



## Introduction

The Michael Smith Foundation for Health Research is the provincial support agency for health research in BC. In its commitment to accountability, quality improvement and demonstrating results, the MSFHR requires award recipients to submit annual reports.

MSFHR has developed an organization-wide performance monitoring and evaluation framework that will enable consistent data collection across Foundation programs. All Award Recipients' Annual Reports are built upon this framework. The Framework can be found at [http://www.msfhr.org/about/monitoring\\_evaluation](http://www.msfhr.org/about/monitoring_evaluation).

Information provided in this report will be used for program administration, planning, evaluation and communication purposes. MSFHR uses some of this information to update the researcher profiles posted on the MSFHR website, which typically includes researcher name, institution, research location and excerpts of achievements. As this information is communicated to the public, please ensure that the report is written in a language understandable to lay audiences.

By submitting this report, you are consenting to the use of this information for communication, evaluation, and program improvement. Please submit this report in a timely manner, as per the conditions of award.

## Reporting Guidelines

### Instructions

It is understood that Research Units (the 'Unit') receive funding from multiple sources. For the Research Unit Annual Report, please report on the **MSFHR Research Unit Award** for the period of July 1, 2008 – June 30, 2009. Please do not present any information beyond that requested; additional rows may be added where required to include all applicable information. **Send your report by email** to Ms. Gayle Scarrow, Acting Program Coordinator, Infrastructure at [gscarrow@msfhr.org](mailto:gscarrow@msfhr.org). The deadline for submission of your report is **August 21, 2009**. If you have any questions, please contact Ms. Gayle Scarrow.

In addition to this report, we require an independent financial statement issued by the finance department of your host institution detailing the use of MSFHR funds for the period July 1, 2008 to June 30, 2009. This statement should be jointly signed by yourself and an authorized financial officer of your host institution.

## MSFHR Research Unit Report

|  |                             |
|--|-----------------------------|
| <b>1.1 Research Unit Name:</b><br>NEXUS: Researching the social contexts of health behaviour |                             |
| <b>1.2 Has the Unit name changed from your original proposal?</b><br>✓ No      Yes           | <b>1.2.1 Previous Name:</b> |
| <b>1.3 Host Institution:</b><br>University of British Columbia                               |                             |
| <b>1.4 Leader:</b><br>Drs. Joan Bottorff, Joy Johnson, & Pamela Ratner                       |                             |



|   |   |
|---|---|
| <b>1.4.1 Leader's Signature:</b>  |   |
| <b>1.5 MSFHR Research Unit Award Number:</b><br>RUA051031   | <b>1.6 Year of Report:</b><br>__ 1 __ 2 __ 3 __ 4 __ 5 <input checked="" type="checkbox"/> 6  |
| <b>1.7 Research Pillar(s):</b><br><input type="checkbox"/> Biomedical<br><input type="checkbox"/> Clinical<br><input type="checkbox"/> Health systems and services<br><input checked="" type="checkbox"/> Health of populations, societal and cultural dimensions of health, and environmental influences on health | <b>1.8 Research Area: (Check all that apply)</b><br><input checked="" type="checkbox"/> Aboriginal People's Health<br><input type="checkbox"/> Aging<br><input checked="" type="checkbox"/> Cancer Research<br><input checked="" type="checkbox"/> Circulatory and Respiratory Health<br><input checked="" type="checkbox"/> Gender and Health<br><input type="checkbox"/> Genetics<br><input checked="" type="checkbox"/> Health Services and Policy Research<br><input checked="" type="checkbox"/> Human Development, Child and Youth Health<br><input type="checkbox"/> Infection and Immunity<br><input type="checkbox"/> Musculoskeletal Health and Arthritis<br><input checked="" type="checkbox"/> Neurosciences, Mental Health and Addictions<br><input type="checkbox"/> Nutrition, Metabolism and Diabetes<br><input checked="" type="checkbox"/> Population and Public Health |
| <b>1.9 Individual Completing this Report:</b><br>Stephanie Coen, Research Manager<br>Joan Bottorff, Joy Johnson, & Pamela Ratner, Directors   |   |

| 2. Provide a current list of the Qualified Health Researchers (QHRs) and Associated Health Researchers (AHRs) in the Research Unit. See Appendix 1 for definitions. |            |   |                               |   |   |
|---|------------|---|-------------------------------|---|---|
| QHRs  |            |   |                               |   |   |
| Last name   | First name | Area of Primary Focus:<br>Please choose from the following:<br>research; clinical or health practice;<br>health system management;<br>patient perspective; health policy; industry;<br>other (describe) | Discipline, if relevant       | Institution (Research Location) or Place of Employment                    | Is the QHR new to the Unit as of this past year? (yes/no) |
| Balneaves   | Lynda      | Research  | Nursing                       | UBC, School of Nursing  | No  |
| Bottorff  | Joan       | Research  | Nursing                       | UBC Okanagan, Institute for Healthy Living and Chronic Disease Prevention | No  |
| Buxton  | Jane       | Research & health practice & health   | Epidemiology<br>Public health | UBC, School of Population & Public  | No  |



|             |                  | policy                                |  | Health<br>BCCDC  |  |
|-------------|------------------|---------------------------------------|--|--|--|
| Greaves     | Lorraine         | Research & health<br>policy           | Population and public<br>health<br>Sociology | Health System Strategy<br>Division, Ministry of<br>Health and Long-Term<br>Care, Province of Ontario<br>British Columbia Centre<br>of Excellence for<br>Women's Health,<br>Vancouver | No   |
| Johnson     | Joy              | Research                              | Nursing                                      | UBC, School of Nursing   | No   |
| Oliffe      | John             | Research                              | Nursing                                      | UBC, School of Nursing   | No   |
| Ostry       | Aleck            | Research                              | Geography<br>History<br>Social epidemiology  | University of Victoria,<br>Dept. of Geography  | No   |
| Procyshyn   | Ric M.           | Research &<br>clinical practice       | Psychopharmacology                           | BC Mental Health and<br>Addictions Services<br>(PHSA)  | No   |
| Ratner      | Pamela           | Research                              | Nursing<br>Social epidemiology               | UBC, School of Nursing   | No   |
| Shoveller   | Jean             | Research                              | Population and public<br>health              | UBC, School of<br>Population & Public<br>Health  | No   |
| Soon        | Judith           | Research                              | Pharmaceutical<br>sciences                   | UBC, Faculty of<br>Pharmaceutical Sciences   | No   |
| <b>AHRs</b> |                  |                                       |  |  |  |
| Last name   | First name       | Area of Primary Focus<br>(see above)  | Discipline, if relevant                      | Institution (Research<br>Location) or Place of<br>Employment   | Is the AHR<br>new to the<br>Unit as of<br>this past<br>year?<br>(yes/no) |
| Browne      | Annette          | Research                              | Nursing                                      | UBC, School of Nursing   | No   |
| Davison     | Joyce            | Research & clinical<br>practice       | Nursing                                      | UBC, Dept. of Urologic<br>Sciences   | No   |
| Franche     | Renée-<br>Louise | Research & health<br>policy           | Occupational health                          | Disability Prevention<br>Occupational Health &<br>Safety Agency for<br>Healthcare (OHSAH) in<br>BC   | Yes  |
| Galdas      | Paul             | Research                              | Nursing                                      | UBC, School of Nursing   | No   |
| Gotay       | Carolyn          | Research                              | Population and public<br>health              | UBC, School of<br>Population & Public<br>Health<br>Canadian Cancer<br>Society  | Yes  |
| Grewal      | Sukhdev          | Research & other:<br>health education | Nursing                                      | Langara College  | No   |
| Guo         | Su-Er            | Research                              | Nursing                                      | University of Victoria,<br>School of Nursing   | No   |
| Hislop      | T. Gregory       | Research                              | Epidemiology                                 | BC Cancer Agency   | No   |
| Koehoorn    | Mieke            | Research                              | Epidemiology                                 | UBC, School of   | No   |



|             |           |                              |                                  | Population & Public Health  |     |
|-------------|-----------|------------------------------|----------------------------------|---|-----|
| Mackay      | Martha    | Research & clinical practice | Nursing                          | St. Paul's Hospital Heart Centre  | No  |
| McCullum    | Mary      | Research & clinical practice | Nursing                          | BC Cancer Agency  | No  |
| Michalak    | Erin      | Research                     | Psychology                       | UBC, Dept. of Psychiatry  | Yes |
| Ogrodniczuk | John      | Research                     | Psychiatry                       | UBC, Dept. of Psychiatry  | No  |
| Reime       | Birgit    | Research                     | Epidemiology                     | University of Applied Sciences (Germany), Faculty of Nursing & Healthcare | No  |
| Richardson  | Chris     | Research                     | Epidemiology                     | UBC, School of Population & Public Health                                 | No  |
| Robinson    | Carole A. | Research                     | Nursing                          | UBC Okanagan, School of Nursing   | No  |
| Sawatzky    | Richard   | Research                     | Nursing                          | Trinity Western University, Nursing Program                               | No  |
| Truant      | Tracy     | Research & clinical practice | Nursing                          | BC Cancer Agency  | No  |
| Ward        | Helen     | Research                     | Epidemiology                     | UBC, Dept. of Respiratory Medicine  | No  |
| Wong        | Sabrina   | Research & clinical practice | Nursing Health services research | UBC, School of Nursing  | No  |
| Young       | Mary Lynn | Research                     | Journalism                       | UBC, Graduate School of Journalism  | No  |

**3. Please comment on Research Unit membership in the past year (e.g. turnover rate, areas of expertise sought after, etc.). (max. 50 words)**

NEXUS added 3 new AHRs this year to augment our expertise in: 1) mental health (Michalak: psychosocial aspects of psychiatric disorders); 2) occupational health (Franche: work disability prevention and health care sector working conditions); 3) cancer prevention (Gotay: preventive behaviour, interventions to reduce social disparities, and evaluating multi-level cancer care approaches).

