

2023 Convening & Collaborating (C²) Award Recipients

Award Recipient	Host Institution	Research Location	Project Title	Lay Summary
Abdul-Fatawu Abdulai Co-lead Kaitlyn Goldsmith	University of British Columbia	University of British Columbia – Vancouver Campus	Defining research priorities for trauma-informed design of digital health interventions in sexual health	<p>There has been an increase in the adoption of digital health interventions, especially among people with sensitive and potentially stigmatizing sexual health challenges. While digital health technologies can be convenient and cost-effective, there are concerns that negative online activities could inadvertently trigger emotional trauma among end-user patients. Trauma-informed design has emerged in response to the threats of technology-mediated trauma. Yet, this important field is lacking clear research direction on the best and meaningful ways to conduct research that satisfies the collective interest of all the stakeholders that are typically involved in the design and deployment of digital health interventions. This proposed interdisciplinary stakeholder engagement brings together experts in digital health, trauma-informed care, and patient partners in sexual health to explore research priorities on trauma-informed design of digital technologies. This project will identify key research priorities on trauma-informed design that reflect the collective interest and priorities of the stakeholders.</p>
Juanita-Dawne Bacsu Co-lead Heather Cooke	Thompson Rivers University	Thompson Rivers University	Developing a Research Agenda to Address Stigma of Dementia in Rural Communities in Interior British Columbia	<p>Stigma of dementia is one of the greatest barriers for people living with dementia and their care partners. It can lead to poor mental health, social isolation, and a reduced quality of life. Currently, there is a paucity of research on stigma of dementia within a rural context. Rural communities often face unique challenges to accessing dementia information compounded by limited finances, transportation, and geography. However, documenting challenges alone does not improve stigma of dementia. Addressing stigma requires rural collaboration and ingenuity at the individual, community, and policy levels. This project's purpose is to support collaboration between researchers and research users to develop a research agenda with identifiable research questions, action items, and deliverables. We will plan a knowledge exchange workshop with a specific focus on developing a research agenda to reduce rural stigma of dementia in Interior British Columbia. Our outcomes will include a research advisory team,</p>

				a knowledge exchange workshop, and a collaborative research agenda with specific research questions and strategic recommendations to reduce stigma of dementia in rural communities in Interior BC.
<p>Davina Banner-Lukaris</p> <p>Co-lead Richard Peter</p>	<p>University of Northern British Columbia</p>	<p>Praxis Spinal Cord Institute</p>	<p>Learning Together: Co-Developing meaningful partnerships for spinal cord injury research with Indigenous Peoples</p>	<p>In Canada, 86,000 people are living with spinal cord injury (SCI), a serious and life changing health condition. Rates of SCI have grown considerably over recent years; however, rates of SCI in Indigenous people are almost 250% higher compared to non-Indigenous people. In addition, Indigenous people are known to experience poorer health outcomes overall, resulting from widespread discrimination and racism. There is a need to meaningfully work with Indigenous people with SCI to develop engagement and research priorities that inform services and solutions that can improve their health and wellbeing. By working in partnership with Indigenous people with SCI, and other allies and partners, we will undertake three Gatherings in three regions of British Columbia. During the Gatherings, we will support relationship building, share experiences and priorities, and will learn together about the resiliencies of Indigenous people with SCI. We will then work together to create an engagement and research plan that will document the needs and priorities of Indigenous people living with SCI. Finally, we will support the development of a BC-wide Indigenous SCI network. We will share our findings through reports, summaries and a research article.</p>
<p>Elizabeth Buckler</p> <p>Co-lead Jennie McCaffrey</p>	<p>University of Victoria</p>	<p>University of Victoria</p>	<p>A partnership for PaRX: Developing a road map for evaluating and expanding implementation and sustainability of a national parks prescription program.</p>	<p>There is a growing body of evidence that indicates that time in nature has a wide range of health benefits. Both physical and mental health improve, even just temporarily, after time spent outdoors in a natural environment. This has led to the development of nature-based prescription programs. In Canada, a BC based initiative, PaRX is Canada's first evidence-based nature prescription program. Licensed healthcare providers in Canada can register with the program and provide evidence-based prescriptions to their patients to spend more time in nature. Despite PaRX's evidence-based design, the program itself has not yet been evaluated for its reach, usability, or effectiveness. Given the comprehensive health benefits of time spent in nature, we have assembled a team of researchers with a wide range of expertise including physical activity, mental health, neuroscience, and physiology. This team of researchers will partner with the BC Parks Foundation who deliver PaRX, and a licensed family physician to develop an evaluation strategy for the short- and long-term to</p>

