

Research and Knowledge Translation Newsletter

NORTHERN BC RESEARCH AND QUALITY CONFERENCE 2023 – LOOKING TO THE FUTURE: HEALTH IN THE NORTH

By **Marcelo Bravo**, Lead, Patient-Oriented Research and Knowledge Translation and Co-Lead BC SUPPORT Unit Northern Centre

Leana Garraway, Manager, Health Research Institute and Co-Lead BC SUPPORT Unit Northern Centre



The 2023 Northern BC Research and Quality Conference, a co-hosted event between Northern Health and the University of Northern BC (UNBC) via the [Health Research Institute](#) took place from November 7 to 9 at the UNBC Prince George Campus. The conference is a direct result of a long-standing partnership between these two institutions who are committed to supporting research, evaluation, and quality improvement projects to improve health outcomes of patients in the North and support professional development of health care professionals.

The theme of this year's conference was "*Looking to the Future, health in the North.*" It was a long awaited in-person event that brought together participants from all Northern regions as well as presenters and visitors from other parts of the province. The keynote speaker was Dr. Sheila Blackstock, UNBC Associate Professor, who presented: "*Decolonizing Health: Dismantle Oppression.*" The plenary speaker was Dr. Terri Aldred, Carrier Sekani Family Physician, who presented the topic "*Cultural safety and*



Anti-Indigenous Bias: Review and Discussion of Current Recommendations and Standards." Both talks highlighted current frameworks and guidelines to successfully enable cultural safety in health care and discussed how to better support Indigenous Health initiatives to achieve health equity in northern communities.

Both the keynote speech and plenary speech recordings are available on the [conference webpage](#).

“When we come together...we have a lot of opportunities based on the "alignment" of what we can do together. The idea about bringing research and quality together is so unique in Northern BC.”

– **Fraser Bell, PhD**
NH VP Planning, Quality & Information Management



The conference featured a panel discussion that showcased a seed grant program which was established to enhance health research in Northern BC, in collaboration with the Provincial Health Services Authority, Northern Health and UNBC. *“Celebrating the Collaboration for Health Research in Northern BC – Seed Grant Presentation & Panel Discussion,”* included the participation of recipients of past seed grants including Dr. Esther Alonso, NH Clinical and Research Lead; Davina Banner-Lukaris, UNBC Professor; Dr. Lisa Ronald, Public Health Researcher; Emma Rosnagel, UNBC Research Manager; Caroline Sanders, UNBC Associate Professor; and Erica Koopmans, Child Health BC Regional Coordinator. During this panel, participants discussed the impact that receiving the seed grants had on their research activities, which included enabling research capacity development, building new research partnerships, and advancing knowledge in their field.

THE NORTHERN BC RESEARCH AND QUALITY CONFERENCE 2023 BY THE NUMBERS:

200+	Registered
100+	Presenters
37	Oral presentations
39	Poster presentations
2	Poster viewing sessions
9	Workshops
8	Exhibitor booths

The conference also included a half day dedicated to workshops for skills development. This year, the conference included nine distinct workshops with various topics ranging from understanding the role of Indigenous stories in health care, working effectively with patient partners, developing a data quality management program, and tools to spark creativity and innovation pathways. According to participants, this day was worth attending and set the tone for future conversations and networking opportunities that the conference provided.

As in previous years, this conference is supported by great teams of volunteers taking part in advisory, planning, and patient-partner committees and activities reflecting organizational and regional diversity.

For a quick conference overview, please watch the [video](#) with some pictures and voiceover from the conference.

If you're interested to learn more about this event and future ways to contribute, email hri@unbc.ca or research@northernhealth.ca.



“ This conference shows how much you believe in health research and the effort you are putting into creating new knowledge, training next generations, and passing the knowledge to practitioners.”

– Dr. Paula Wood-Adams
UNBC VP Research and Innovation



REACH BC MAKING IT EASIER TO RECRUIT YOUR STUDY PARTICIPANTS

By **Aisling Quigley** REACH BC Program Manager



Health research is crucial for the development of new treatments and better health care systems. Unfortunately, finding eligible study participants can be challenging. Recruitment is particularly difficult in rural and remote communities due to geography. REACH BC would like to partner with researchers in the North to build a community of collaboration between researchers, patients, and the public, giving communities greater access to meaningfully take part in health research opportunities.