**4. List the number of trainees who were involved with the Research Unit during the previous year.**

|   | Master's | PhD | MD | PDF | Other |
|---|----------|-----|----|-----|-------|
| # | 3        | 23  |    | 7   |       |



| 5. Please list the research projects undertaken by the Unit in this reporting period and provide a brief lay description.   |  |                          |
|---|--|--------------------------|
| Research Project Title  | Lay Description.<br>(max. 40 words)  | Expected Completion Date |
| An investigation of factors contributing to the recruitment and retention of rural and remote community health workers  | Community Health Workers (CHWs) provide vital home support services (e.g., bathing, feeding) to mainly vulnerable seniors. This study examines factors contributing to the recruitment and retention of CHWs in four rural and remote Vancouver Island communities to help improve their recruitment and retention.  | 2009                     |
| Experiences with contraception among youth in northern BC: Examining the impact of gender, place, and culture   | Pregnancy rates among teens in rural and northern British Columbia (BC) are 60% higher than the provincial average. This study investigates how gender, place, and culture jointly affect youth's experiences with contraception to develop recommendations for interventions for northern BC youth.   | 2010                     |
| Knowledge to action: Changing the institutional response to tobacco use in community mental health settings (CACTUS program of research)  | This project aims to improve and evaluate an evidence-based strategy to address the issue of providing smoking cessation or harm reduction support to those with severe and persistent mental illness.   | 2010                     |
| Rural and northern youth sexual health team: Building interdisciplinary research capacity to reduce health and social disparities   | This study investigates how gender, culture, and place affect youths': 1) prevention, treatment, and health services utilization; 2) interactions with health care, educational and social service systems. Participatory research capacity is being developed to launch intervention research on sexually transmitted infections (STIs) and early-age pregnancy prevention. | 2011                     |
| Action required: Revisiting better practices in smoking cessation interventions for pregnant and postpartum girls and women   | This research synthesis assesses the available evidence on smoking and pregnancy in order to translate and disseminate the most current information related to pregnancy and postpartum smoking interventions for women and health care professionals.   | 2009                     |
| An examination of the efficacy, safety, and sex and gender differences in using varenicline as an aid to smoking cessation in a population of methadone maintained opioid addicted patients | An estimated 70% - 90% of individuals in drug treatment concurrently smoke cigarettes. Varenicline is a potential smoking cessation aid for methadone maintained patients. This study examines the use of varenicline for this population, with particular attention to any sex and gender differences in efficacy, withdrawal symptoms, and safety.                         | 2010                     |
| Depression and masculinities: Perspectives of elderly men   | While elderly men are significantly less likely than elderly women to acknowledge and report symptoms of depression, their suicide rate is almost eight times higher. This study seeks to understand this gender disparity by  | 2010                     |



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|  | investigating elderly men's depression-related behaviour and beliefs and their connections with masculinities.  |      |
| Depression and masculinities: The perspectives of men and their partners   | This study examines the discordant relationship between men's low rates of diagnosed depression and high suicide rates by exploring the connections between depression and masculinities from the perspectives of men who experience depression, and the partners of depressed men.   | 2009 |
| FACET 3: Translating knowledge into tailored interventions for women and men to address tobacco use during pregnancy and postpartum  | This is the 3 <sup>rd</sup> phase of the FACET (Families Controlling and Eliminating Tobacco) program of research, which focuses on tobacco use in families, specifically during pregnancy and postpartum. This phase uses knowledge translation (KT) strategies to support the implementation of gender-specific tobacco reduction (TR) interventions targeting smoking pregnant/postpartum mothers and new fathers. | 2010 |
| iTAG (Investigating Tobacco and Gender) - Gender based tobacco reduction interventions   | This project investigates tobacco and gender with the end goal of developing gender-specific tobacco reduction interventions. It aims to advance methodologies and theoretical frameworks and build capacity for knowledge translation and exchange between to maximize the impact of gender-sensitive tobacco reduction.   | 2013 |
| Intersections of mental health perspectives in addictions research training (IMPART)   | This is a six year strategic training initiative in health research provided by researchers, policy experts, and health care service providers to deliver a training curriculum in applying a gendered approach to the study of addictions.   | 2015 |
| Unpacking the effects of gender and ethnicity on healthcare utilization: The cardiac rehabilitation experiences of Indo-Canadian men | Indo-Canadian men suffer significantly higher rates of death from myocardial infarction (MI) compared with Indo-Canadian women and Canadians of white/European or Chinese origin. This study develops understandings of the effects of gender and ethnicity on Indo-Canadian men's experiences with MI.   | 2011 |
| CAMEO: Complementary Medicine Education and Outcomes program   | CAMEO is a collaborative UBC/BC Cancer Agency project to address cancer patients' and oncology health professionals' need for evidence-based information on complementary medicine by providing education and up to date evidence-based information.  | 2011 |
| Perceptions of health effects and social implications of cannabis use among therapeutic and recreational cannabis consumers (HEMMP)  | This project develops understanding of the phenomenon of therapeutic cannabis use and makes recommendations for best practices related to: a) supporting consumers in making informed decisions about their use of therapeutic cannabis and b) communicating the health and social implications of therapeutic cannabis use.  | 2009 |
| The British Columbia adolescent substance use survey (BASUS)   | The study investigates emerging patterns of substance use in a BC-wide cohort of adolescents as they progress through 3 years of secondary school education (grades 8, 9, & 10) using an internet-based web-survey to collect data.   | 2011 |
| The media discourse related to marijuana use   | This project examines the Canadian media's portrayal of marijuana use to provide an in-depth account of the main messages about marijuana being provided by the media and ultimately improve the coverage of the marijuana "story" to help the public to make more informed decisions.  | 2009 |
| The culture and context of adolescent marijuana use (TRACE)  | The purpose of this study is to explore the ways in which adolescents' understanding of marijuana use is influenced by sub-cultural and community norms.  | 2011 |





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| FACET 2: A gender analysis of tobacco use in families during pregnancy, postpartum and early childhood                        | This is the 2 <sup>nd</sup> phase of the FACET (Families Controlling and Eliminating Tobacco) program of research, which focuses tobacco use in families, specifically during pregnancy and postpartum. This component seeks to develop understanding of the micro-social context of tobacco use during pregnancy, postpartum, and early childhood.   | 2008<br>(complete) |
| Aboriginal adolescent girls and smoking: A qualitative study  | This is a three-year qualitative study that aims to construct an equitable and ethical partnership between Aboriginal and non-Aboriginal researchers and community members to discover what factors are influencing tobacco use among Aboriginal girls in six different BC communities. It is a partnership with the BC Centre of Excellence for Women's Health, six Aboriginal communities in BC, the University of British Columbia, and the BC Ministry of Health. | 2008<br>(complete) |
| Assessing smoking cessation interventions by providers among pregnant girls and women   | This study, in partnership with health care providers, develops an action plan for Vancouver Island to provide smoking cessation interventions to pregnant girls and women to decrease the smoking rates in this population. Findings will be further used to develop clinical recommendations and guidelines.  | 2009<br>(complete) |
| Complementary therapy decision-making processes of advanced cancer patients   | This project describes the features of complementary therapy decision making-processes related to cancer, the differences in these decisions between women and men and across cancer types, the social context within which these decision-making processes take place, and the information resources used by advanced cancer patients as well as their unmet information needs.  | 2008<br>(complete) |
| Experiences of rural cancer patients and their families who commute to an urban centre for advanced cancer care               | This research aims to understand the experiences of rural cancer patients and their families who commute to the BCCA Centre for the Southern Interior for palliative care. The findings of this study will provide direction for palliative care offered within the Central Okanagan to families from rural communities and may also inform service delivery in rural areas.  | 2008<br>(complete) |
| Gender and ethnic differences in treatment seeking for acute coronary syndromes   | Treatment-seeking delay following acute myocardial infarction poses adverse consequences because most deaths occur within the first few hours following the onset of symptoms. In order to understand why this delaying behaviour occurs, this project develops and tests a theoretically based model of patient treatment seeking for cardiac symptoms.  | 2008<br>(complete) |
| Messages for young women about tobacco exposure and breast cancer: Phase 1  | The recently established link between young women's tobacco exposure and the development of premenopausal breast cancer has raised the need to target young women with messaging about this risk. The purpose of this study is to better understand how to develop messages for young women regarding the relationship between smoking and breast cancer.   | 2009<br>(complete) |
| Perspectives on contraception among youth: Exploring the impact of socio-cultural and structural forces in Fort St. James, BC | Despite public health efforts, pregnancy rates among teens in rural and northern British Columbia are 60% higher than the provincial average. This study examines youths' experiences with contraception in Fort St. James to understand any barriers they may encounter.   | 2008<br>(complete) |



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| Role of prostate cancer support groups in health promotion  | This study seeks to advance understandings about the role of prostate cancer support groups in men's health promotion and describe how men's health and illness behaviours are informed and influenced through attending these groups.   | 2008 (complete) |
| Safer crack use meeting   | This project sought to facilitate knowledge exchange among key stakeholders in research, policy, and program delivery related to harm reduction for crack cocaine use.   | 2009 (complete) |
| Safer crack use in an urban crack-using population (SCORE)  | This collaborative effort between NEXUS, the Centre for Addictions Research of British Columbia, and the Safer Crack Use Coalition of Vancouver is geared towards providing outreach services and harm reduction and health promotion initiatives among a community of drug users in the Vancouver Downtown Eastside (DTES). | 2008 (complete) |
| Tobacco reduction initiatives for young pregnant and parenting Aboriginal women and their children (Gitxsan TRYAMF) | This study investigates interpersonal and system influences on the smoking practices and exposure that place young Aboriginal women and their infants at risk and uses this information to develop strategies to support tobacco reduction   | 2008 (complete) |
| Sex, gender & place: An analysis of youth's experiences with STI testing  | This study investigates the barriers youth experience when seeking sexually transmitted infection (STI) testing in three communities in Northern BC. The analysis focuses on the barriers faced by young men and women.  | 2008 (complete) |