				ensure high-quality nature prescriptions that benefit health are available and accessible to residents of BC and throughout Canada for years to come.
<p>Kiffer Card</p> <p>Co-lead Sandra Allison</p>	<p>Simon Fraser University</p>	<p>Island Health</p>	<p>Convening Health and Community Service Providers and Patients to Support the Co-Design of A Digital Social Prescribing Platform</p>	<p>This project aims to support meaningful collaboration with Island Health and the Nanaimo Division of Family Practice in order to co-develop a social prescribing program. Social prescribing is a model of patient-centered, team-based care that aims to link individuals with community services to address their non-clinical health needs.[1] By leveraging social prescribing, Island Health and the Nanaimo Division of Family Practice aim to address social and material determinants of health by building low-barrier referral pathways for “social prescriptions” within the Nanaimo region. Examples of social prescriptions include Parks and Recreation passes, referrals to job programs, and other types of social and material support. In order to implement social prescribing in the Nanaimo region, we propose the co-design of Connect Rx, an online platform that will facilitate social prescribing (See prototype at www.casch.org/connect-rx). To accomplish this, we will (1) identify community assets and social prescriptions in Nanaimo, (2) convene health and community service providers to participate in the co-design of Connect Rx, and (3) co-develop an evaluation that can be used to assess the acceptability, feasibility, and efficacy of Connect Rx.</p>
<p>Rachel Carter</p> <p>Co-lead Gil Kimel</p>	<p>University of British Columbia</p>	<p>Providence Health Care</p>	<p>Co-developing research priorities for improving palliative care for patients with advanced disease who also experience structural inequities.</p>	<p>Despite experiencing much higher death rates, people living with structural inequities are not adequately served by the current healthcare system, including by palliative care services. As a key provider of healthcare to people living in Vancouver’s Downtown Eastside (DTES), Providence Healthcare’s (PHC) Division of Palliative Care is establishing a research program for equity-informed palliative care. The knowledge gained by this program will allow PHC to improve access to and quality of palliative care for patients with advanced disease who also experience structural inequities.</p> <p>To allow this research program to be truly patient centred, and ensure the experiences and perspectives of all relevant patient populations are prioritized, we will co-develop the research priorities with:</p> <ul style="list-style-type: none"> - people with lived experience of palliative care for people experiencing structural inequities (such as family/friend caregivers), - people experiencing structural inequities who may need palliative care in the future,

