

**GENDER**

**PLACE**

**DIVERSITY**

**N E X U S**

**6<sup>th</sup> Annual Spring Institute**

***Knowledge Exchange: From Research  
to Social Action and Back***

**April 16 & 17, 2009**

St. John's College, University of British Columbia, Vancouver

**Full Conference Program**



**NEXUS** is a multidisciplinary research unit with a mandate to critically analyze the social contexts that create barriers to health, affect health seeking, and influence system responses through the lenses of gender, diversity, and place. From diverse disciplines, spanning nursing to journalism, the academic and clinical researchers and graduate students of NEXUS seek to support evidence-informed interventions and policy recommendations by broadening understanding of how health behaviours are shaped by social conditions. NEXUS is funded by the Michael Smith Foundation for Health Research.

**The annual Spring Institute** has been the centrepiece of NEXUS training and outreach programming since its debut in 2004. Each institute is dedicated to a theme related to the NEXUS mandate of researching the social contexts of health behaviour. The overall aim of the Spring Institute is to foster mentorship, learning, and collaboration by cultivating opportunities for students, junior investigators, and more established researchers to interact, present, and share their research.

**The theme** for the NEXUS Spring Institute 2009 is knowledge exchange (KE). Given the increasingly important role of KE in health research, particularly with advent of new requirements for greater KE integration into research by many granting agencies, this year's institute seeks to critically examine KE, from its political and ethical dimensions to specific methods and creative practices in accomplishing KE.

The **aims** of the institute are to:

- Draw together a diverse range of stakeholders and perspectives.
- Stimulate vibrant critiques of different KE strategies and methods, especially those that are imaginative or innovative.
- Spark debate about ethical and epistemological aspects of the directions and practices of KE.



The NEXUS Spring Institute is planned each year by a committee of NEXUS members who generously contribute their time and creativity.

Many thanks to the **2009 organizing committee:**

Azar Mehrabadi (NEXUS doctoral trainee) • Warren Michelow (NEXUS doctoral trainee) • Sue Mills (NEXUS postdoctoral trainee) • Aleck Ostry (NEXUS lead investigator) • Pam Ratner (NEXUS co-director) • Rick Sawatzky (NEXUS co-investigator) • Sheila Turris (NEXUS trainee alumna) • Stephanie Coen (NEXUS research manager)

# Knowledge Exchange: From Research to Social Action and Back

Thursday, April 16		Friday, April 17	
8:15-8:45	Registration & Coffee	8:15-8:45	Open Doors & Coffee
8:45 – 9:00	<b>Welcome   NEXUS Directors</b>	8:45 – 9:00	<b>Opening Remarks   NEXUS Directors</b>
9:00 – 10:00	<b>Keynote Address   Knowledge translation – Public health perspectives</b> Dr. Sylvie Stachenko • Dean, School of Public Health, University of Alberta	9:00 – 10:00	<b>Keynote Address   Making stone soup: Building organizational capacity for health research</b> Ms. Victoria Schuckel • Director of Research, Corporate Policy and Research, BC Ministry of Health Services
10:00 – 10:20	Break	10:00 – 10:20	Break
10:20 – 12:00	<b>Keynote Workshop   Where is that epistemology prof when you actually need her?</b> Mr. Dan Reist • Assistant Director, Knowledge Exchange, Centre for Addictions Research of BC	10:20 – 12:00	<b>Presentation Session 2</b> Know your rights with research: A new approach to knowledge exchange with youth • Cathy Chabot
12:00 – 1:00	Lunch		Bridging clinical practice and research in the hospital setting: Exploring the endless possibilities • Sandra Lauck
1:00 – 2:45	<b>Presentation Session 1</b> From knowledge to action: Knowledge translation in the “real world” of clinical psychiatry • Katie Baines, Syd Malchy, & Dr. Joy Johnson The Complementary Medicine Education and Outcomes (CAMEO) program: Taking the knowledge to the bedside • Dr. Lynda Balneaves & Tracy Truant Learning from cross Canadian experience: Harm reduction in the context of crack cocaine smoking • Syd Malchy Using dialogic knowledge exchange to address tobacco use among marginalized youth • Robin Repta		Knowledge exchange in the mental health arena: The CREST.BD experience • Dr. Erin Michalak Cameras, knowledge, action: The potential for participant produced photographs to inform smoking cessation interventions amongst new fathers • Dr. John Olfiffe Planning for knowledge exchange in a study of the safety-related experiences of parents of children with disabilities and chronic conditions • Dr. Lise Olsen & Dr. Silvia van Dooren
2:45 – 3:00	Break	12:00 – 1:00	Lunch
3:00 – 4:40	<b>Controversy Café</b> <b>6 contentious propositions in 60 minutes!</b> (1) <i>Good science and activism are incompatible.</i> (2) <i>The merit of academics is measureable only by the extent of social change motivated by their work.</i> (3) <i>Activist academics make better academics.</i> (4) <i>The role of academics is to provide activists with the necessary tools (e.g. empirical evidence), but leave activism outside the academy.</i> (5) <i>The worlds of policy and scientific evidence do not intersect.</i> (6) <i>Knowledge exchange processes are always laden with uneven power dynamics, no matter how inclusive they strive to be.</i> Participants choose 3 of 6 topics to discuss in timed rotations. Small group facilitators report back to the full conference and discussion continues...	1:00 – 2:45	<b>Presentation Session 3</b> Using feminist intersectional perspectives to inform health services for Aboriginal women highly affected by marginalizing health and social policies • Alycia Fridkin Knowledge mobility—researcher/community agency collaboration: Pragmatic examples about reciprocal Indigenous Knowledge systems • Donna Hill “Who should we call for help”? Creating awareness about health consequences of call centre employment in New Delhi, India • Papia Raj Overcoming the odds with high-risk adolescents: Research and engagement with street-involved and marginalized youth • Annie Smith Community generation of knowledge and approaches to health improvement • Azar Mehrabadi
4:40 – 5:00	<b>Closing Remarks   Dr. Sylvie Stachenko, NEXUS Directors</b>	2:45 – 3:00	Break
		3:00 – 4:00	<b>Small Group Discussion Session</b>
		4:00 - 4:30	<b>Conclusions   Mr. Dan Reist, Ms. Victoria Schuckel, NEXUS Directors</b>
		4:30 – close	Networking Reception