**6. Research Unit Progress: Please list the outcomes or goals included in the Unit's original proposal in the first column. Include any additional Research Unit outcomes or goals developed subsequently. Add rows as necessary. If not identified as one of your original outcomes or goals, include achievements in Knowledge Transfer and Exchange (KTE). (Report on partnership/collaboration activities in the next table.)**

| <u>Goal or Outcome:</u><br>as presented in the original proposal, or additional goals or outcomes developed since.                              | <u>Purpose</u><br>Please choose all of the following that apply: advance the Team's research agenda; increase team productivity; lead and foster partnerships/collaboration; enhance training; promote KTE; other (please describe) | <u>Activities:</u> Describe the activities undertaken in the past year to achieve this outcome or goal.<br>(max. 100 words per outcome/goal)  | <u>Result:</u> Briefly indicate what was accomplished over the past year. If this outcome or goal was not pursued in the past year, or you did not achieve what was expected during the reporting period, please explain why (max. 250 words per outcome/goal).   |
|---|---|---|---|
| Conduct research that will broaden understanding of health behaviour using innovative methods that account for the influence of social contexts | Advance the Team's research agenda  | As is demonstrated in the table above we continue to undertake research that expands understanding of health behaviour. By employing creative, ground-breaking methods and novel research designs, our work continues to yield new insights into the influences of social conditions on health behaviour. | Findings from NEXUS studies have been published in top-ranked journals. The findings of this work shed new light in several areas of health behaviour research. The extensive media "buzz" precipitated by many of these results is demonstrative of the landmark nature of this evidence. Some key examples of these contributions to the field include: <ul style="list-style-type: none"> <li>How societal norms and values attached to masculinity shape men's depression behaviours</li> </ul> |





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|  |  |   | <ul style="list-style-type: none"> <li>▪ How young men's experiences with sexually transmitted infection (STI) testing in rural BC influence their sexual health-related behaviours</li> <li>▪ Ethnic differences in how people seek cardiac health care and the potential for health education interventions</li> <li>▪ How the organizational context of institutional care influences the smoking behaviour of mental health patients</li> <li>▪ The diversity of reasons that some young people engage in frequent marijuana smoking</li> </ul> <p>In addition, many NEXUS researchers have produced reports from their research that are appropriate for the public or specific knowledge users and decision makers. These reports are being used to shape policies and practices throughout BC.</p>   |
| <p>Develop multidisciplinary, multilevel theoretical, and methodological approaches to health-behaviour research</p> | <p>Other: Advance the field of health behaviour research</p> | <p>We carried out several new initiatives to methodologically and theoretically advance multidisciplinary approaches to health behaviour research. Having conducted over 25 research projects since 2003 focusing on the effects of gender and sex on a range of health behaviours, this year NEXUS concentrated on gender and sex specifically as a core area for the development of new research tools to support innovative approaches. This emphasis is particularly timely given that measures and methods were identified as a strategic direction in the 2009-2012 strategic plan of the CIHR Institute of Gender and Health. Furthermore, there is a dearth of practical resources for researchers and students engaging in multidisciplinary gender, sex, and health research. NEXUS is developing the first resource of this kind in the field.</p> | <p>Key examples of activities accomplished include:</p> <ol style="list-style-type: none"> <li>1) <u>Edited book on methods in gender, sex, and health research</u>: This year, NEXUS began developing an edited volume to synthesize the unit's methodological "lessons learned" on researching gender, sex, and health into a practical resource for researchers and students. Progress on the book project has far surpassed our initial goals for this year. A complete book proposal was developed and submitted to SAGE, our first-choice, high-ranking publisher. The proposal was peer-reviewed with overwhelmingly positive support and book contract details are now being finalized. The majority of chapters are paired with NEXUS contributors across a spectrum of disciplines. Initial chapter outlines have been completed and first chapter drafts are underway. Publication is anticipated for January 2011.</li> <li>2) <u>Peer-reviewed, open access</u></li> </ol> |



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|   |  |  | <p><u>digest of a lengthier gender/sex primer</u>: In 2007 two of our lead investigators published a primer on sex and gender-based analysis and related concepts in health research. To share insights gleaned for our KT process of sharing the primer with stakeholders and to make the material accessible to an even wider audience, we created an article combining both a pared-down version of the original primer and these reflections. See: Johnson, J. L., Greaves, L., &amp; Repta, R. (2009). <a href="#">Better science with sex and gender: Facilitating the use of a sex and gender-based analysis in health research</a>. <i>International Journal for Equity in Health</i> 8:14.</p> <p>3) <u>Addresses at the CIHR Institute of Gender and Health (IGH) Invitational Workshop</u>: Six NEXUS investigators (Bottorff, Greaves, Johnson, Oliffe, Ratner, Richardson) were invitees at a major IGH invitational meeting on methods and measures. Lorraine Greaves presented 'Evolving gender, sex and health research' and Pam Ratner presented 'Moving beyond the binary: Advancing methods and measures in gender, sex and health'.</p> |
| <p>Develop integrated methodological and theoretical approaches that will explain and illuminate the common elements across health behaviours</p> | <p>Other: Advance the field of health behaviour research</p> | <p>We continue to pursue research collaborations that are truly multidisciplinary. By integrating a diverse spectrum of perspectives, our research designs have allowed for uniquely multi-faceted examinations of a range of health behaviours. By addressing the complexity of health behaviour through lenses that enable us to account for these multiple angles, we can better understand the socio-contextual influences that manifest across behaviours. We</p> | <ul style="list-style-type: none"> <li>▪ A leading example of an integrated approach we advanced this year to meet our goal is the 'Media discourse related to marijuana use' project. This project seeks to provide an in-depth account of the main messages about marijuana being provided by the media and, ultimately, improve the coverage of the marijuana "story" to help the public to make more informed decisions. NEXUS team members on this project are from backgrounds as diverse as nursing,</li> </ul>  |



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|  |                    | <p>continue to seek new expertise to further enhance our multidisciplinary capacity and to cultivate opportunities to facilitate the cross-pollination of ideas among investigators and trainees. We have engaged in structured activities, such as the NEXUS seminar series and spring institute, which provide concrete opportunities for the amalgamation of viewpoints and ideas that enable us to draw out patterns and common themes across research.</p> | <p>journalism, and geography.</p> <ul style="list-style-type: none"> <li>▪ We invited three new co-investigators (Franché, Gotay, Michalak) to join NEXUS this year; their expertise deepens the scope of our multidisciplinary capacity.</li> <li>▪ We conducted our monthly NEXUS seminar series. The seminar series provided a regular and frequent structured forum to explore and discuss common elements and contrasts across a diversity of health behaviours (including smoking, illicit drug use, breastfeeding, complementary cancer treatment). We expanded access to seminars this year by broadcasting online via WebEx. Attendees tuned in from across Canada.</li> <li>▪ We held the 6<sup>th</sup> annual NEXUS spring institute on April 16 &amp; 17 and it was an outstanding success. This year we invited representatives from government (Victoria Schuckel, Director of Research, BC Ministry of Health Services) and national funding bodies (Jacqueline Tetroe, Senior Advisor, CIHR Knowledge Translation Branch) whose perspectives helped us to think through questions about policy influences on health behaviour and engaging research to shape health behaviour change and policy. Forging these new linkages was invaluable to further achieving our goal of developing truly integrated approaches that serve the needs of the community, health care providers, and governments.</li> </ul> |
| <p>Provide evidence of practices and policies that will improve the health status of individuals and populations who</p> | <p>Promote KTE</p> | <p>NEXUS launched several new projects this year with specific mandates to translate research evidence into effective tools for health professionals, program planners, policy makers, and health consumers. In addition, a</p>   | <p>Key examples of new projects successfully launched to provide evidence of practices and policies include:</p> <ol style="list-style-type: none"> <li>1) 'Action required: Revisiting better practices in smoking cessation interventions for</li> </ol>  |



|                                |  |  |   |
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| <p>face barriers to health</p> |  | <p>number of existing NEXUS projects entered KTE phases and launched new KTE initiatives. One of these major initiatives included the launch and dissemination of the <a href="#">‘Couples and smoking: What you need to know when you are pregnant’</a> booklet based on the long-standing FACET program of research.</p> | <p>pregnant girls and women’ synthesizes, translates, and disseminates the most current information related to pregnancy and postpartum smoking interventions for women and health care professionals;</p> <ol style="list-style-type: none"> <li>2) ‘Assessing smoking cessation interventions by providers among pregnant girls and women’ partners with health care providers to understand potential barriers faced in delivering smoking cessation interventions to pregnant girls and women;</li> <li>3) ‘Knowledge to action: Changing the institutional response to tobacco use in the community mental health settings’ aims to improve and evaluate an evidence-based strategy to address the issue of providing smoking cessation/reduction support to those with severe and persistent mental illness;</li> <li>4) ‘FACET 3: Translating knowledge into tailored interventions for women and men to address tobacco use during pregnancy and postpartum’ aims to facilitate knowledge to action by using KT strategies to support the implementation of innovative gender-specific tobacco reduction (TR) interventions.</li> </ol> <p>One primary example of the successful translation of research evidence from an ongoing project is the ‘Couples and smoking’ booklet produced from the FACET work. The September 11 launch was a major success and used video technology to reach participants in BC, across Canada, and internationally. Speakers at the event represented four key sectors and collaborations that have been demonstrated as foundational to successful research and knowledge translation (health system planners, researchers, practitioners, women</p> |
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|  |                    |  | <p>advocates). More than 20,000 booklets have been distributed in partnership with ActNow BC and Centre for Addictions Research of BC (CARBC). The US National Cancer Institute, Tobacco Control Branch has adapted the booklet for use on its website, which will be linked with our websites in Canada.</p>   |
| <p>Develop knowledge translation strategies that support health professionals, program planners, and policy makers in utilizing research findings related to health behaviour in their decision making</p> | <p>Promote KTE</p> | <p>This year we undertook several major events to develop knowledge translation and exchange (KTE) strategies and foster KTE among a range of stakeholders. The 2009 annual spring institute was dedicated to KTE with the goal of engaging a diverse audience to problematize KTE in health research, from the practicalities of enacting KTE strategies to the political and ethical dimensions of KTE processes. We also co-sponsored a major national Canadian meeting – the first of its kind – on harm reduction approaches for crack cocaine users. In addition, we provided significant support to a NEXUS postdoctoral trainee in her development of a seminal international roundtable on chronic disease self-management (CDSM). These KTE strategies are valuable in helping to overcome research, policy, and practice silos.</p> | <ul style="list-style-type: none"> <li>▪ The NEXUS Spring Institute was attended by 60 participants including NEXUS investigators and trainees, health researchers from university-affiliated and community-based organizations, representatives from national funding bodies and provincial government, and graduate students from various disciplines. Post-institute evaluations revealed that the vast majority of participants rated the overall quality of the institute as 'excellent'. In distilling the take-home messages of the institute, many participants believed their future approaches to KTE would indeed be informed by their institute experiences. Participants were able to examine situational dilemmas, pitfalls, pearls, and successes in undertaking or conceptualizing KTE in their own work and to stimulate ideas for innovative solutions in advancing KTE. The senior advisor of the CIHR Knowledge Translation branch, Jacqueline Tetroe, was immensely impressed by the calibre and applicability of NEXUS research and our engagement in various types of KTE. (Please see appended <i>NEXUS Portal</i>, vol. 2, no.3)</li> <li>▪ NEXUS co-sponsored a pan-Canadian meeting in Toronto on harm reduction approaches related to crack cocaine use, funded by CIHR, to facilitate KTE among key stakeholders in research, policy, and program</li> </ul> |