				<ul style="list-style-type: none"> - representatives from community-based organizations serving this population, and - members of the healthcare system.
<p>Matthew Carwana</p> <p>Co-lead Britt Udall</p>	<p>University of British Columbia</p>	<p>Human Early Learning Partnership (HELP)</p>	<p>Centring the margins: forging an equitable path for early childhood well-being in Canada emerging from the COVID era</p>	<p>It is well known that the period starting at pregnancy and ending with the start of kindergarten sets the stage for how children learn, experience the world, and grow into adults. In our current society, there are many people whose children have unfair disadvantages in their opportunities in these first years, for reasons parents can't control. These reasons can include things like living in poverty, experiencing racism having a disability, or using drugs.</p> <p>It can be hard for researchers and people who make government decisions to hear what is really important to people who have these unfair disadvantages. This means that they can't solve problems or create programs that are helpful to these families.</p> <p>This project will bring together researchers, people that make decisions in government, community program workers, and community members to work together to identify:</p> <ol style="list-style-type: none"> 1. What are the most important topics to research to help all kids be healthy, especially those with less advantages 2. How should these research projects receive input from communities during the process <p>The team hopes that this will help all kids, especially those who already have unfair disadvantages, to lead happy and fulfilling lives.</p>
<p>Theodore Cosco</p> <p>Co-lead Bonnie-Jean Gale</p>	<p>Simon Fraser University</p>	<p>Simon Fraser University – Vancouver Campus</p>	<p>Shared journeys in mental health: Building community partnerships for mental health support in older adults</p>	<p>Our mission is simple: We want to make mental health research better by involving the community more actively. When communities participate, research improves, stigma reduces, and more people benefit from the findings.</p> <p>Here's our plan for the year:</p> <ol style="list-style-type: none"> 1. Reconnect: We'll start by chatting with our Research Advisory Panel, which consists of a group of older adults in the community, to understand their experiences and needs post-pandemic. 2. Reach Out: We'll spread the word about our project in community centres, via newsletters, and online platforms, inviting everyone interested to join us. 3. Learn Together: Through workshops, we'll work with our partners and the Panel to brainstorm research questions and designs. 4. Collect Insights: We'll host focus groups, interviews, and send out surveys to gather a wide range of perspectives on mental health

				<p>research.</p> <p>5. Empower: We'll host training sessions on research methods to equip our partners with the tools they need to actively participate in the research and use the findings in their communities.</p> <p>Our approach is rooted in respect, reciprocity, and co-learning. By involving the community at every step, we aim to make our research more meaningful and impactful.</p>
<p>Catherine Costigan</p> <p>Co-lead Adrienne Carter</p>	<p>University of Victoria</p>	<p>University of Victoria</p>	<p>Creating and sharing innovative models for language interpreter services and cultural bridging in health care: A health equity approach</p>	<p>In many areas of healthcare, language interpretation and cultural brokering services either do not exist or are underutilized. As a result, newcomers avoid healthcare, receive less adequate healthcare due to lack of understanding, or experience additional risks due to reliance on family members for interpretation services. As a result, newcomers' healthcare needs are inadequately addressed across primary care, urgent care, mental health care, and acute care contexts. This can lead to poorer health outcomes and significant costs to newcomer families and to our healthcare and social systems. Our proposal addresses these healthcare inequities for newcomers. Overcoming access barriers remains a human rights issue provincially and across Canada. Building on our teams' longstanding collaborations across the Capital Region, we will collaboratively identify promising practices related to navigating provincial and local language and cultural resources to assist newcomer communities. This urgent issue will only become more pressing as Victoria continues to increase in ethnic, racial, and linguistic diversity due to the Canadian government's commitment to increasing rates of immigration and refugee settlement across the country.</p>
<p>Paul van Donkelaar</p> <p>Co-lead Karen Mason</p>	<p>University of British Columbia</p>	<p>University of British Columbia – Okanagan Campus</p>	<p>Ethicolegal implications of screening for intimate partner violence-caused brain injury: Co-creating research priorities and practice recommendations</p>	<p>Brain injury (BI) is known as an invisible injury. Intimate partner violence (IPV) is equally invisible, often happening behind closed doors with no witnesses. Almost half of women in Canada report experiencing at least one incident of physical or sexual violence at the hands of a partner in their lifetime, and as many as 92% of women who seek help from abuse at a hospital emergency room or a women's shelter may have experienced a BI. IPV-caused BI is a public health emergency, overdue for research and attention.</p> <p>BI can have chronic and devastating health implications. Our research indicates it may also be weaponized against a survivor in family court where custody of, or access, to children is contested, based on assertions the injury makes a mother unfit to parent.</p> <p>In this project we will bring together experts from legal, community, and</p>