8:15 - 8:45

## Registration & Coffee

8:45 – 9:00

## Welcome | NEXUS Directors

9:00 – 10:00

## Keynote Address | Knowledge translation – Public health perspectives

**Dr. Sylvie Stachenko** • Dean, School of Public Health, University of Alberta

What constitutes evidence and where does knowledge translation fit in with evidence-informed decision making? What is needed to effectively facilitate knowledge translation?

The very nature of public health calls for partnership and stakeholder engagement in order to advance knowledge for good decision making that is feasible, relevant and evidence informed. Drawing on her experience in academic, community and government organizations at international, national and local levels, Dr. Stachenko will explore the current context for knowledge translation in public health. Using practical illustrations, including initiatives of the School of Public Health, she will discuss action strategies for better evidence-informed decision making.

10:00 – 10:20

## Break

10:20 – 12:00

## Keynote Workshop | Where is that epistemology prof when you actually need her?

**Mr. Dan Reist** • Assistant Director, Knowledge Exchange, Centre for Addictions Research of BC

During an unguided tour of the Epistemological Forest, we will at least bump into some of the classical questions about knowledge. What is knowledge? How is knowledge acquired? How is knowledge shared? We may also explore some of the more quirky questions. What is the currency for knowledge exchange? What about knowledge banks? Who pays and who collects the dividends? The session will seek to maintain a pragmatic focus in exploring the role and kinds of knowledge and the mechanisms for knowledge exchange in the pursuit of comprehensive community health.

12:00 – 1:00

## Lunch

1:00 – 2:45

## Presentation Session 1

### From knowledge to action: Knowledge translation in the “real world” of clinical psychiatry

**Catherine Baines, Syd Malchy, & Joy Johnson**

Tobacco use disproportionately affects the wellbeing of individuals with severe and persistent mental illness. There are cultural norms regarding smoking in psychiatric settings where cigarette smoking is often viewed as a point of therapeutic connection between clients and providers and used to modify clients' behaviour. Practitioners are often ambivalent about their clients' tobacco use and may minimize tobacco's harms. Given these culturally embedded behaviours, how can we develop and introduce effective, evidence-informed smoking cessation interventions into these institutional settings? To date, much of the knowledge translation (KT) literature has ignored the difficult question of how to support organizational change.

In this presentation, we use the CACTUS project as a case study in KT. We begin by examining a commonly used KT framework: the CIHR Knowledge to Action Process. This macro level model describes the iterative steps one moves through when planning and implementing KT. We describe several challenges in using the CIHR framework, focusing on the lack of prescriptive steps within the implementation of interventions stage. We discuss two novel approaches that provided us with much needed direction for engagement with the practice communities. The first approach is Appreciative Inquiry (AI). Rather than being deficit based, AI is a generative process that asks us to consider what might be possible, or what we want more of. The other approach we found helpful is Motivational Interviewing (MI). The principles of MI helped us to think about

Presentation  
Session 1  
1:00 – 2:45  
(continued)

how to meaningfully engage with practice groups in a positive way. AI and MI complement each other because they both use affirmative approaches to encourage behaviour change.