|  |                         |   |  |
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|  |                         |   | <p>delivery. This meeting was the first opportunity of its kind to build collaborations and new networks across different settings within Canada and to exchange and collate information in order to develop evidence-based recommendations for improvements in policy and practice.</p> <ul style="list-style-type: none"> <li>▪ NEXUS provided crucial support to postdoctoral trainee Dr. Sue Mills in her development of a major KTE initiative in the CDSM field. We facilitated the preparation of a successful CIHR meetings grant application to support the event. The three-day forum brought together stakeholders from research, policy, and practice domains from countries undertaking similar and related initiatives around the world. The event was a resounding success and follow-up initiatives will help to translate the recommendations into local and context-specific actions in Canada.</li> </ul> |
| <p>Provide research-training opportunities for undergraduates, graduates, and postdoctoral fellows</p> | <p>Enhance training</p> | <p>NEXUS supports a vibrant research training program to enhance the skills and career development of graduate students and postdoctoral fellows. NEXUS supported 33 trainees in this report period. We developed and launched several new initiatives this year to enrich the NEXUS training experience. We also continued to offer our regular structured learning opportunities, which included:</p> <ol style="list-style-type: none"> <li>1) <u>Skills-based workshops and NEXUS seminar series</u>: Three training workshops (on peer reviewing grants, grants management, and visual methods in health research) and five seminars were held.</li> <li>2) <u>Spring Institute</u>: Results from our online evaluation</li> </ol> | <p>Highlights of our successful enhancements to the NEXUS trainee program include:</p> <ol style="list-style-type: none"> <li>1) <u>NEXUS trainee handbook</u>: The purpose of this reference is to augment the NEXUS training experience by facilitating access to NEXUS resources. The handbook provides a complete guide to the opportunities, policies, and procedures of the trainee program, frequently asked questions, and other supporting information. It was disseminated electronically to all trainees and posted in our online resource repository.</li> <li>2) <u>Online training resource repository</u>: To increase the accessibility of NEXUS training opportunities, we created an online warehouse of training-</li> </ol>  |





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|  |  | <p>reflected the immense training benefit of this forum. As echoed by a NEXUS trainee: "I appreciated the practical focus of the institute as I came away with some skills to enact KE. It was an excellent forum for research training."</p> <p>3) <u>Training and travel funds</u>: Six NEXUS trainees were recipients of NEXUS travel funds to support their attendance at significant conferences in their fields. Three of these were international (Spain, Turkey, Australia).</p> | <p>related materials which trainees access with personalized logins. The processes of trainee appointment, web-profile creation and updating, and applications for NEXUS travel funds were transitioned from paper to web-based submission. The site houses minutes and materials from our training workshop series, the trainee handbook, and other relevant resources.</p> <p>3) <u>Training evaluation</u>: To systematically evaluate our trainee program and respond to trainee feedback, we established an annual report form (using the web-based system above). The inaugural cycle of NEXUS trainee annual reports was completed. Analysis was undertaken to evaluate trainees' experiences with the program and the feedback was overwhelmingly positive. The majority of trainees participated in three or more training activities. Ways that NEXUS enriched their training and career development included: networking; mentorship; skill-building; learning, exchange, and exposure; community; and financial support (seed grants).</p> <p>4) <u>Online seminar broadcasting and recording</u>: To widen the accessibility of our seminar series to trainees outside UBC or unable to attend on-location, the series broadcast online using WebEx. Recordings were posted on the NEXUS website for trainees to access</p> |
| <p>Partner with other researchers, clinicians, research institutions, and community groups to ensure relevant,</p> |  | <p>All of our projects rely heavily on the successful development of partnerships with a range of stakeholders. This year we have continued to sustain these fruitful relationships and foster new linkages that expanded the breadth of our collaborations.</p>   | <p>Four new research projects launched this year (please refer to p. 12, this question) incorporate collaborative engagement with knowledge users and decision makers including health consumers, health care providers, managers, and policy makers. In addition, we have also continued to</p>   |



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| <p>multidisciplinary, and multilevel approaches to health-behaviour research</p> |  |  | <p>developed research partners throughout British Columbia. For example, Dr. Jean Shoveller has been working with the oil and gas industry in northern BC and Options for Sexual Health to develop innovative approaches to reducing STIs in the northeast region of the province. In 2008, Dr. Joy Johnson partnered with the BC Cancer Agency to launch a theatre-based project that would disseminate knowledge and engage providers of mental health care on the topic of tobacco and mental illness. The theatre troop involved those touched by mental illness, both consumers of the system and providers.</p> <p>Beyond the spheres of individual projects, as a unit we have cultivated national partnerships with key individuals in support of our mandate. For example, we invited Jacqueline Tetroe, senior advisor from the CIHR Knowledge Translation branch to our annual spring institute. This connection will be an invaluable resource as our unit increasingly expands its KTE capacity. One of the founding QHRs, Dr. Lorraine Greaves, also became the executive director of the Health System Strategy Division in the Ministry of Health and Long Term Care in Ontario, further extending our team's national linkages. In addition, we have initiated new provincial government level relations. Victoria Schuckel, director of research at the BC Ministry of Health services delivered a keynote address at the spring institute. Ms. Schuckel has been enthused to connect our unit with other key policy players to further develop our research-to-policy channels. A number of trainees have also already informally networked with Ms. Schuckel post-institute. We have also strengthened our ties with UBC Okanagan and the Kelowna community with the addition of new</p> |
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|  |                    |   |   |
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|  |                    |   | <p>UBCO trainees, participating in UBCO Celebrate Research Week, and having applied to host a CIHR Café Scientifique in Kelowna.</p>  |
| <p><b><u>Newly developed goal:</u></b> Create public outreach and engagement initiatives to enhance the accessibility of research evidence on the social contexts of health behaviour and encourage public discussion and debate</p> | <p>Promote KTE</p> | <p>This year we have undertaken several new initiatives to achieve our public engagement priorities. We are committed to producing research that is policy-relevant and to meaningfully connect our research with a public audience. We have therefore produced public events spotlighting the central, cross-cutting themes of our research as they connect to questions of popular interest. We have also incorporated techniques into our research to encourage public input and increase public awareness, including creatively engaging the media. We have also endeavoured to make our existing research communication activities more widely accessible.</p> | <p>Key examples of our success in advancing our public outreach goal are:</p> <ol style="list-style-type: none"> <li>1) <u>Participating in UBC's annual Celebrate Research Week:</u> This week-long UBC venture aims to share UBC research with the community at large. We hosted three separate events. First, we partnered with local youth leaders from a social and educational project to collaboratively design and lead an interactive workshop – for both youth and adults – on the social contexts of sexual minority youth health. At a separate panel forum (showcased on separate occasions in Kelowna and Vancouver) NEXUS investigators addressed a question of popular intrigue: how do masculinities influence men's health and health behaviour? These events were a major success in terms of attracting public attention and interest. Media uptake of the men's health forum was vast, indicative of the topic's wide public appeal. (See: 13 March 2009 <i>Vancouver Sun</i>, subsequently picked up by newspapers across the country; Dr. Galdas on <a href="#">Omni News</a>). UBCOTV produced an <a href="#">online video</a> now freely available on the internet.</li> <li>2) <u>FACET invited public input to develop effective messages to help new dads reduce or stop smoking:</u> With the support of local media, FACET received vast input from Kelowna and the Lower Mainland communities into preferred messages to get the attention of smoking dads;</li> <li>3) We submitted a proposal to host a <u>CIHR Café Scientifique</u></li> </ol> |



|  |  |  |   |
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|  |  |  | <p>in Vancouver and Kelowna on teens and marijuana.</p> <p>4) NEXUS is increasingly publishing in <u>open access journals</u>. The paper '<a href="#">Relief oriented use of marijuana by teens</a>' published in the open access journal <i>Substance Abuse Treatment, Prevention, and Policy</i>, has been downloaded 4,153 to date (Aug. 17, 2009), making it the fourth most accessed article in the journal this past year. The findings subsequently received extensive media coverage in both Canada and the US, including the <i>Montreal Gazette</i>, <i>LA Times</i>, FoxNews.com. (See also: BC CTV's '<a href="#">Where we live</a>', 24 April 2009).</p> <p>5) <u>Implementation of WebEx for NEXUS seminars</u>: Seminar access is now freely available on the internet and recordings are posted on our website. Public participation and the geographical spread of attendees expanded.</p> <p>6) <u>Publication of quarterly newsletter NEXUS Portal</u>: We continued publishing our widely-disseminated quarterly newsletter to communicate about NEXUS research with a broad audience. (Please see the four issues from this report period appended).</p> |
|--|--|--|---|