				healthcare-focused agencies, to review the research findings, and analyze and prioritize their attendant recommendations. In response, our team will conceive, draft, and disseminate an action plan and position paper designed to inform future research and practice, and spark system change with the hope that this will result in better outcomes for survivors.
<p>Mauricio Garcia-Barrera</p> <p>Co-lead Geoffrey Sing</p>	University of Victoria	University of Victoria	Community-Engaged Solutions for Recognizing and Responding to Overdose-Induced Brain Injury	<p>Toxic drug poisoning is British Columbia’s longest standing public health emergency. April 2023 marked the 31st consecutive month in which at least 150 lives were lost to unregulated drugs in BC, many of these deaths occurring on Vancouver Island. Research on hypoxic brain injury—a type of brain injury in which the brain does not get enough oxygen—after overdose survival, including work done by our team, raises two pressing questions: How do we recognize brain injury after non-fatal overdose occurs? And how do we best support individuals who experience brain injury after non-fatal overdose? Our proposed work aims to address these critical issues by leveraging the knowledge of researchers, people with lived experience of drug-related brain injuries, and community leaders who support them, to build priorities for future research and produce a community-driven list of recommendations for recognizing and responding to hypoxic brain injury after non-fatal overdose. Through a World Café workshop and follow-up prioritization survey and consensus meeting, our goal is to collaboratively create recommendations for research and practice, ensuring a comprehensive and inclusive approach to service provision on Vancouver Island.</p>
<p>Jennifer Jakobi</p> <p>Co-lead Lee Clark</p>	University of British Columbia	University of British Columbia – Okanagan Campus	Aging in Place: A Perspective from Indigenous Older Adults and Elders	<p>This partnership supports knowledge gathering to understand the choices of Indigenous older adults on where and how they want to choose to age-in-place. Working alongside Indigenous communities we will gather data on what aging-in-place means to Indigenous older adults. Modifying a developed survey, we are co-creating knowledge from across BC reflecting the needs and choices of Indigenous older adults and Elders. We anticipate building on this with our national partners to capture voices of different nations across what is called Canada. Stakeholder and community reports will be co-created with Indigenous communities. The generated evidence will first be reviewed within individual communities and thereafter shared through knowledge exchange events with government, Indigenous leaders and policy makers at the provincial and federal levels. Aging-in-place needs to</p>

				<p>extend from health (provincially governed) to family services, and housing (federally governed). Activities will be led by an advisory council of the communities from which the knowledge originates. Our goal is capture Indigenous voices, and with intentional listening elevate knowledge to shape policies and practice to support of aging-in-place for Indigenous communities.</p>
<p>Kamyar Keramatian</p> <p>Co-lead Julie Zimmerman</p>	<p>University of British Columbia</p>	<p>Vancouver Coastal Health</p>	<p>Early identification of bipolar disorder in adolescents and young adults: Establishing a collaborative research agenda.</p>	<p>Bipolar disorder (BD) is a psychiatric condition that affects about 2 percent of Canadians. Individuals with BD experience extreme changes in their mood, as well as their energy and ability to function. Research from our group and others has shown that BD often goes unrecognized for years, making it hard for affected individuals to receive the care they need. This can result in negative consequences including inappropriate treatment, more hospitalizations, and an increased risk of suicide. Factors that may play a role in this delay are complex and include, among others, the presence of co-occurring conditions, inadequate use of screening tools, and limited access to specialized mental health services. Therefore, finding the best strategies to address this challenge requires collaboration among multiple individuals and institutions. Our project will establish a collaborative network of healthcare leaders, clinicians, researchers, and international experts, as well as those with lived experiences of BD and their families. By organizing a series of workshops and meetings, we will co-create a research agenda aimed at finding ways to reduce the delay in the diagnosis and treatment of BD among youth and young adults in BC and beyond.</p>
<p>Megan MacPherson</p> <p>Co-lead Raj Hundal</p>	<p>Fraser Health Authority</p>	<p>Fraser Health Authority</p>	<p>Health Equity in the Digital Age: Enhancing Virtual Care for South Asians in British Columbia</p>	<p>Three in four South Asians in British Columbia live within the Fraser Health (FH) region. South Asians in Canada experience higher rates of chronic disease compared to the general Canadian population. These health disparities may be due, in part, to the ways in which social and environmental factors impact health and contribute to health inequities. Virtual care services involve the delivery of health services through remote technologies (e.g., telephone, video calls, internet). Virtual care has the potential to improve healthcare access for marginalized populations; yet, South Asians in Canada are less likely to use virtual care services. They also face significant barriers in accessing culturally appropriate services. There is a need to develop and implement more equitable policies and virtual care services to improve access and reduce disparities. This study aims to understand the barriers to, and facilitators of, virtual care services faced by South Asians in the FH</p>

