security Standing Committee in 2002 and 2003, and is a member of the Vancouver Food Policy Council. In 2002 and 2004 she worked as a Sessional Instructor in the UBC Faculty of Agricultural Sciences, and is currently a PhD student studying food policy at City University in London, England, under the direction of Dr. Tim Lang and locally with Dr. Aleck Ostry. Her current research focuses on the emergence of food security in BC Public Health.

**Title of Presentation: Advancing 'Right to Food' through Food Security Programs in Belo Horizonte, Brazil**

By: **Seed, B.**, Ostry, A.

**Abstract:** Food security programs enacted in the municipality of Belo Horizonte, Brazil provide a useful case study for the practical implementation of the "right to food" at the local or municipal level. The Belo Horizonte government has advanced "right to food" rhetoric to implemented policy and action. First, food security issues and programs have been mainstreamed into public policy through the interpretation of the right to food security as a public good, and food insecurity as market failure. This renders projects less marginalized, less charity-driven, and more permanent. Programs are often universal, user-pay (albeit a small amount) and utilize market intervention methods such as regulating and monitoring prices. Second, the construction of food citizenship is ranked equally important as the programs themselves. Food citizenship has been promoted through the establishment of citizens' advisory groups where program determinations including budgeting decisions involve local citizens and thereby increase program transparency and accountability. Third, food sovereignty is promoted through the support of rural sustainability. This occurs through program facilitation of: a) direct links between urban consumers and rural producers, b) institutional purchase of local foods, and c) promotion of local foods to the public. The Belo Horizonte experience is a useful model for the practical implementation of the right to food. As such, it is important for North American food security activists and policy makers to further examine this model.

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