**7. List any partnerships or collaborations that were created by the Unit during the reporting period to address the Research Unit's objectives.**

| Partner/<br>Collaborator | Location *<br>within institution<br>(departments) or<br>between<br>institutions/<br>organizations<br>(indicate if it is<br>within BC; within<br>Canada; or<br>international) | Nature of<br>Partnership/<br>Collaboration **<br>Please choose<br>from the<br>following:<br>(1) network;<br>(2) coordinate;<br>(3) cooperate;<br>(4) collaborate | Duration  |          | Briefly describe the activities engaged in<br>with the partner/collaborator and result, if<br>available.<br><i>(max. 50 words)</i> |
|--------------------------|--|--|-----------|----------|--|
|                          |  |  | Completed | On-going |  |
| Women's Health           | Between  | Cooperate  | ✓         |          | Co-sponsorship of 2 NEXUS seminars on  |



|   |                             |                       |   |  |   |
|---|-----------------------------|-----------------------|---|--|---|
| Research Network (WHRN)   | organizations in BC         |                       |   |  | gender and health. WHRN supplied WebEx which enhanced accessibility of the seminar to the public. NEXUS hosted the series and provided all related support (e.g., planning, promotions, on-site moderation).  |
| BC Mental Health and Addictions Research Network (BCMhARN)          | Between organizations in BC | Cooperate             | ✓ |  | Co-sponsorship of 1 NEXUS seminar on harm reduction. BCMhARN supplied WebEx which enhanced accessibility of the seminar to the public. NEXUS hosted the series and provided all related support (e.g., planning, promotions, on-site moderation).   |
| BC Environmental and Occupational Health Research Network (BCEOHRN) | Between organizations in BC | Cooperate             | ✓ |  | Co-sponsorship of 1 NEXUS seminar on nursing work environments. BCEOHRN supplied WebEx which enhanced accessibility of the seminar to the public. NEXUS hosted the series and provided all related support (e.g., planning, promotions, on-site moderation).  |
| BC Rural and Remote Health Research Network (BCRRHRN)               | Between organizations in BC | Cooperate             | ✓ |  | Co-sponsorship of 1 NEXUS seminar on complementary medicine. BCRRHRN supplied WebEx which enhanced accessibility of the seminar to the public. NEXUS hosted the series and provided all related support (e.g., planning, promotions, on-site moderation).   |
| Camp fYrefly BC Youth Advisory Committee                            | Between organizations in BC | Collaboration         | ✓ |  | Co-creation of a public forum on the social context of sexual minority youth health. Youth leaders from fYrefly worked with NEXUS and SARAVYC to produce an interactive workshop for UBC Celebrate Research Week that was attended by a multi-age public audience.  |
| Stigma and Resilience Among Vulnerable Youth Consortium (SARAVYC)   | Within institution (UBC)    | Collaboration         | ✓ |  | NEXUS and SARAVYC co-created and co-sponsored a public forum on the social context of sexual minority youth health with youth leaders from fYrefly as part of UBC Celebrate Research Week. The event was attended by a multi-age public audience.   |
| BC Centre of Excellence for Women's Health (BCCEWH)                 | Between organizations in BC | Network & Collaborate | ✓ |  | <ul style="list-style-type: none"> <li>▪ Meeting among managerial staff to exchange strategies for unit leadership, communications, and organization.</li> <li>▪ Publication and launch of the <i>Couples and smoking</i> booklet.</li> </ul>   |
| Institute for Health Living and Chronic Disease Prevention          | Within institution (UBC)    | Collaborate           | ✓ |  | <ul style="list-style-type: none"> <li>▪ NEXUS and the Institute co-sponsored a panel discussion on men's health as part of UBC Okanagan Celebrate Research Week that was attended by members of the Kelowna community. An online-viewable version of the panel is publicly available:<br/><a href="http://ubco.tv/frontend2.php?cm=movies">http://ubco.tv/frontend2.php?cm=movies</a></li> </ul> |



|   |                             |                      |  |                |  |
|---|-----------------------------|----------------------|--|----------------|--|
|   |                             |                      |  |                | <a href="#">/LunchtimeSeriesMensHealth.flv</a><br><ul style="list-style-type: none"> <li>Publication and launch of the <i>Couples and smoking</i> booklet.</li> </ul>  |
| ActNow BC Healthy Choices in Pregnancy (HCIP) | Between organizations in BC | Coordinate           |  | ✓              | To make the <i>Couples and smoking</i> resource available to service providers to use in their discussions with women and their support networks, the ActNow BC HCIP team is working with BC Health Authorities, the BC Association of Pregnancy Outreach Programs, the Centre for Addictions Research of BC and other organizations. They are also working to develop approaches for implementing this tool in different settings, and for evaluating their implementation, again involving government policy makers, health system planners, health care workers, and women.   |
| BC Association of Pregnancy Outreach Programs | Between organizations in BC | Collaborate          |  | ✓              | NEXUS researchers worked with the BC Association of Pregnancy Outreach Programs to pilot-test the <i>Couples and smoking</i> booklet with 49 female smokers and 50 service providers in 11 communities throughout BC.  |
| BC Health Authorities                         | Between organizations in BC | Coordinate           |  | ✓              | To make the <i>Couples and smoking</i> resource available to service providers to use in their discussions with women and their support networks, the ActNow BC HCIP team is working with BC Health Authorities, the BC Association of Pregnancy Outreach Programs, the Centre for Addictions Research of BC and other organizations.  |
| Centre for Addictions Research of BC (CARBC)  | Between organizations in BC | Coordinate           |  | ✓              | <ul style="list-style-type: none"> <li>To make the <i>Couples and smoking</i> resource available to service providers to use in their discussions with women and their support networks, the ActNow BC HCIP team is working with BC Health Authorities, the BC Association of Pregnancy Outreach Programs, the Centre for Addictions Research of BC and other organizations (coordination – <i>ongoing</i>).</li> <li>NEXUS coordinated with assistant director of knowledge exchange, Dan Reist, to offer an interactive workshop on KE at the 2009 NEXUS Spring Institute (coordination – <i>complete</i>).</li> </ul> |
| BC Ministry of Health Services                | Between organizations in BC | Coordinate & Network |  | ✓ (coordinate) | <ul style="list-style-type: none"> <li>NEXUS coordinated with Victoria Schuckel, director of research, BC Ministry of Health Services to provide a keynote presentation on the complexity and importance of building solid policy-research linkages for the 2009 NEXUS</li> </ul>  |





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|  |                                 |             |   |   | <p>Spring Institute.</p> <ul style="list-style-type: none"> <li>▪ NEXUS is networking with Victoria Schuckel on an ongoing basis to develop key policy contacts and a potential advisory committee for the Unit.</li> </ul>  |
| Public Health Agency of Canada (PHAC)                    | Between organizations in Canada | Collaborate |   | ✓ | Dr. Ken Johnson is a co-principal investigator on breast cancer prevention and tobacco projects (Messages for young women about tobacco exposure and breast cancer).   |
| Clean Air Coalition (Jack Boomer)                        | Between organizations in BC     | Cooperate   |   | ✓ | NEXUS investigators regularly contribute to the tobacco rounds sponsored by the coalition.   |
| Interior Health  | Between organizations in BC     | Collaborate |   | ✓ | Senior tobacco coordinators are co-investigators on FACET 3 and assist in the development of KTE strategies.   |
| Vancouver Coastal Health                                 | Between organizations in BC     | Collaborate |   | ✓ | The CACTUS program of research involves a partnership between NEXUS researchers and managers of the Vancouver Coastal Community Mental Health Teams, and managers for the Vancouver Coastal Tobacco Control Initiative. This knowledge to action initiative is directed toward changing practices in tobacco control. VCH practitioners are co-investigators on FACET 3 and assist in the development of KTE strategies. |
| BC Cancer Agency   | Between organizations in BC     | Collaborate |   | ✓ | CAMEO is a collaborative UBC/BC Cancer Agency project that addresses cancer patients' and oncology health professionals' need for evidence-based information on complementary medicine (CAM).  |
| Canadian Prostate Cancer Network (CPCN)                  | Between organizations in Canada | Cooperate   | ✓ |   | This partnership helped to ensure the feasibility of the 'Role of prostate cancer support groups in health promotion' study by endorsing the study in provincial and national meetings and disseminating findings on the CPCN website and newsletter.  |
| British Columbia Foundation for Prostate Disease (BCFPD) | Between organizations in BC     | Cooperate   | ✓ |   | This partnership helped to ensure the feasibility of the 'Role of prostate cancer support groups in health promotion' study by endorsing the study in provincial and national meetings.  |

\*\* See Appendix 1 for definitions



**8. Overall, was the Unit able to achieve what was planned in the previous year? If not, please provide an explanation. (max. 100 words)**

Yes, we exceeded our expectations this year. Most importantly, several long-standing programs of NEXUS research transitioned into 'knowledge to action' phases (e.g. FACET, CACTUS). This year marks a critical juncture where we have been able to initiate the process of translating the body of research evidence we have developed since 2003 into effective KTE tools. Our team continues to garner nationally competitive funds and we have incorporated new members this year whose expertise will help to further expand our research capacity and support new research directions.

**9. Provide a brief lay summary of the key findings for each of the research projects that have been completed during the reporting period.**

| Research Area and Project Title   | Key Findings (max. 20 words each) |
|---|-----------------------------------|
| Area: Place<br>Title: Experiences of rural cancer patients and their families who commute to an urban centre for advanced cancer care               |                                   |
| Area: Place<br>Title: Perspectives on Contraception Among Youth: Exploring the Impact of Socio-Cultural and Structural Forces in Fort St. James, BC | <b>N/A</b>                        |
| Area: Gender & place<br>Title: Sex, gender & place: an analysis of youth's experiences with STI testing   |                                   |
| Area: Gender<br>Title: Assessing smoking cessation interventions by providers among pregnant girls and women  |                                   |
| Area: Diversity<br>Title: Complementary therapy decision-making processes of advanced cancer patients   |                                   |
| Area: Gender<br>Title: FACET 2: A gender analysis of tobacco use in families during pregnancy, postpartum and early childhood                       |                                   |

*Question eliminated by MSFHR*



|  |            |
|--|------------|
| Area: Gender & diversity<br>Title: Gender and ethnic differences in treatment seeking for acute coronary syndromes                                     |            |
| Area: Gender<br>Title: Messages for Young Women about Tobacco Exposure and Breast Cancer: Phase 1  |            |
| Area: Gender<br>Title: Role of prostate cancer support groups in health promotion  |            |
| Area: Gender & diversity<br>Title: Aboriginal adolescent girls and smoking: A qualitative study  |            |
| Area: Diversity<br>Title: Safer crack use conference   |            |
| Area: Diversity & place<br>Title: Safer crack use in an urban crack-using population (SCORE)   | <b>N/A</b> |
| Area: Diversity<br>Title: The experiences and cardiac rehabilitation needs of South Asian myocardial infarction patients: pilot study                  |            |
| Area: Gender & diversity<br>Title: Tobacco reduction initiatives for young pregnant and parenting Aboriginal women and their children (Gitxsan TRYAMF) |            |