				region to help inform the development of more equitable and accessible virtual care solutions within FH.
<p>Janet Mah</p> <p>Co-lead Meredith Hartley</p>	<p>University of British Columbia</p>	<p>BC Children's Hospital Research Institute</p>	<p>Rising Up: Collaborating with Chinese Families and Communities to Promote Mental Health Literacy</p>	<p>Many Chinese families living in BC struggle in silence to support their child's mental health. Most resources are available only in English and were developed without cultural knowledge about mental health or related considerations of stigma. In this project, we begin to address this gap by partnering with Chinese families and community agencies to co-design resources that are culturally-meaningful, engaging, and effective. To start, we will work with a committee of Chinese caregivers and community providers of children aged 3-13y to promote mental health awareness early on in childhood.</p> <p>We will co-host workshops with 2 activities to gain information and feedback about (i) existing resources, and (ii) what mental health information is needed and how they wish to receive it. The workshops will be offered both in-person and online, across daytime, evening and weekend hours, so people from different locations and schedules can attend. We will make special efforts to include a balance of mothers, fathers and grandparents. We will identify key themes and top priorities from the discussions to guide future steps towards co-developing culturally appropriate mental health resources for Chinese families.</p>
<p>Taru Manyanga</p> <p>Co-lead Gloria Fox</p>	<p>University of Northern British Columbia</p>	<p>University of Northern British Columbia</p>	<p>A multisectoral physical activity engagement strategy for youth living in Northern British Columbia</p>	<p>Inequities in opportunities to participate in regular physical activity (PA), and the health risks associated with insufficient PA, including low self esteem, increased adiposity, low academic performance and the early onset of non-communicable diseases among youth, requires urgent attention. Insufficient PA is higher among rural youth, who are typically excluded in PA related research. Our recent review shows that overall, successful PA interventions for rural youth involve intersectoral collaboration. We propose a series of multisectoral youth engagement workshops to identify and address PA barriers for youth living in northern BC.</p> <p>This is a community-based project involving 4 collaborative engagement workshops to identify and address barriers to youth PA in northern, rural, and remote BC communities. This strategy will bring together youth, community-based organizations, decision makers and researchers. The project will consist of brainstorming workshops conducted over 12 months aimed at centering youth voices. We will provide opportunities for youth to take leadership roles in developing and promoting PA programs, as well as advocating for policies and</p>