REACH BC, an initiative of Michael Smith Health Research BC, is an online provincial platform connecting volunteers with health research study opportunities across BC. It connects members of the public with health researchers for either direct participation in studies and/or allowing them to become patient partners informing the research process.

Since its launch in April 2020, REACH BC has had almost 7,000 volunteer participants sign up on the platform, collaborated with 1,195 researchers, and facilitated the sharing of 603 research study opportunities.

The REACH BC team recently participated in the 2023 Northern BC Research and

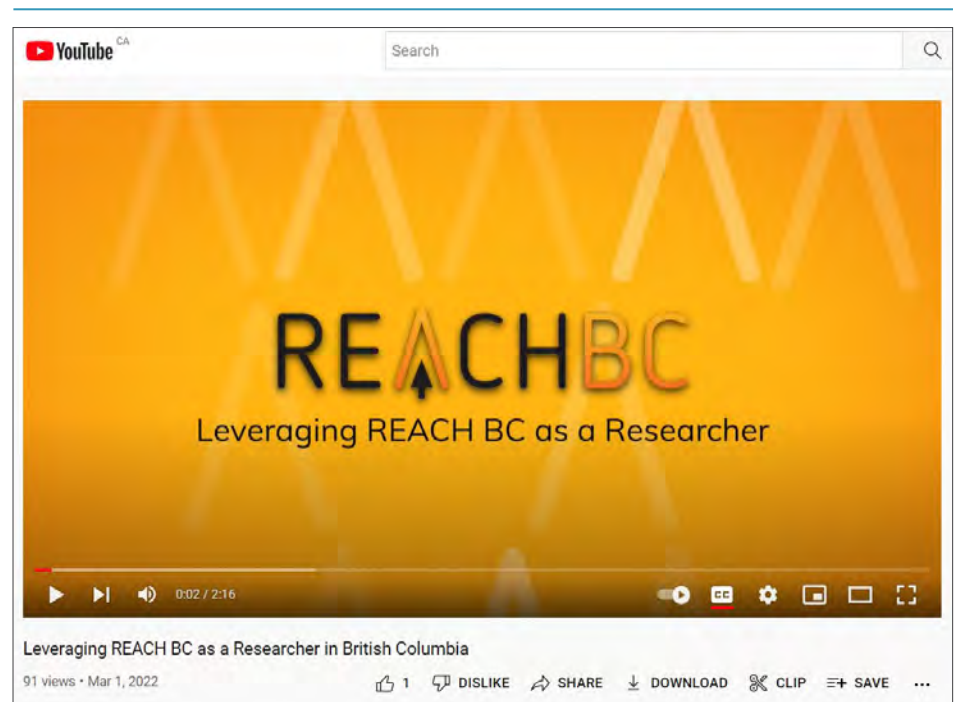
Quality Conference held in Prince George in November, marking a significant step in our ongoing efforts to connect with the broader health community. Looking ahead to the coming year, our primary objective is to extend our reach and user base across the entire province of BC through an expansive marketing campaign. This initiative aims to foster education, raise awareness, and spread information about volunteering in health research, emphasizing the use of our non-profit platform to recruit study participants.

A future recruitment drive will be specifically tailored to enhance engagement from rural and remote areas of BC.

Our focus is on ensuring that the North contributes a substantial number of research opportunities, providing a wealth of options for new volunteers.

By collaboratively working towards this goal, we hope to build diverse audiences in rural populations, ultimately increasing accessibility to a wide array of health research opportunities.

WATCH what Researchers have to say on **Leveraging REACH BC as a Researcher in British Columbia:** ([youtube.com/watch?v=IWLZPPH_IvU&t=62s](https://www.youtube.com/watch?v=IWLZPPH_IvU&t=62s))



HOW IT WORKS?

When a member of the public (Adult 16+) creates their free Volunteer profile online at reachbc.ca they get to select which health categories are of interest to them, and they can also browse the full directory listing all studies. They choose which study they wish to participate in by clicking 'I'm Interested' which then sends their contact information to the researcher.