*Question eliminated by MSFHR*

**10. List any significant world firsts that resulted from the Unit's research projects. (max. 50 words)**

- (1) **Helping fathers to reduce/quit smoking:** Our FACET program of research is the first in the world to specifically examine smoking cessation/reduction for fathers who smoke and to develop targeted interventions based on the accumulated evidence.
- (2) **Reasons for youth marijuana smoking:** We published the first research evidence to indicate that some young people frequently use marijuana for therapeutic reasons to treat a range of symptoms. Illustrative of the ground breaking nature of these findings, the open access article in *Substance Abuse Treatment, Prevention, and Policy* has been downloaded over 4,000 times since its publication in April 2009, making it the fourth most accessed article in the journal this past year.
- (3) **Persistent antipsychotic polypharmacy:** Using a diagnostically heterogeneous, community-based outpatient population, we were the first to report that persistent antipsychotic polypharmacy



is associated with excessive dosing (antipsychotic polypharmacy is defined as using more than one antipsychotic in a given patient). This breakthrough is made even more significant by the fact that very little is known about this population due to the complex barriers restricting access to this group.

| 11. Indicate the number of publications and presentations related to the Unit's research activities that have been completed in the reporting period. |  |   |               |    |
|---|--|---|---------------|----|
|   |  |   |               | #  |
| Articles in peer-reviewed journals  |  |   |               | 78 |
| Articles in non-peer-reviewed journals  |  |   |               | 2  |
| Books   |  |   |               | 1  |
| Book chapters   |  |   |               | 4  |
| Review articles   |  |   |               | 2  |
| Abstracts   |  |   |               | 17 |
| Refereed conference proceedings   |  |   |               | 6  |
| Monographs  |  |   |               | -  |
| Government reports  |  |   |               | 3  |
| Technical reports   |  |   |               | -  |
| Clinical guidelines   |  |   |               | -  |
| Technology Transfer Agreements  |  |   |               | -  |
| Patents   |  |   |               | -  |
| Patent Number:  |  |   |               |    |
| Country of Registration:  |  |   |               |    |
| Other publications (describe)   |  |   | KTE resources | 3  |
| Have the primary research publications been deposited in an open access repository?   |  |   |               |    |
| <input type="checkbox"/> No<br><input checked="" type="checkbox"/> Yes  |  | <i>Please explain. (max.50 words)</i><br><br>We are primarily a group of CIHR-funded researchers and are compliant with the CIHR open access policy. We are committed to open access, opting to purchase open access rights to published papers and publishing in open access journals wherever possible. |               |    |

| 12. Indicate the intended users of your research findings, how they were engaged during the research process, and describe, where applicable, the dissemination activities completed within the reporting period per user group. |     |    |   |   |
|--|-----|----|---|---|
| User Group   | Yes | No | How was the User group engaged during the research process? (max. 30 words)                           | Method of Dissemination of findings, where applicable (max. 30 words)   |
| Researchers/academics  | ✓   |    | <ul style="list-style-type: none"> <li>Engaged as stakeholders in national meeting on harm</li> </ul> | <ul style="list-style-type: none"> <li>Post-meeting action strategies and consensus documents were created</li> </ul> |



|                           |   |  |  |   |
|---------------------------|---|--|--|---|
|                           |   |  | <p>reduction strategies for crack cocaine users</p> <ul style="list-style-type: none"> <li>▪ NEXUS has actively sought collaborations with other research units/teams and have made links within the university and other research agencies in BC and Canada</li> </ul>  | <p>and circulated via e-technology</p> <ul style="list-style-type: none"> <li>▪ Publications, conference presentations (national/international) research seminars, the NEXUS Spring Institute, and the NEXUS website</li> </ul>   |
| Health care practitioners | ✓ |  | <ul style="list-style-type: none"> <li>▪ Involved as active team members on a number of our research projects, from initial planning stages to dissemination (many NEXUS co-investigators are also health care practitioners)</li> <li>▪ Engaged in the collaborative development and pilot-testing of KTE resources and best practice guidelines</li> </ul> | <ul style="list-style-type: none"> <li>▪ Partnerships established to circulate KTE resources to practitioners and to make these available online</li> <li>▪ Production of brief, user-friendly accounts of our work that may be more appropriate for busy clinicians than conventional publications</li> </ul>  |
| Consumers of health care  | ✓ |  | <ul style="list-style-type: none"> <li>▪ Collaborative research partnerships; consumers as co-researchers</li> <li>▪ Solicitation of public input into research directions</li> <li>▪ Co-development of best practice guidelines, KTE resources, and reports for service providers</li> </ul>  | <ul style="list-style-type: none"> <li>▪ KTE resources co-created and disseminated</li> <li>▪ "Know your rights with research" card co-created and disseminated to youth involved in sexual health research</li> <li>▪ Tobacco cessation/reduction resources made available via health care practitioners and online to consumers</li> <li>▪ Publicity support from local media facilitated engaging public input into the development of smoking messages for new dads; NEXUS drew on the relationships it has developed with local journalists</li> <li>▪ Launch of project websites</li> </ul> |
| Health system managers    | ✓ |  | <ul style="list-style-type: none"> <li>▪ Input sought in development of institutional changes with regards to smoking in the context of mental</li> </ul>  | <ul style="list-style-type: none"> <li>▪ Managers participated in planning and dissemination and provided expert guidance on effective avenues to influence</li> </ul>  |



|  |   |   |   |   |
|--|---|---|---|---|
|  |   |   | <ul style="list-style-type: none"> <li>health           <ul style="list-style-type: none"> <li>Regular meetings with senior managers of mental health</li> </ul> </li> </ul>  | change in a complex system and on potential strategies for uptake of findings   |
| Health professional organizations            |   | ✓ |   |   |
| Federal/provincial/municipal representatives | ✓ |   | <ul style="list-style-type: none"> <li>Regional representatives engaged as stakeholders in national meeting on harm reduction strategies for crack cocaine users</li> <li>Federal and provincial representatives are engaged as collaborators and co-investigators on grants</li> </ul> | <ul style="list-style-type: none"> <li>Post-meeting action strategies and consensus documents were created and circulated via e-technology</li> <li>Joint publications and presentations</li> </ul> |
| Community-based organizations                | ✓ |   | <ul style="list-style-type: none"> <li>Collaborative relationships developed to execute studies (e.g. Breast Cancer Foundation, CCS, HSF, BC schools, From Grief to Action, Out on Screen)</li> <li>Research priority and direction setting</li> </ul>                                  | <ul style="list-style-type: none"> <li>Organization-specific reports developed</li> <li>NEXUS team members sit on boards and advisory committees</li> </ul>   |
| Consumer groups                              |   | ✓ |   |   |
| Charitable organizations                     | ✓ |   | <ul style="list-style-type: none"> <li><i>Please see community-based organizations above</i></li> </ul>   | <ul style="list-style-type: none"> <li><i>Please see community-based organizations above</i></li> </ul>   |
| Industry (specify)                           | ✓ |   | <ul style="list-style-type: none"> <li>Discussions with industry representatives (oil and gas) in local communities to engage in STI education and testing for employees based on research findings</li> </ul>  | <ul style="list-style-type: none"> <li>Findings and reports presented in-person</li> </ul>  |
| The media                                    | ✓ |   | <ul style="list-style-type: none"> <li>Public input sought into developing effective tobacco cessation/reduction messages for smoking dads</li> </ul>   | <ul style="list-style-type: none"> <li>Media releases, articles in local papers and news wires, radio interviews, television interviews</li> </ul>  |
| Other, please specify:<br>Students           | ✓ |   | <ul style="list-style-type: none"> <li>NEXUS is committed to engaging students at all levels in all phases of the research process, as research assistants, trainees, interns, co-</li> </ul>   | <ul style="list-style-type: none"> <li>NEXUS researchers are engaged in teaching (university and continuing education workshops and classes) and draw on their research programs and</li> </ul>     |





|  |  |  |               |   |
|--|--|--|---------------|---|
|  |  |  | investigators | methodologies to inform the future generation of health care providers, planners, and researchers |
|--|--|--|---------------|---|

Questions 13 through 16 ask about the potential and actual impact of the research conducted by your Unit. It is recognized that not all research will show impacts in all areas within this timeframe.

| 13. To which of the following outcomes can the results of the Unit's research contribute within the next five years? Check all that apply. |     |    |                                 |
|--|-----|----|---------------------------------|
| Outcome  | Yes | No | # of relevant research projects |
| New research method  | ✓   |    |                                 |
| New theory   | ✓   |    | 28                              |
| Curriculum Changes   |     | ✓  |                                 |
| Replication of research finding  |     | ✓  |                                 |
| New or improved practice   | ✓   |    | 29                              |
| New vaccine/drug   |     | ✓  |                                 |
| Software/database  | ✓   |    | 1                               |
| New patent (filed or obtained)   |     | ✓  |                                 |
| New product license  |     | ✓  |                                 |
| New or changed policy  | ✓   |    | 29                              |
| New or changed health program  | ✓   |    | 29                              |
| Spin-off company   |     | ✓  |                                 |
| Intellectual property claim  |     | ✓  |                                 |
| Direct cost savings  |     | ✓  |                                 |
| Improvement in determinants of health  | ✓   |    | 29                              |
| Improved health status   | ✓   |    | 29                              |
| Other, please describe   |     |    |                                 |
|  |     |    |                                 |

14. List any 'invitations to participate' that Unit experts have received in the reporting period that relate to health policy, practice, service or management. (e.g. presentations, publications, meeting attendance, committee memberships or other interactions.)