				initiatives that support their regular PA participation in the community.
Deborah Money Co-lead Valerie Nicholson	University of British Columbia	Women's Health Research Institute	NOVA-HIV: Establishing a community advisory committee and co-leading a clinical trial	This project will bring together women living with HIV, HIV community organizations/allies, and researchers to establish a community advisory committee for the NOVA-HIV clinical trial. This committee will co-lead the clinical trial by reviewing study materials to ensure they are safe and appropriate, holding regular meetings to review study progress, and providing ongoing feedback on topics such as recruitment. A critical component of this community advisory committee will be capacity building among trainees through immersion in community engagement work and women living with HIV through pairing community members with less experience interfacing with research with a mentor community member to learn and develop their ability to contribute to additional research in the future.
Kishore Mulpuri Co-lead Regina Wilken	University of British Columbia	BC Children`s Hospital and Sunny Hill Health Centre for Children	Establishing a Patient/Family-Partner Hip Dysplasia Advisory Group	Together with the I'm a HIPpy Foundation, our lab will hold a series of group discussions with patients with hip dysplasia, a common hip condition in children, and their parents/guardians. We want to learn about their experiences through their care journeys and what they wish they would have known prior to, and during, their own treatment. We will aim to involve patients and families who have had a variety of experiences and from across BC to ensure that their stories reflect the wide variety of care journeys. From these discussions, we will also aim to identify patients and families interested in working as partners with our research lab, the Hippy Lab, for our future research projects. This will help use to form a patient/family advisory group which will be a valuable resource for our lab. This group will work with us to decide on future research questions we want to answer to make sure that our projects are focused on patient-important concerns. They will also help us to create educational resources that will better inform patients and families of what to expect throughout diagnosis and treatment for hip dysplasia.
				Reflecting the global nursing workforce shortage, the province of British Columbia is facing a nursing staffing crisis: in addition to high numbers of experienced nurses choosing to retire, many new graduate nurses are leaving the profession within a few years of graduation (British Columbia Nurses Union, 2022). To address this crisis, we will host a co-design workshop that will bring together research users and researchers

<p>Robert Paquin Co-lead Agnes Black</p>	<p>British Columbia Institute of Technology</p>	<p>British Columbia Institute of Technology</p>	<p>STARS -- STARting off Right: Best Supports for New Graduate Nurses</p>	<p>focused on better supporting new graduate nurses as they transition to clinical practice. During the workshop, we will share best practice research, innovative solutions, co-design scaling solutions, prioritize research gaps, and determine how best to share information. Specifically, the workshop will include examination on support for groups of nurses with high barriers when transitioning to practice, including Indigenous, Black, and internationally educated nurses. Our intended outcomes centre on co-designing a research agenda with priority areas for future research and co-design best practice KT products. Finally, we will increase the capacity of knowledge translation for researchers and research users through co-development and exposure to consultant design experts in visual knowledge translation.</p>
<p>Nitasha Puri Co-lead Gary Thandi</p>	<p>Fraser Health Authority</p>	<p>Fraser Health Authority</p>	<p>Development of a Culturally Resonant Clinical Intervention to Support South Asian (SA) Men who use Substances</p>	<p>Substance use disorder is a growing chronic disease in Canada, with increasing harms. Racialized South Asian (SA) men living in the Lower Mainland have been shown to be particularly vulnerable to the harms of alcohol and opioid use, with many struggling to access support due to a variety of systemic and intrinsic barriers. Ensuring that research users are engaged as equal partners alongside researchers, the team will have shared leadership between SA men who use substances, health service providers, community organization representatives, and researchers. The goal of the project is to design an evidence-informed, culturally resonant intervention to support SA men who use substances, as well as identify next steps for further research and study of culturally resonant interventions. This will be completed during 5 collaborative meetings between the team and various stakeholders, guided by an experienced facilitator who will use an anti-racist approach to facilitation. Overall, this initiative will produce a culturally resonant intervention designed by researchers and research users and an agenda for future research that embodies anti-racist ideas and centres the experiences and ideas of SA men who use(d) substances.</p>
<p>Mariko Sakamoto Co-lead Lynn Jackson</p>	<p>University of Victoria</p>	<p>University of Victoria</p>	<p>Dementia Friendly Communities: Bringing to the Fore the Perspectives and Needs of People with Dementia Who Live Alone</p>	<p>The concept of Dementia Friendly Communities (DFCs) is becoming popular worldwide, as communities, organizations, and policymakers work to make our society a place where people living with dementia can live in comfort, strive for wellbeing, and feel connected to others. However, people with dementia who live alone have not really been included in conversations about and planning for DFCs. This is a significant gap, especially since people with dementia who live alone are a growing group of people. This project aims to address this gap and to</p>