### **The Complementary Medicine Education and Outcomes (CAMEO) Program: Taking the knowledge to the bedside**

**Lynda Balneaves & Tracy Truant**, M. Verhoef, B. Ross, & A. Porcino

Complementary medicine (CAM) use has become part of the care experience for Canadians living with cancer. A growing body of research has demonstrated that decision making about CAM within cancer treatment and care is complex and often overwhelming for patients. Patients require support from the interprofessional health care team to effectively make safe decisions about CAM. An interprofessional team of researchers and clinicians have collaborated at the BC Cancer Agency to develop an innovative program to address patient and health care professional needs related to CAM decision making within the cancer experience. The purpose of this presentation is to describe the recent development of the Complementary Medicine Education and Outcomes (CAMEO) Program at the BC Cancer Agency in Vancouver, BC. The objectives of the CAMEO Program as well as the planned knowledge translation activities related to CAM information and decision support will be discussed. The CAMEO Program is a 4-year program that aims to: 1) support people with cancer in making CAM decisions; 2) strengthen health professionals' knowledge and clinical skills related to CAM; and 3) facilitate the development of new CAM research knowledge. To achieve these goals, a variety of knowledge translation projects are under development, including continuing education programs for both patients and health professionals, one-on-one counselling for patients with complex needs related to CAM, and clinical tools and guidelines to assist health professionals in supporting safe and informed decisions about CAM. With the predominance of CAM use within cancer populations, the CAMEO program is an important step in the knowledge translation process that will "take the knowledge to the bedside" and provide support to cancer patients in making safe and evidence-informed decisions about CAM.

### **Learning from cross Canadian experience: Harm reduction in the context of crack cocaine smoking**

**Syd Malchy & J. Buxton**

To address the need for sustainable safer crack cocaine use initiatives, we brought together 35 people from across Canada to collaborate, network, and share their experiences in order to identify challenges, gaps, and potential solutions. Our specific knowledge exchange goals for this workshop were: 1) to provide a knowledge exchange venue in which to share recent research evidence as well as information about program initiatives regarding safer crack use, 2) to generate discussion and begin to develop national "best practices" guidelines for safer crack use including gender-sensitive and culturally appropriate services, and 3) to promote and build national research, policy and programming networks and to move forward a policy agenda towards sustainable harm reduction measures for safer smoking of crack cocaine. Participants at the meeting were from diverse sectors including academic, policy, legal, public health, and frontline services including both service providers and users. CIHR requires knowledge exchange to be "ethically sound", which in part calls for consistency with "legal and other regulatory frameworks". Yet, the current Canadian legal and policy understandings of safer crack use (i.e., misapprehensions about the legal status of safer use items and lack of funding for programs) do not reflect research-based evidence (i.e., research confirming the possibility of disease transmission from unsafe crack use practices). This tension poses serious challenges to knowledge exchange in this area. While some safer crack initiatives have stayed "under the radar" others have been impacted by negative media and municipal and enforcement policies. It is in this conflictual context that we discuss the complexities and results of a cross Canadian endeavour to generate knowledge exchange on safer crack use.

Presentation  
Session 1  
1:00 – 2:45  
(continued)

## **Using dialogic knowledge exchange to address tobacco use among marginalized youth** **Robin Repta, R.J. Haines, J.L. Johnson, & K.L. Frohlich**

Research shows that tobacco smoking rates are increasingly socially differentiated; for example, socially marginalized youth are more likely to smoke cigarettes than their well-off peers. To reach marginalized youth, tobacco control practitioners need to use reflexive approaches that account for the social context of tobacco use. However, previous research has revealed that tobacco control practitioners are often unsure of how to address the needs of socially marginalized youth, as the majority of research on youth smoking is typically limited to the physiological aspects of nicotine addiction and peer-based social pressures. To address this knowledge-practice gap, the project "New Approaches to Addressing Social Inequalities in Tobacco Use Among Youth" aims to pilot creative knowledge exchange methods to encourage reflexivity among tobacco control practitioners and awareness of why marginalized youth are more likely to smoke.

Our presentation will describe our attempts to enhance conventional qualitative methods with dialogical activities to facilitate exchange between practitioners and youth smokers. Specifically, we discuss our experiences conducting 27 focus group discussions with youth in Montreal and Vancouver, and 25 one-to-one interviews with practitioners in both cities. Next, we offer a glimpse of our ongoing experiences creating a video presentation based on materials from our focus groups with youth, and our plans to share this video with practitioners at an 'exchange day' as an ethical and practical means of promoting discussion between practitioners and youth. The goal of these dialogical activities is to enhance practitioners' understanding of how youth smoking behaviour is shaped by aspects of the social context, including gender, poverty and disadvantage, so that future tobacco interventions can better address the needs and experiences of marginalized youth.