| Research Area             | Contribution (max 50 words)   |
|---------------------------|---|
| Illicit drug use (policy) | Dr. Lorraine Greaves was an invited participant at Vancouver segment of 'Beyond 2008: Regional consultation for North America: A global NGO forum on the review of the United Nations General Assembly Special Session on Illicit Drugs |



|                                       |   |
|---------------------------------------|---|
|                                       | 1998/2008.'   |
| Tobacco use (policy)                  | <p>Dr. Joy Johnson was invited by Health Canada to provide an expert commentary on the knowledge exchange white paper at the Health Canada Invited Meeting on 12% tobacco use rate by 2011.</p> <p>Dr. Pamela Ratner was invited by Health Canada to provide commentary on the establishment of priorities for tobacco control research.</p>  |
| Gender and health (policy, practice)  | <p>Drs. John Oliffe and Joy Johnson were invited on separate occasions to speak on their areas of expertise to the BC Ministry of Health Services as part of the Policy Rounds Lecture Series. Dr. Oliffe delivered a lecture on men's health and Dr. Johnson on gender and health.</p> <p>Dr. Paul Galdas was invited to co-author an editorial in the <i>Canadian Journal of Diabetes</i> (interdisciplinary journal for healthcare professionals) on gender and health.</p>  |
| Climate change and health (policy)    | <p>Dr. Aleck Ostry was commissioned by the Provincial Health Services Authority of British Columbia to produce two separate reports related to aspects of climate change in BC: <i>Climate Change in British Columbia: Primary and Secondary Effects</i> and <i>Climate Change and Food Security in British Columbia</i>.</p> <p>Dr. Ostry was also the lead author on a white paper commissioned by the Pacific Institute for Climate Solutions for BC's Climate Action Secretariat on climate change and health in BC. This document will likely form the basis of a climate change and health research agenda for the province over the coming years. (see: Ostry A, Ogborn M, Takaro T, Allen D, Bassil K. <i>Climate Change and Health in British Columbia</i>. (White paper). BC Climate Action Secretariat, November 17th, 2008.</p> |
| Tobacco cessation/reduction (service) | <p>Drs. Joan Bottorff and John Oliffe were invited to submit revisions for the BC Quit Line protocol, a province-wide resource for smoking cessation/reduction.</p>   |
| Food security (policy)                | <p>Dr. Aleck Ostry was an invited expert evaluator for the European Commission on Biotechnologies, Agriculture, and Food.</p>   |
| Nursing (practice, service)           | <p>Dr. Pamela Ratner was appointed director of the Canadian Nurses Association Board of Directors.</p>  |
| Primary care (policy, management)     | <p>Dr. Pamela Ratner was appointed member of the Pan-CIHR Institutes Primary Care Advisory Group.</p>   |
| Chronic disease (policy, management)  | <p>Dr. Pamela Ratner was invited to participate as a panel member on the Canadian Academy of Health Sciences, Expert Panel: Assessment on Health System Transformation to Meet the Burden of Chronic Disease.</p>   |

**15. List any commercialization opportunities or other contributions to industry that have resulted from the Unit's research.**

| Research Area | Contribution ( <i>max 50 words</i> ) |
|---------------|--------------------------------------|
|               | N/A                                  |
|               |                                      |



|  |  |
|--|--|
|  |  |
|--|--|

| 16. Did any of the research projects associated with the Unit <i>demonstrate</i> improvements in any of the following: |    |     |               |  |
|--|----|-----|---------------|--|
| Impact   | No | Yes | Project Title | Briefly describe the key findings in lay language. (max. 40 words) |
| Health status  | ✓  |     |               |  |
| Health-related behaviour   | ✓  |     |               |  |
| Modifiable risk factors  | ✓  |     |               |  |
| Morbidity rates  | ✓  |     |               |  |
| Mortality rates  | ✓  |     |               |  |
| Well-being   | ✓  |     |               |  |
| Quality of life  | ✓  |     |               |  |
| Health service interventions   | ✓  |     |               |  |
| Health practice  | ✓  |     |               |  |
| Health policy  | ✓  |     |               |  |
| Health management  | ✓  |     |               |  |
| Health human resources   | ✓  |     |               |  |
| Cost savings   | ✓  |     |               |  |

| 17. Please list up to three of the Unit's most significant achievements during the reporting period. (max. 25 words each)   |
|---|
| <ol style="list-style-type: none"> <li>1. <b>Research translated into action:</b> Several long-standing programs of NEXUS research transitioned into 'knowledge to action' phases (e.g. FACET, CACTUS), and other projects have launched successful and innovative KTE components. The <i>Couples and smoking</i> booklet is a key example.</li> <li>2. <b>Research making impact in the media:</b> NEXUS research related to men's health, parental smoking, and youth marijuana use received extensive media coverage locally, nationally, and internationally. NEXUS investigators were sought for numerous interviews by CBC, CTV, and Reuters, among many others. This vast media uptake is indicative of the relevance of the NEXUS research agenda to the health concerns of the general public.</li> <li>3. <b>Book on research methods in gender, sex, and health:</b> NEXUS is developing an edited volume that draws on empirical examples from NEXUS research to synthesize the methodological expertise of our unit. This resource will be the first of its kind and fill a crucial void in this rapidly growing field. The proposal has been peer-reviewed by SAGE and the publication contract is</li> </ol> |



presently being finalized, with publication anticipated for 2011.

| 18. Please list up to 3 significant challenges the Research Unit encountered in the reporting period. |   |   |
|---|---|---|
| Challenge   | Describe the attempt(s) to address it. <i>(max. 40 words)</i>   | What was the result? <i>(max. 30 words)</i>   |
| 1. Funding uncertainty  | We have been investigating other secure avenues to fund our unit. We have attempted to develop contingency plans in the event that funding is discontinued, but none of these would sufficiently support the unit at its current level of operation.  | Without a definitive announcement about a renewal competition for our award we are unable to undertake any long-term planning. This instability has also hampered our capacity to retain staff, and we have had to cope with turnover. Overall, these challenges have negatively affected our productivity due to the resources we must invest in developing alternative plans to continue our work, as well as in hiring and training. |
| 2. Insufficient infrastructure funds  | Since 2003 our unit has expanded exponentially as our team of investigators and trainees has grown. We have not been able to match this expansion with any increases in infrastructure funds or resources. To fully capitalize on the strengths of our unit we require greater inputs to develop resources that meet our current and growing needs. | We have continued to exist with the same amount of infrastructure funding support per year and as such have not maximized our potential as a unit.  |
| 3. Diminishing funds for trainee support  | With fewer MSFHR competitions for trainee funding and fewer dollars available from CIHR, it has become increasingly difficult to recruit and support the top-tier trainees that have typically been attracted to NEXUS.   | We have continued to enrich NEXUS training opportunities and to support the development of NEXUS research programs.   |



| 19. List all cash funding received during the past year that was directly related to the work of the Research Unit. |  |  |                       |                     |      |  |
|---|--|--|-----------------------|---------------------|------|--|
| Primary Investigator  | Source   | Purpose of Funding   | Total Amount Received | Duration of Funding |      | If the MSFHR Research Unit Award contributed to receipt of these funds, please explain how. (E.g. leveraging of MSFHR award, etc.) (max. 40 words)   |
|   |  |  |                       | Start               | End  |  |
| Procyshyn   | CIHR   | An examination of the efficacy, safety, and sex and gender differences in using varenicline as an aid to smoking cessation in a population of methadone maintained opioid patients | \$150,000             | 2008                | 2010 | This project was made possible by the research relationships developed through NEXUS. It was initiated by a NEXUS postdoctoral trainee who benefited from significant research training and mentorship from NEXUS. |
| Greaves   | CIHR   | Action required: Revisiting better practices in smoking cessation interventions for pregnant and postpartum girls and women  | \$100,000             | 2008                | 2009 | This project capitalized on the strong research collaborations and traditions cultivated by NEXUS.   |
| Ostry, Sharman  | BCMSF  | An investigation of factors contributing to the recruitment and retention of rural and remote community health workers   | \$49,961              | 2008                | 2009 | NEXUS provided the mentorship opportunity and support for doctoral trainee Sharman to lead this grant with NEXUS lead investigator Ostry.  |
| Greaves   | Canadian Tobacco Control Research Initiative (CTCRI) | Assessing smoking cessation interventions by providers among pregnant girls and women  | \$15,000              | 2008                | 2009 | This project capitalized on the strong research collaborations and traditions cultivated by NEXUS.   |
| Balneaves   | Lotte & John Hecht Memorial Foundation               | CAMEO: Complementary medicine education and outcomes program   | \$1,000,000           | 2008                | 2011 | This project leveraged the strong research partnerships fostered by NEXUS in creating this project team. NEXUS also provided grant facilitation and support.   |
| Oliffe  | SSHRC  | Depression and masculinities: Perspectives of elderly men  | \$100,000             | 2008                | 2010 | NEXUS provided grant facilitation and support.   |
| Soon  | CIHR   | Experiences with contraception among youth in  | \$90,867              | 2008                | 2010 | This project leveraged the strong research   |



# Infrastructure Program Research Units Funded July 2003/July 2004 Annual Progress Report

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|  |  |   |  |  |  |   |
|--|--|---|--|--|--|---|
|  |  | northern BC:<br>Examining the<br>impact of gender,<br>place and culture |  |  |  | partnerships fostered by<br>NEXUS in creating this<br>project team. NEXUS also<br>provided grant facilitation<br>and support. |
|--|--|---|--|--|--|---|



## Infrastructure Program Research Units Funded July 2003/July 2004 Annual Progress Report

|                    |      |  |   |      |      |   |
|--------------------|------|--|---|------|------|---|
| Bottorff, Oliffe   | CIHR | FACET 3:<br>Translating knowledge into tailored interventions for women and men to address tobacco use during pregnancy and postpartum | \$200,000                                       | 2008 | 2010 | This project leveraged the long-standing research collaborations fostered by NEXUS in establishing this project team. NEXUS also provided grant facilitation and support.   |
| Johnson            | CIHR | Knowledge to Action: Changing the institutional response to tobacco use in the community mental health settings                        | \$196,657                                       | 2008 | 2010 | This project builds on a long-standing program of NEXUS research and the research collaborations of the NEXUS team. Grant facilitation and support was also made possible via NEXUS.  |
| Buxton             | CIHR | Safer crack use conference   | \$20,000  | 2008 | 2009 | NEXUS headed the initiative for this meeting and provided lead grant writing support.   |
| Ratner, Richardson | CIHR | The British Columbia adolescent substance use survey   | \$1,077,461                                     | 2008 | 2011 | This project leveraged the long-standing research collaborations fostered by NEXUS in establishing this project team, including supporting a former NEXUS trainee as co-PI. NEXUS also provided grant facilitation and support.                             |
| Galdas, Oliffe     | CIHR | Unpacking the effects of gender and ethnicity on healthcare utilization: The cardiac rehabilitation experiences of Indo-Canadian men   | \$172,685 (including \$4,970 for pilot project) | 2008 | 2011 | This project capitalized on the strong research collaborations and traditions cultivated by NEXUS to support one of our newer investigators taking a co-PI role. NEXUS also provided grant facilitation and support.  |
| Bottorff, Oliffe   | CIHR | iTAG (Investigating tobacco and gender) - gender based tobacco reduction interventions   | \$999,609                                       | 2008 | 2013 | This project leveraged the long-standing research collaborations fostered by NEXUS in establishing this project team. NEXUS provided mentorship and support for the trainees taking part in this grant. NEXUS also provided grant facilitation and support. |
| Ogrodniczuk,       | CIHR | Depression and   | \$100,000                                       | 2008 | 2009 | This project leveraged the  |





|        |  |   |  |  |  |  |
|--------|--|---|--|--|--|--|
| Oliffe |  | masculinities: The perspectives of men and their partners |  |  |  | long-standing research collaborations fostered by NEXUS in establishing this project team. NEXUS also provided grant facilitation and support. |
|--------|--|---|--|--|--|--|