It's easy to volunteer with only three steps:

- Create a profile with your health research interests
- Get matched and notified with research opportunities by email
- Review and decide if you want to connect with the research team.

From the researcher side, projects on REACH BC (both studies and patient partner opportunities) are shared in the publicly searchable online [REACH BC Directory](#). If a volunteer indicates interest in a study, the researcher receives an email notification with the volunteer's contact information. Importantly, **researchers can also share study results with the public via the REACH BC platform**. This supports knowledge mobilization and increases the visibility of findings and research efforts.

Sheila Bazett, Clinical Research Nurse Coordinator at the Royal Jubilee Hospital on Vancouver Island, emphasizes

that engaging in health research provides participants with a sense of fulfillment: "It feels good; you can see that you are giving hope to the participants, and you can see that they're encouraged by what could be happening... that they're helping research."

Watch why past study participants volunteered with REACH BC on our brand-new REACH BC Study Participant YouTube video series:

[REACH BC – YouTube](#)



“ In terms of recruitment, we definitely use REACH BC in terms of sharing information regarding our clinical trials and recruiting potential individuals, and we have found it to be highly effective. ”

– **Dr Teresa Liu-Ambrose**
Director, Aging, Mobility, and Cognitive Health Laboratory
Professor, and Canada Research Chair – UBC

"It's fun! You're interacting with the people who are really dedicated to what they're looking for. They're really receptive to you and they'll answer the questions you have."

– **Sharon Williams**
Research Participant

"It doesn't take a lot of effort on your part, it's easy to do and you have that warm fuzzy feeling that you're helping other people."

– **Ianna Folkes**
Research Participant

"My wife went through breast cancer... but the reason she is in remission is because of previous generations doing what I'm doing, contributing to medical research."

– **Jeff Churchill**
Research Participant

Create your REACH BC researcher account today
reachbc.ca/researcher

Please contact us with any questions you may have:
Aisling Quigley REACH BC Program Manager
aquigley@healthresearchbc.ca

Note:

Volunteer personal information is stored on a secure encrypted server housed in BC, is compliant with the BC Freedom of Information and Protection of Privacy Act (FIPPA) and accepted by Research Ethics Boards in BC as a recruitment method.

REACH BC is an initiative of BC's health authorities and partner universities. It is also made possible thanks to valuable input from research institutes, patients, and the public. REACH BC is governed under the Clinical Trials BC unit of Michael Smith Health Research BC.



REFLECTIONS ON SOCIALLY ACCOUNTABLE LEARNING HEALTH SYSTEMS: WHAT DOES THIS MEAN FOR NORTHERN HEALTH?



By Damanpreet Kandola, MSc. PhD
Strategic Evaluator, Office of Strategy Management

Healthcare organizations are increasingly adopting the learning health system model in an effort to improve outcomes and impact. Learning health systems can be defined as systems where “science, informatics, incentives, and culture are aligned for continuous improvement and innovation, with best practices seamlessly embedded in the delivery process and new knowledge captured as an integral by-product of the delivery experience” (Institute of Medicine, 2011; Menear et al., 2019). While there has been considerable enthusiasm surrounding the theoretical appeal of this approach, implementation and operationalization of it across settings has been varied (Zurynski et al., 2020; Allen et al., 2021; De Bruin et al., 2023). Consequently, evidence surrounding outcomes of interest to people and health systems including improved population health, patient experience, and cost-effectiveness is limited. Blending the learning health system approach with a social accountability framework has been suggested as one way to address this gap and to better understand and respond to the needs of people and communities.