2:45 – 3:00

Break

3:00 – 4:40

## **Controversy Café | 6 contentious propositions in 60 minutes!**

- (1) Good science and activism are incompatible.*
- (2) The merit of academics is measureable only by the extent of social change motivated by their work.*
- (3) Activist academics make better academics.*
- (4) The role of academics is to provide activists with the necessary tools (e.g. empirical evidence), but leave activism outside the academy.*
- (5) The worlds of policy and scientific evidence do not intersect.*
- (6) Knowledge exchange processes are always laden with uneven power dynamics, no matter how inclusive they strive to be.*

Participants choose 3 of 6 topics to discuss in timed rotations. Small group facilitators report back to the full conference and discussion continues...

4:40 – 5:00

## **Closing Remarks | Dr. Sylvie Stachenko, NEXUS Directors**



8:15-8:45

**Open Doors & Coffee**

8:45 – 9:00

**Opening Remarks | NEXUS Directors**

9:00 – 10:00

**Keynote Address | Making stone soup: Building organizational capacity for health research****Ms. Victoria Schuckel** • Director of Research, Corporate Policy and Research, BC Ministry of Health Services

The BC Ministry of Health Services is a large and complex organization with a strong requirement for research to inform policy. The presentation examines the complexity and importance of building solid policy-research linkages, particularly where research is variable and contested, using the case study of a policy initiative to respond more effectively to the needs of women accessing public mental health services. Lessons learned over several years developing and implementing strategies to strengthen the Ministry's corporate capacity to access, interpret and apply research are highlighted.

10:00 – 10:20

**Break**

10:20 – 12:00

**Presentation Session 2****Know your rights with research: A new approach to knowledge exchange with youth****Cathy Chabot**, J. Shoveller, J. Johnson, & J. Reade

This paper presents some of the ethical issues encountered during a participatory action research (PAR) study with youth and the challenges and opportunities the project created for knowledge exchange (KE). The study aimed to develop ways to meaningfully engage young people in research and have them co-develop research examining youth sexual health. Members of the Youth Sexual Health Team employed and trained four youth aged 18-22 years old as Youth Co-Researchers (YCRs). Together, we examined how existing policies regarding the conduct of academic research can affect young people's participation in research and its implications for knowledge exchange. Our study revealed that many youth do not understand their rights as research participants. To address this gap, we created the "Know Your Rights with Research" card. This handout explains in youth-friendly language the basic and fundamental rights that youth need to be aware of in order to make informed decisions about their participation in research. The "Know Your Rights with Research" handout is proving to be a valuable exchange tool in our research. We use it during the informed consent process to help explain the meaning and operationalization of informed consent, confidentiality, and anonymity, among other issues. We suggest that the "Know Your Rights with Research" handout is not solely about conducting research in an ethical manner but is also providing new opportunities for knowledge exchange with young people – a population where conventional KE strategies are not always successful.

**Bridging clinical practice and research in the hospital setting: Exploring the endless possibilities****Sandra Lauck**

As a practice discipline with an emerging research tradition, nursing is challenged to remain grounded in the clinical setting while building means to contribute to scientific evidence. The creation of new knowledge does not on its own lead to widespread implementation and impact on health outcomes. The hospital setting presents multiple opportunities for researchers to engage in projects amenable to rapid knowledge translation, by addressing issues ranging from innovations in practice, care processes to outcome measurement.

This presentation will explore the opportunities and challenges of bridging clinical practice and research in the hospital setting by engaging in a dynamic and iterative process to promote research dissemination and exchange. I will explore how a research question that originated from a nursing staff meeting in a cardiology centre was developed into a Master's thesis project, and how the findings were translated

Presentation  
Session 2  
10:20 – 12:00  
(continued)

into changes in clinical practice. Other examples will include research projects aimed at informing the development of clinical practice guidelines for survivors of sudden cardiac death, incorporating the measurement of neurocognitive outcomes and quality of life in frail elderly patients undergoing innovative cardiac procedures, and highlighting patient-reported outcomes in cardiac device care. By discussing the mechanisms that facilitate the transfer of knowledge “from thesis to bedside”, I will highlight opportunities and recommendations to integrate knowledge translation by identifying questions of interest to stakeholders, adapting knowledge development to the local context, assessing and addressing the potential barriers to knowledge use, selecting, tailoring and implementing interventions, and sustaining knowledge use. This presentation will invite debate on how to optimize the rapid impact of research on patient care.

## **Knowledge exchange in the mental health arena: The CREST.BD experience**

**Erin E. Michalak**

Bipolar disorder (BD) is a complex, chronic psychiatric condition estimated to affect half a million Canadians. Historically, research into BD has focused upon the biological and genetic causes of the condition, and pharmacologic or somatic approaches to its treatment. Only recently have we seen an upsurge of interest in examining the role of psychosocial factors in the course and treatment of BD. In 2007, we received MSFHR funding to coalesce a multidisciplinary team of individuals (the ‘Collaborative REsearch Team to study psychosocial issues in Bipolar Disorder’ or CREST.BD), including consumers with BD, to focus upon this area of research.