**20. List all sources of in-kind support received by the Research Unit in the reporting period.**

| Funding Source        | Type of in-kind contribution              | Estimated Value (\$) |
|-----------------------|---|----------------------|
| UBC School of Nursing | Leased office space                       | \$75,000             |
| UBC School of Nursing | Leased black & white photocopier          | \$3,600              |
| UBC School of Nursing | Information Technology Support (IT)       | \$10,000             |
| UBC School of Nursing | Grant administration & financial services | \$26,000             |
| UBC School of Nursing | Telephone services                        | \$5,400              |

**21. Please indicate which activities planned for the upcoming year, (beyond October 1, 2009) are contingent on receiving additional MSFHR funding\*.**

| Activity  | Planned | Contingent on MSFHR Funding |    |
|---|---------|-----------------------------|----|
|   | Yes     | Yes                         | No |
| Information sharing among members   | ✓       | ✓                           |    |
| Submitting joint research funding applications  | ✓       | ✓                           |    |
| Seeking additional team members   | ✓       | ✓                           |    |
| Conducting research as a team   | ✓       | ✓                           |    |
| Submitting joint publications   | ✓       | ✓                           |    |
| Other research dissemination, please describe:  |         |                             |    |
| <b>(1) Edited NEXUS volume on methods in gender, sex, and health research (SAGE, 2011)</b>  | ✓       |                             | ✓  |
| <b>(2) Public outreach and engagement activities:</b><br>In meeting our KTE and outreach priorities, we plan to hold several public forums on aspects of NEXUS research of popular interest. These events will be a valuable means to share NEXUS research with the community and engage the public about health research. These events are completely dependant on the continuance of MSFHR funding to supply the necessary resources and staff. | ✓       | ✓                           |    |



|  |   |   |  |
|--|---|---|--|
| <p>Other activities (please describe):</p> <p>Activities to support the development of NEXUS research programs, including:</p> <p><b>(1) NEXUS seminar series:</b> monthly forum where NEXUS members present their work and stimulate discussions on new directions in social contexts of health behaviour research.</p> <p><b>(2) Spring Institute:</b> annual conference that provides a unique opportunity for investigators and invited guests to exchange ideas and to lay seeds for future NEXUS research directions and collaborations; trainees are invited to take part in the conference planning committee and to present their work.</p> <p><b>(3) NEXUS training:</b> NEXUS provides a rich training environment for over 30 graduate students and postdoctoral fellows; trainees are active collaborators in NEXUS research.</p> | ✓   | ✓ |  |
| <p>The Research Unit will not be continuing. ___</p>   |   |   |  |
|  | <p><i>If not continuing as a Unit, please explain. (max. 100 words)</i></p> |   |  |

\*Award end date for Research Units funded in July 2003 & July 2004 is currently September 30, 2009. Award extension to March 31, 2010 is contingent upon MSFHR receiving sufficient funding following approval of the Provincial government's budget.

| 22. Please indicate your level of satisfaction with the following aspects of MSFHR throughout the award period.   |               |                    |           |                |     |
|---|---------------|--------------------|-----------|----------------|-----|
|   | Not Satisfied | Somewhat Satisfied | Satisfied | Very Satisfied | N/A |
| Award initiation and orientation ( <i>first year only</i> )   | —             | _✓_                | —         | —              | —   |
| Ongoing monitoring and communication  | —             | —                  | _✓_       | —              | —   |
| Reporting   | —             | _✓_                | —         | —              | —   |
| Support/Assistance  | _✓_           | —                  | —         | —              | —   |
| <p><i>Please explain. (max. 50 words)</i></p>   |               |                    |           |                |     |
| <p>Frequently changing MSFHR requirements (e.g. allowable expenditures and reporting formats) have challenged the efficiency of our unit. Required reporting has been extensive relative to the amount of funding provided. Our capacity for strategic planning has been severely impaired by the uncertainty of funding timeframes and competition opportunities. MSFHR staff have always been responsive and helpful, although considerable turnover has somewhat impeded the development of these relationships.</p> |               |                    |           |                |     |



**23. In your opinion, do you believe the MSFHR Research Unit Award is a good mechanism for meeting your Unit's research needs?**

Yes  
 No

*Please explain. (max. 100 words)*

This award is **ESSENTIAL** to our capacity to continue to meet our unit's needs. **THE UNIT WILL CLOSE WITHOUT CONTINUING SUPPORT FROM MSFHR.** The MSFHR Research Unit Award has uniquely enabled us to facilitate the effective collaboration of a geographically diffuse group of investigators and trainees. Our capacity to engage in the extent of highly productive teamwork that we have achieved – or even any collaboration at all – **would have otherwise been unattainable.**

NEXUS has repeatedly been recognized nationally and internationally as a unique research unit in terms of its focus, the calibre of its work, and in the quality of its interdisciplinary collaboration. Our research addresses some of the most pressing health issues in the province and in the country. Our unit is poised, if funding is available, to continue making considerable contributions to the health of British Columbians and Canadians.

**Financial Reporting of Budgeted and Actual Expenditures – Research Units funded in July 2003 and July 2004**

**Income and Expenditure**

Please complete the income and expenditure information in the attached Excel template for the period of July 1, 2008 – June 30, 2009 showing your Unit's most recently approved budget and actual expenditures for this award period. Actual expenditures that show a negative balance at year-end will automatically be highlighted in green in the excel template.

Expenditures should be allocated to one of four major categories – personnel; supplies; services; and other. In the personnel category, you must separately identify Research, Technical and Administrative positions, and for each funded position, indicate the job title (e.g., Research Coordinator; Lab Technician), the Full Time Equivalent (FTE) for that position, and the total cost of that position (e.g., salary and benefits). See Appendix 1 for definitions.

**Justification of Budget Variances for the Reporting Period**

For actual expenditures in the reporting period (July 1, 2008 – June 30, 2009) that have a variance greater or equal to +/- \$20,000 and greater or equal to +/- 20% from the approved budget, or any new items not previously approved, please complete the table below (add additional rows as necessary). Please indicate if you have sought and obtained MSFHR approval in advance for these budget variations. Line items that require justifications will automatically be highlighted in red in the excel template.

| Item | Justification for variation | MSFHR approval obtained |    |
|------|-----------------------------|-------------------------|----|
|      |                             | Yes                     | No |
| N/A  |                             |                         |    |
|      |                             |                         |    |



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**Site Visit**

In addition to a written report addressing the above, all Research Unit and Team Leaders will be asked to meet with MSFHR Infrastructure staff to discuss their progress over the past year. This informal meeting will be approximately forty-five minutes, and will be held at your research location preferably between October and November 2009. You will be contacted in September to arrange a convenient time.

**Additional Information**

Submission of this report indicates that you are fully compliant with the following conditions of a MSFHR award:

- The support of MSFHR will be acknowledged in all publications.
- MSFHR will be provided with current contact information for follow-up reporting.

*MSFHR would like to contact awardees up to five years after completion of the award to more fully understand and evaluate the impact of our funding. We would appreciate your involvement in these ongoing efforts, as it will provide evidence for continuing the support of health research funding in BC.*

**Thank You**

Thank you for submitting your report. We wish you all the best in your future research!



## APPENDIX 1 Glossary

### **Administrative Personnel**

Persons who provide clerical and administrative support to research projects or activities. Examples of the type of work performed by administrative personnel include, but are not limited to:

- word processing;
- preparing mail outs;
- developing communications materials, including web sites;
- coordinating meetings and travel;
- book-keeping;
- assisting with proposal compilation;
- filing and records management.

### **Associated Health Researcher (AHR)**

An Associated Health Researcher (AHR) is a researcher who does not meet the definition for a Qualified Health Researcher (QHR), but who participates in the research activities of a Team or Research Unit. AHRs may include, for example, researchers outside of British Columbia, and researchers with expertise in related but tangential research areas.

### **Collaborate**

Open and willing to enhance each other's capacity for the benefit of all partners. Recognizes the unique expertise/capabilities of each partner in order to build on them. Includes partner(s) possibly relinquishing something in order to share responsibilities, risks and rewards

### **Cooperate**

Sharing of resources including but not limited to funds, people, knowledge, reputation, stakeholders, etc.

### **Coordinate**

Involves harmonizing operations or activities. e.g. To make services more accessible and less redundant.

### **Full Time Equivalent (FTE)**

A measure used to quantify salaried staff positions. The unit of measure (1.0) is equal to one full-time, annual-salaried position, and is represented as 1.0 FTE. A part-time position is represented as a proportion of 1.0. For example, a half-time position is 0.5 FTE, and a position for one day a week is 0.2 FTE.

### **Network**

Basic/informal exchange/sharing of information; does not involve actively working together.

### **Qualified Health Researcher (QHR)**

A Qualified Health Researcher (QHR) is a member of a research team seeking or receiving an MSFHR Infrastructure Award who is a BC-based health researcher with qualifications, skills and experience directly relevant to the team. QHRs are expected to make significant contributions to the research and training activities of the team.

### **Research personnel**

Persons who have direct contact with subjects, have contact with subjects' identifiable data or biological samples, use subjects' personal information, or contribute to research projects in some other substantive way. Examples of the type of work performed by research personnel include, but are not limited to:

- recruiting subjects and obtaining consent;
- collecting biological samples from subjects;
- collecting survey data from subjects;
- entering and analysing subject data;



- coordinating and managing research projects.

**Technical personnel**

Persons with specialized skills who provide technical expertise to research projects or activities.

Examples of the type of work performed by technical personnel include, but are not limited to:

- designing and manufacturing tools for research projects;
- preparing laboratory samples or undertaking laboratory testing or analysis;
- conducting advanced statistical analysis;
- providing advanced computer programming.