Social accountability within health systems can be defined as “the



broad range of strategies that are used to bolster community engagement and to hold public and private actors to account within the context of the public health sector”, while also noting that many health systems are pluralistic in nature and not wholly (or even partially) publicly controlled or owned (Nelson et al., 2022). Thinking about social accountability within the context of health systems requires a strategic shift in priorities, activities, and evaluations that need to be co-determined with all relevant partners at the table (Wood et al. 2022). This requires critically thinking about aspects such as community engagement, resource allocation, health equity, data governance, environmental sustainability, cultural history and

traditional practices. Moreover, adopting a strengths-based approach, especially in the context of Northern, rural, and remote settings, where discourse often defaults to the unique challenges and gaps of service delivery and resource limitations, can empower communities to collaborate with health system partners in the design and delivery of more responsive health services. Such an approach requires a commitment from each of us to reflect, adapt, and in some cases re-learn our ways of working and learning. Learning through continuous improvement cycles, a defining feature of social accountability (Bolen, 2018; Lindgren & Karle, 2011), to foster even greater collaboration and



sharing of learnings both within our organizations and across jurisdictions to truly become learning health systems that are accountable to the populations and communities we exist to serve.

In the fall of 2023, the Northern Ontario School of Medicine (NOSM) brought together a collective of learning health system and social accountability experts, from across the country to determine how to measure outcomes and impacts of socially accountable learning health systems. Using a participatory and consensus-building approach, two days of dialogue with those working and having worked in northern, rural and remote settings resulted in fruitful conversations around how to measure outcomes and impacts for social accountability within learning health systems. There was a recognition that models of care look and behave differently in Northern, rural, and remote settings and that these differences should be reflected

in how and what gets measured. While acknowledging the diversity in Northern, rural, and remote contexts, it was also evident that northern, rural, and remote areas across Canada are more alike than their urban counterparts in the same region.

I returned from this symposium energized by the diverse and knowledgeable perspectives of those working in similar systems and settings across our country. How the work from this symposium moves forward and the collaborations that come from it, are evolving. However, throughout these conversations, I was able to learn about how other organizations are innovating (i.e., embedded research-scientist roles, student internships for research capacity building) and think about how we may be able to adapt some of these approaches for our own context. I was also able to reflect and share the strengths of our organization. I was encouraged by how at Northern Health, we have components of this

approach in place. Whether it be through our partnerships with community and academic groups (such as the Memorandum of Understanding with the University of Northern BC and Knowledge Synthesis Centre), internal research, analytics, evaluation, or quality improvement teams, or individual teams, staff, physicians, nurses and allied health professionals who work to advocate and improve the health of Northerners. Each of us is doing our part to improve existing systems.

In thinking forward and how to elevate this approach to the next level, let us all not only recommit to thinking more about and engaging in dialogue around equity issues, quality of care, and unequal power relationships between policy makers, managers, providers, and patients. Moreover, not only thinking also but committing to a process of sharing our learnings, both successes and failures in the spirit of improvement. In doing so, recognizing our individual and collective blind spots and reaffirming our commitment to our organizational vision of “leading the way in promoting health and providing health services for Northern and rural populations.”

REFERENCES

Allen, C., Coleman, K., Mettert, K., Lewis, C., Westbrook, E., & Lozano, P. (2021). A roadmap to operationalize and evaluate impact in a learning health system. *Learning health systems*, 5(4), e10258.



Boelen, C. (2018). Coordinating medical education and health care systems: the power of the social accountability approach. *Medical education*, 52(1), 96-102.

De Bruin, J., Bos, C., Struijs, J. N., Drewes, H. W. T., & Baan, C. A. (2023). Conceptualizing learning health systems: A mapping review. *Learning Health Systems*, 7(1), e10311.

Institute of Medicine. (2011). The learning health system and its innovation Collaboratives: update report. *IOMOTN Academies*.

Lindgren, S., & Karle, H. (2011). Social accountability of medical education: aspects on global accreditation. *Medical teacher*, 33(8), 667-672.

Meneer, M., Blanchette, M. A., Demers-Payette, O., & Roy, D. (2019). A framework for value-creating learning health systems. *Health research policy and systems*, 17(1), 1-13.

Nelson, E., Waiswa, P., Coelho, V. S., & Sarriot, E. (2022). Social accountability and health systems' change, beyond the shock of Covid-19: drawing on histories of technical and activist approaches to rethink a shared code of practice. *International Journal for Equity in Health*, 21(Suppl 1), 41.

Wood, B., Attema, G., Ross, B., & Cameron, E. (2022). A conceptual framework to describe and evaluate a socially accountable learning health system: Development and application in a northern, rural, and remote

setting. *The International Journal of Health Planning and Management*, 37, 59-78.