CREST.BD has taken a collaborative, integrated, research approach since the team’s inception, involving consumers with BD, their family members and the wider research and clinical communities directly in the processes such as: indentifying research questions, choosing methodologies, collecting data, developing scales, interpreting findings and disseminating results. Effective knowledge exchange (KE) is a primary mandate of the group, and we have used a variety of techniques to promote KE. For example, the team produces regular education events, newsletters and publications. Each year, CREST.BD holds three consecutive one-day events: a team planning event, a continuing professional development conference and a Community Consultation Day. In 2008, consumers who attended the consultation day were asked to identify their priorities for research; research into stigma in BD was at the top of their agenda. On the basis of this consultation exercise, we submitted an application for CIHR operating funds for a mixed methods study to examine the relationship between QoL and stigma in BD and a request for CIHR Knowledge to Action funds to support CREST.BD in its KE activities.

## **Cameras, knowledge, action: The potential for participant produced photographs to inform smoking cessation interventions amongst new fathers**

**Dr. John Oliffe, J.L. Bottorff, & the FACET<sub>3</sub> Team**

Many fathers mitigate the harm of their smoking by physically separating their smoking from their children and child care activities. In this presentation we empirically locate smoking and masculinities to detail the highly gendered nature of the everyday places where fathers smoke. The data (including 308 participant produced photographs drawn from a study of 20 men) were analyzed to describe the locations and contexts that facilitate and restrict participants’ smoking. Three thematic findings, smoking on the job, the bifurcated domestic sphere, and solitary confinement were derived to detail when and where smoking does and does not occur. Drawing on these findings, we discuss next steps for developing and disseminating father-centred tobacco reduction interventions. Guided by developments in knowledge exchange, our research activities are now focusing on engaging potential end users (fathers, partners, health care providers, other stakeholders) in knowledge broker (KB) facilitated group consultations to recommend messages/resources for smoking fathers based on research findings. Involving a KB ensures that knowledge exchange activities benefit from mutual learning among interested stakeholders, a full understanding of the intended audiences for the tobacco reduction interventions, and strong relationships



Presentation  
Session 2  
10:20 – 12:00  
(continued)

with those who can ensure that our interventions reach the intended audience. We discuss the effectiveness of strategies used in this integrated KT project in engaging smoking fathers, a difficult-to-reach group at the intersections of class and changing gendered roles, and potential future directions for new tobacco reduction interventions.

### **Planning for knowledge exchange in a study of the safety-related experiences of parents of children with disabilities and chronic conditions**

**Lise Olsen, Silvia van Dooren, & M. Brussoni**

This study, currently in progress, aims to develop grounded theory and understanding about how parents experience and manage safety and injury prevention issues for a child with a disability or chronic condition. The study is being conducted with a multidisciplinary project team, consisting of injury prevention and clinician researchers. Data collection will include semi-structured interviews and the estimated sample size will be 25-30 parents. We are presently in the early phases of recruiting parents for interviews.

In our presentation, we will share our plans for knowledge exchange activities. These include taking an end of grant approach and using interactive and tailored dissemination activities with clinicians. At this time, we are at the knowledge creation stage within the knowledge to action process as described by Graham et al. (2006). Following this, we expect to develop knowledge tools and products that will be taken through the action cycle or application stage. Discussion issues will be raised including how best to: develop messages based on a single study, manage end-user expectations about the content and framing of messages, and involve clinicians in the development of dissemination messages and activities.

Graham, I.D. et al. (2006). Lost in knowledge translation: Time for a map? *Journal of Continuing Education in the Health Professions*, 26(1), 13-24.

12:00 – 1:00

Lunch

1:00 – 2:45

### **Presentation Session 3**

#### **Using feminist intersectional perspectives to inform health services for Aboriginal women highly affected by marginalizing health and social policies**

**Alycia Fridkin, A. Browne, & C. Varcoe**

Health service organizations in Vancouver's downtown eastside (DTES) are challenged with providing effective health services for a highly marginalized population with complex health needs. Many health service users in the DTES contend with a multiplicity of social injustices including structural violence, systemic racism and colonization, subsequently resulting in a myriad of health effects such as addictions, mental health problems, trauma, chronic pain and poverty. The application of intersectionality, an emerging concept within critical theory that can be used to understand multiple health and social identities, to health services works to create new knowledge that can be translated into practice in the form of health service delivery. For example, health services for Aboriginal women in the DTES tend to focus on addictions, yet do not address related issues of violence, pain and abuse. From an intersectional approach these health dimensions are inextricably bound and must be simultaneously addressed. Focusing on a weekly women-only drop-in for highly marginalized women from the DTES, held at a community-based Aboriginal health organization, an intersectional analysis is used to examine how health services can be uniquely delivered to address the intersecting health needs and realities of women's lives. The findings from this work will inform the effective delivery of health services to women affected by marginalizing practices and policies, as well as provide insight to the ways in which intersectionality can be applied to understand social complexities in health service settings.