				include people with dementia who live alone in co-designing an Action Plan that will lay the groundwork for future planning of DFCs, that takes into account their voices and perspectives. This work will involve an Action Group (AG) of people with dementia who live alone in different communities across BC. 8-10 people will join the AG, and will participate in 5 online co-design workshops to develop an Action Plan. The co-design workshops will be led by a team of designers from the Health Design Lab at Emily Carr University of Art + Design. The Health Design team will work in partnership with the project team and AG to co-design the Action Plan, and plan next steps for ongoing work.
<p>Caroline Sanders</p> <p>Co-lead Ibolya Agoston</p>	<p>University of Northern British Columbia</p>	<p>Northern Health Authority</p>	<p>Developing a research agenda to support northern internationally educated nurses return to the healthcare workforce</p>	<p>The nursing workforce is in crisis. The BC government's commitment to health workforce strategy highlights that a systemic approach supporting nurses with international education (IENs) living in British Columbia returning to the workforce needs to be updated and strengthened. The proposed activities are based on this need and call for a learning system approach to workforce planning, including building capacity for IEN networking, education, recruitment, and retention. Applying learning systems principles to co-create a nimble northern post-secondary-health authority partnership will require effective teamwork to develop a research agenda on IEN access to education to support workforce sustainability. To use evidence to guide IEN programming in northern BC, we intend to invite provincial partners and stakeholders and facilitate a face-to-face meeting, followed by four online group meetings. Participatory techniques will be used in these sessions to explore the practicality of original and creative solutions for IEN nurse assessment, education, and employment in the north. Finally, we will focus on determining ways to improve IEN systems in practice, research, and policy across BC.</p>
<p>Diane Sawchuck</p> <p>Co-lead Chaundra Willms</p>	<p>Island Health</p>	<p>Island Health</p>	<p>Co-Developing a Research Plan to identify roles, optimal resource allocation, and educational preparation for Nurse Practitioners (NPs) in acute care settings in Island Health</p>	<p>Nurse Practitioners (NPs) have practiced in BC since 2005, predominantly in primary care settings. Our completed C2 grant addressed the facilitators and challenges for integration of NPs into primary care in Island Health from the perspective of Island Health NPs, family practitioners, the MOH Nursing Policy Secretariat and Nurse and Nurse Practitioners Association of BC (NNPBC). During that grant, the health care environment in BC became more resource depleted in both primary and acute care settings. Demand for NPs in acute care are driven by shortages of hospitalist physicians, gaps in integrated care models, patients utilizing emergency departments for primary care, and</p>

				<p>unresolved challenges related to alternative level of care (ALC) patients occupying acute care beds. This environment has created unprecedented demand for NPs and CNSs within acute care settings. A MOH strategy for optimal NP utilization in acute care settings does not currently exist, and NP education programs in BC have curriculum gaps preparing NPs for acute care roles. We aim to leverage established relationships between NPs, Island Health, UVic, MOH & NNPBC to map the model of care, resource supports and educational preparation for NPs in acute settings.</p>
<p>Kasmintan Schrader Co-lead Jennifer Nuk</p>	BC Cancer	BC Cancer	<p>Exploring Health Professional Attitudes Towards Parent-of-Origin-Aware Genomic Analysis: Hereditary Cancer and Beyond</p>	<p>Genetic changes can cause hereditary syndromes, and genetic testing can detect these changes. Parents may pass genetic changes to their children, and these changes can run in families. Unfortunately, if a parent cannot be tested, it is harder to understand test results, counsel patients, and test other family members. Parent of Origin Aware Genomic Analysis (POAga) is a brand new test that may predict which parent has passed down a genetic change. This prediction may work even when the parent cannot be tested. Vancouver researchers reported on POAga earlier this year, and we hope that it will lead to faster testing and better counselling. POAga should still be discussed with the health professionals who order genetic testing. This includes geneticists, genetic counsellors, and medical oncologists. This project will help bring this brand-new research from the laboratory to the genetics clinic. After watching a short video about POAga, participants will be able to ask questions. Then, we will lead focus groups gathering their own questions, concerns, and opinions. The information we learn will help us develop future educational resources for these professionals.</p>
<p>Krista Stelkia Co-lead Nel Wieman</p>	Simon Fraser University	Simon Fraser University	<p>Identifying Priorities to Address First Nations-specific Racism in the Health Care System in Partnership with the Office of the Chief Medical Officer at First Nations Health Authority in BC</p>	<p>Indigenous-specific racism has been identified as an undeclared public health emergency by the Office of the Chief Medical Officer (OCMO) at the First Nations Health Authority in British Columbia (BC). The 2020 In Plain Sight report found that Indigenous-specific racism in the BC health care system was common and widespread. In response, our project will bring together a team of Indigenous health researchers, health systems leaders, physicians and a trainee to identify action-oriented priorities and pathways to address First Nations-specific racism in the BC health care system. Our objectives are to: 1) foster a collaborative partnership between Indigenous health researchers and research users (health systems leaders and physicians) from the OCMO ; 2) build research</p>