Zurynski, Y., Smith, C. L., Vedovi, A., Ellis, L. A., Knaggs, G., Meulenbroeks, I., & Braithwaite, J. (2020). Mapping the learning health system: a scoping review of current evidence. Sydney: *Australian Institute of Health Innovation and the NHMRC Partnership Centre for Health System Sustainability*.



EVENTS AND MORE

HEALTH RESEARCH BC – RESEARCH TRAINEE PROGRAM

The Health Research BC “Research Trainee Program” supports health researchers in the training phase of their research career to enable career development and enrich BC’s health research talent. The Research Trainee Program is one of Health Research BC’s flagship funding opportunities helping to develop, attract, and retain BC’s best and brightest health researchers and support the advancement of world-class health research in BC.

Letter of Intent Deadline:

December 12, 2023, 4:30 p.m. PT. More information: healthresearchbc.ca/fundingprogram/research-trainee-program/

CLINICAL TRIALS BC PRESENTS: ASK US SERIES – PHASE 1 CLINICAL TRIALS

British Columbia has been conducting Phase 1 trials in the area of cancer for decades but there has been limited Phase 1 trials in other areas of health care. There is now growing local activity and interest in Phase 1 clinical trials in BC to evaluate the safety of a wide range of health products. The development of a Phase 1 clinical trials unit in BC puts this topic in the spotlight. At this event, Stephane Lamouche, PhD (Syneos Health) will provide an overview of the current landscape, areas of trials, safety

considerations, potential risks and benefits, regulations, and general considerations for optimal designs to initiate a Phase 1 trial.

Event information and registration:

December 5, 2023

Time: 12:00 PM

[Webinar Registration – Zoom](#)

UNBC HRI SEMINAR SERIES

December 7, 2023

Time: 2:30 – 4:00pm

[Zoom and in Person event]

Presenter:

Dr. Jacqueline Petterson

Title: Vitamin D, Cognition, and Dementia

January 18, 2024

Time: 2:30 – 4:00pm

[Zoom and in Person event]

Dr. Sara Farhan,

Associate Professor, UNBC

Title: TBD.

More information and registration for this and upcoming webinars:

[NBC HRI Seminar Series](#)

NH RESEARCH SEMINAR SERIES

January 25, 2024

Time: 12:30 – 2:00pm [Zoom]

Presenter: Dr. Robert Olson and Dr. Roel Schlijper-Bos

BC Cancer Centre for the North

Title: How to build a clinical trials program.

About: During the last 5 years, BC Cancer – Centre for the North has successfully developed a clinical trials program, bringing novel treatment options to

Northern BC. In this presentation, the speakers will highlight collaboration, successes, challenges and future plans. Dr. Olson will also present on the experience his team has sponsoring precision radiation trials.

[NH Research Seminar Registration](#)

THINKING EQUITY, DIVERSITY & INCLUSION IN PATIENT-ORIENTED RESEARCH (RECORDING)

We are in a cultural sea of change when it comes to how we think about, centre, and practice equity, diversity, and inclusion (EDI) in research. In this webinar focused on EDI in patient-oriented research, Amber Hui explored how we can align with the waves of change. Amber leads EDI strategy for Health Research BC – BC SUPPORT Unit and initiatives to incorporate equity-focused priorities and principles in all parts of how we think about, plan, and carry out patient-oriented research. How do we bring what we are learning and unlearning about EDI into our research ecosystem? How do we make sure this translates into better quality research, quality improvement at the health system level, and real improvements in the health care people receive?

Watch the recording: healthresearchbc.ca/webinar/thinking-equity-diversity-inclusion-in-patient-oriented-research/



WOULD YOU LIKE TO WRITE AND PUBLISH A SHORT HEALTH RESEARCH ARTICLE?

5



The Research & Knowledge Translation Newsletter is accepting articles for future editions. We are open to all areas of health research and knowledge translation as well as evaluation, data analytics, quality improvement or innovation projects.

If interested to include an article or to share information about an upcoming event, email: research@northernhealth.ca