Presentation  
Session 3  
1:00 – 2:45  
(continued)

## **Knowledge mobility—researcher/community agency collaboration: Pragmatic examples about reciprocal Indigenous Knowledge systems** **Donna Hill**

Recent experience as an interdisciplinary researcher within two Indigenous Knowledge mobilization projects has allowed me to engage in researcher/community relational challenges by working within and across two knowledge systems: Indigenous Knowledge (IK) and Western Knowledge (WK). The purpose of these projects was to facilitate the movement or “mobilization” of IK from the academic literature into an applied indigenous community health and healing context. In this presentation, I explore practical examples of interfacing Indigenous Knowledge(s) and the more dominant Western approach to community-service health programs. These knowledge mobilization projects have involved 1) the synthesis of key concepts and issues pertaining to Indigenous Knowledge and health as documented in the scholarly literature; 2) the presentation of findings in a way that is relevant and useful to community-based aboriginal health organizations; and, 3) the development of other significant ways in which researchers can positively assist their community partners in ethical and reverent ways that demonstrate the “4 R’s” of aboriginal research: Respect, Relevance, Responsibility, and Reciprocity. Working across diverse knowledge systems can be useful in informing research, policy, health, and social services that are relevant and useful to indigenous communities. This mobilization of knowledge from academic to communities presents a new direction of social research that bridges the gap between research and practice. Recommendations suggest how the inclusion of diverse ways of knowing, specifically IK and its conceptual model of being understood as a dynamic, fluid worldview, in academia and in other applied settings can further benefit participants of aboriginal community-based health organizations.

## **“Who should we call for help”? Creating awareness about health consequences of call centre employment in New Delhi, India** **Papia Raj**

Socio-cultural conditions at globalized workplaces in low-income countries (e.g., India), coupled with unprecedented relatively high incomes, are thought to influence the health and social well being of workers within those workplaces. Outsourced call centres in India represent a scenario where as part of their employment, the employees are required to organize their lives in terms of American or European time zones, cultural celebrations and communication styles. A qualitative analysis of information collected from in-depth interviews conducted with call centre employees, employers and doctors in New Delhi, revealed that such expectations and requirements of the job have great influence on the daily lives of employees, in turn affecting their health. From the analysis it is gleaned that most of the employees’ health problems are related to frequent changes in the biological clock, which creates sleeping disorders and leading leads to high blood pressure, cardiovascular problems and gynecological disorders for women or are the result of emotional exhaustion caused by work pressure, including performance-related incentives. During my fieldwork it was evident that there is a lack of knowledge about such health issues among the employees, who are not always equipped with the best mechanisms to cope with these problems. There is a need for initiatives both at the governmental as well as organizational levels to discuss, with the agents, the health consequences associated with call centre employment and to provide them with options, such as counselling and in-house medical facilities, to deal with such situations. Key stakeholders in transmitting this knowledge are call centre management, researchers, social workers, and health service providers. Some of the complexities in creating these knowledge linkages will be discussed .

## **Overcoming the odds with high-risk adolescents: Research and engagement with street-involved and marginalized youth** **Annie Smith**

This presentation will focus on a study of marginalized and street-involved youth and will illustrate McCreary’s research approach that entails academically rigorous data collection coupled with youth

Presentation  
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1:00 – 2:45  
(continued)

engagement and knowledge transfer methods. Youth were engaged at the outset in the design and delivery of the 150-item self-report survey. The survey was administered to 762 marginalized and street-involved youth in BC (49% males; average age = 16 years). Knowledge exchange occurred through innovative workshops that youth assisted in developing and where results of the survey were presented and discussed. Youth made recommendations for change and disseminated the findings through multi-media presentations, including youth-friendly fact sheets and films. Findings from this study revealed that despite experiencing challenges in their lives, participants reported strong connections with their families and an interest in making positive changes in their communities. In the workshops, participants identified a number of priority issues and made recommendations for action, including providing more safe and affordable housing and programs for youth turning 19 who 'age out' of government care. The workshops led to changes in the youths' communities. For example, a drop-in centre purchased pet-carriers to make their facility more pet-friendly, in response to the finding that pets are a protective factor in the lives of street-involved and marginalized youth. Street-involved and marginalized youth face many obstacles yet take an interest in contributing to changes in their communities. Listening to the voices of high-risk and marginalized youth and engaging them throughout the research process is invaluable for ultimately improving their lives.