				capacity in addressing First Nations-specific racism; 3) co-host a convening space to identify gaps, challenges, and research priorities to address First Nations-specific racism; and 4) co-develop a research priorities report and action plan to address First Nations-specific racism in the health care system. The outcomes of this project will help to catalyze collective action in advancing First Nations-led anti-racism strategies within the BC health care system.
<p>Caroline Variath</p> <p>Co-lead Jill Gerke</p>	Vancouver Island University	Vancouver Island University	A Patient-Oriented Research Approach to Improve Access to and Experiences with Medical Assistance in Dying for Persons Whose Death is not Reasonably Foreseeable	<p>In 2021, the Canadian Government expanded access to medical assistance in dying (MAiD) to persons whose death is not reasonably foreseeable (Track-2 MAiD) with the introduction of Bill C-7. Island Health has consistently had the highest yearly provisions of MAiD in Canada since its legalization in 2016. However, the number of Island Health physicians and nurse practitioners willing to assess and provide Track-2 MAiD is low. Recent media reports and public discussions about Track-2 MAiD have increased the spread of misinformation and mistrust. Our overall goal is to improve experiences with and access to Track-2 MAiD for patients and their families, and to support clinicians assessing and providing this service. To achieve this goal, we will establish a network that consists of patient-partners, multidisciplinary clinicians, researchers, and trainees. Using a transparent, collaborative approach to share knowledge and identify gaps, we will seek to minimize mistrust towards Track-2 MAiD and inform meaningful developments and safeguards in clinical practice. The activities proposed will also help build a research program and the capacity for further meaningful changes that support safe access to and experiences with Track-2 MAiD.</p>
<p>Jill Zwicker</p> <p>Co-lead Jason Gordon</p>	University of British Columbia	BC Children's Hospital Research Institute	Partnering to improve early identification and early intervention for children with developmental coordination disorder	<p>Developmental Coordination Disorder (DCD) is a common condition that significantly interferes with a child's ability to learn motor skills. Without treatment, these motor challenges can persist into adulthood and limit job opportunities, affect physical and mental health, and impact quality of life. Early identification and intervention are crucial to change this negative trajectory.</p> <p>More than 50,000 children in BC may have DCD, but most of these children are unlikely to have a diagnosis or receive therapy. Our survey of BC parents of children with DCD showed that they first identified concerns about their child's motor skills at age 3 years, but did not receive a diagnosis until age 8, missing a critical window for early intervention. Parents also identified significant barriers to accessing therapy for their child.</p>

				<p>In this project, we will bring together a diverse group of parents, researchers, health organizations, and clinicians to determine how to streamline early identification and improve access to early intervention. We will hold a series of meetings with these key partners to identify research objectives and co-develop a grant application to implement and evaluate early interventions for children with DCD.</p>
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