### **Community generation of knowledge and approaches to health improvement**

**Azar Mehrabadi**, Y. Chan, L. Arenas, M. Roberts, & D. Hendry

Civil society has an important role to play in both synthesizing information about population health preferences and mobilizing populations to change their life circumstances. Vancouver's Organizing Centre for Social and Economic Justice provides a venue for mobilization on equitable access to transportation (through the Bus Rider's Union), and more recently on access to "health" through the Alliance for People's Health (APH), an organization dedicated to promoting health equity through the struggle for economic and social justice. In this setting, community generation of knowledge and approaches to health improvements are achieved through connecting with people where they live, commute and work and providing a venue for sharing narratives and building collective strength to initiate change. This presentation will focus on one project we have been a part of with the APH which aims to understand and address the health needs of the Mount Pleasant community (in East Vancouver). This project provides information and a venue for sharing narratives on topics such as nutrition, workplace injury, stress and relaxation techniques, and dental health. Some initial outcomes of this project and some lessons learned will be summarized as well as briefly contextualized with respect to other international work.

2:45 – 3:00

Break

3:00 – 4:00

**Small Group Discussion Session**

4:00 - 4:30

**Conclusions | Mr. Dan Reist, Ms. Victoria Schuckel, NEXUS Directors**

4:30 – close

Networking Reception



**SYLVIE STACHENKO** is dean of the School of Public Health at the University of Alberta and director of the World Health Organization Collaborating Centre on Chronic Disease Policy. She is a public health expert in the field of health promotion and chronic disease prevention with over 20 years of experience in academic, community and government organizations at international, national and local levels. Throughout her career, she has managed multi-disciplinary teams of health professionals. Most recently, Sylvie served as the deputy chief public health officer at the Public Health Agency of Canada. From 1997 to 2002, she worked with the World Health Organization Regional Office for Europe located in Copenhagen, Denmark as the director of Health Policy and Services. Sylvie earned a Doctorate in Medicine from McGill University in 1975. She finished her residency in family medicine at the Université de Montréal in 1977 and she earned a Master's degree in Epidemiology and Health Services Administration from the Harvard School of Public Health in 1985.



**DAN REIST** is the assistant director (Knowledge Exchange) at the Centre for Addictions Research of BC, University of Victoria. Dan has a diverse background with degrees in philosophy, history and theology, and he has served as a college lecturer, parish clergyman, community activist, and policy analyst among other roles. He has influenced substance use policy provincially and nationally but is most passionate about ensuring that policy and practice make a difference in local communities.



**VICTORIA SCHUCKEL** is the director of research, within the branch of Corporate Policy and Research, BC Ministry of Health Services. She has worked in health policy and health research for more than 15 years. For the past several years, her area at the Ministry has held responsibility for annual research priority setting, facilitating bi-monthly presentations of researchers to ministry staff, and supporting a continuing education series on research skills for ministry staff. Victoria also co-chairs the Ministry of Health Research Advisory Committee, is a member of the Michael Smith Foundation for Health Research's Provincial Health Services and Policy Research Support Network Steering Committee, and recently initiated a forum for social policy ministry research groups. For nine years, Victoria worked in mental health policy; five of these were spent working with a range of community, government, provider and research groups to better understand the needs of women with mental illness in order to develop more responsive policy and services.

**CATHERINE BAINES** is a NEXUS trainee and doctoral student in the UBC School of Nursing under the supervision of Dr. Joy Johnson. She is currently working as a research assistant for the CACTUS project.

**LYNDA BALNEAVES** is an associate professor with the UBC School of Nursing and the principal investigator of the Complementary Medicine Education and Outcomes (CAMEO) Program. She is a lead investigator with NEXUS, a co-principal investigator with the Centre for Nursing and Health Behaviour Research, and also holds a CIHR New Investigator Award. Her research focuses on treatment decision making, complementary and alternative therapy utilization within the context of cancer, supportive cancer care, and cancer nursing.

**CATHY CHABOT** is the research manager for the Youth Sexual Health Team and Dr. Jean Shoveller's Applied Public Health Chair in Improving Youth Sexual Health, both funded by CIHR. Cathy completed a Master of Arts in Anthropology, specializing in medical anthropology, at Simon Fraser University in 2002. She has worked extensively on a variety of qualitative research studies in the areas of mental health, substance use, social inequity, and sexual health. She is especially interested in qualitative research addressing health and social inequities.

**ALYCIA FRIDKIN** has a Master's in Health Science in Health Promotion from the University of Toronto and she is currently a PhD student in the Interdisciplinary Studies Graduate Program at UBC and NEXUS trainee affiliate. Her goal of reducing health inequities through policy change has led her to focus her doctoral research on the inclusion of Indigenous voices in health and social policy. Alycia's broader research interests include health inequities, Indigenous/Aboriginal health, health policy, critical theory, community-based research and qualitative methods.

**DONNA HILL** has an English Honours BA from Okanagan University College (2005) and an Interdisciplinary MA from UBC Okanagan (2008). She is a first-year doctoral student in UBC's Faculty of Education, with an interest in Aboriginal community-based / collaborative research, and Indigenous knowledge(s) and methodologies. Her heritage is of French Métis, English, Irish, and Scottish descent.

**JOY JOHNSON** is a professor in the School of Nursing at UBC and also serves as scientific director for the CIHR Institute of Gender and Health. Her research focuses on the social context of health behaviours such as tobacco and marijuana use. She is particularly interested in how gender and sex shape health behaviours and outcomes.

**SANDRA LAUCK** is a doctoral student at the UBC School of Nursing and a NEXUS trainee. She is conducting her dissertation research on patient-reported outcomes in cardiac patients under the supervision of Dr. Pam Ratner. Sandra is a clinical nurse specialist at the Heart Centre at St. Paul's Hospital where she works with the interdisciplinary team to support the interventional cardiology and arrhythmia management programs.

**SYD MALCHY** is the project director for the Safer Crack Use "Think Tank" Project, Learning from Cross Canadian Experience: Harm Reduction in the Context of Crack Cocaine Smoking. She is also the project director for the CACTUS2 Project: Knowledge to Action: Changing the Institutional Response to Tobacco Use in Community Mental Health Settings. She has been a social science researcher in the NEXUS unit at UBC for six years and her research focus on mental health and addictions is grounded in previous frontline work within the local Vancouver community setting.

**AZAR MEHRABADI** is a second year PhD student in the School of Population and Public Health at UBC and a trainee with NEXUS. She is currently involved in several community-based health projects in Vancouver. Azar is studying pharmaceutical drug safety during pregnancy using BC's administrative databases under the supervision of Drs. Jane Buxton and Patricia Janssen.



## Presenter Bios

**ERIN MICHALAK** is an assistant professor, MSFHR scholar, and CIHR new investigator in the Mood Disorders Centre of the UBC Department of Psychiatry. She is also a co-investigator with NEXUS and the postdoctoral coordinator in the Faculty of Medicine. Dr. Michalak's work focuses on bipolar disorder, seasonal and non-seasonal depression, quality of life, psychosocial functioning, and the development of psychosocial assessment scales.

**LISE OLSEN** is a researcher with the Centre for Community Child Health Research and is affiliated with the BC Injury Research and Prevention Unit at UBC. She is also a NEXUS alumna. Lise completed her PhD in the UBC Individual Interdisciplinary Studies Graduate Program. Her doctoral work was supported by awards from CIHR, Michael Smith Foundation for Health Research and IPALS (Injury Prevention Across the Lifespan). She is currently conducting a study to examine the safety perceptions and behaviours of parents of children with disabilities and chronic conditions which has been funded by the BC Children's Hospital Foundation.

**JOHN OLIFFE** is an associate professor in the UBC School of Nursing, lead investigator with the NEXUS research unit, and a co-investigator with the Centre for Nursing and Health Behaviour Research. His research focuses on men's health and illness behaviours with current projects examining fathers' smoking and men's depression.

**PAPIA RAJ** is a postdoctoral fellow at the School of Population and Public Health in UBC and a NEXUS trainee. Her research focuses on understanding the social determinants of health. She is interested in analyzing how socio-cultural factors shape and influence the sexual health of young people, especially at globalized work places.

**ROBIN REPTA** works as a social science researcher with Dr. Joy Johnson and Dr. Rebecca Haines at the Centre for Nursing and Health Behaviour Research (NAHBR) at UBC. She completed her Master's degree in Human Kinetics at UBC in 2006 and is currently working on two studies at NAHBR: one investigating the social context of adolescent tobacco use and another which focuses on the media discourse related to marijuana use.

**ANNIE SMITH** is the Executive Director of the McCreary Centre Society, a non-profit organization committed to improving the health of BC youth through community based research, education and youth participation projects. Annie began her career as a psychiatric nurse in England before moving into the not for profit field to work with homeless and inadequately housed young people. Annie holds a Master's degree from Harvard University.

**TRACY TRUANT** is a regional professional practice leader in nursing with the BC Cancer Agency and a NEXUS co-investigator. She is also an adjunct professor with the UBC School of Nursing. Her research focuses on complementary medicine, decision making, and cancer care.

**SILVIA VAN DOOREN** is a researcher with the Centre for Community Child Health Research and is affiliated with the BC Injury Research and Prevention Unit at UBC. Silvia completed her PhD in the Department of Medical Psychology and Psychotherapy, Erasmus Medical Centre, Rotterdam, the Netherlands. Her PHD was focused on women at risk for hereditary breast cancer. Currently, she is working on two research projects: one regarding the safety perceptions and behaviours of parents of children with a disabilities and the other addressing the safety perceptions and experiences of fathers with young children.