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I am humbled to be the Director of MCHP. I am reminded of the incredible achievements of the centre under our previous leadership. Dr. Pat Martens led us through 10 years of significant growth with a unique style, great interpersonal skills, and a remarkable commitment to the centre's success. She knew the importance of change, having planned to step down from the directorship long before she had to. Some of the changes that occurred during her tenure were planned based on perceived need or a unique opportunity that arose, while others were made due to changes in the environment that were beyond our control. All were well thought out. Whatever the precipitating factor, each of these changes was made with one goal in mind: to strengthen the ability of MCHP to address its mission.

Other challenges and opportunities are on the horizon as “big data” analysis is driving a new understanding of the potential value and use of data repositories such as ours. Locally this provides both challenges and opportunities which we will explore over the next few years. The Canadian National Observational Drug Safety and Effectiveness Studies (CNODES) grant has allowed us to work with pharmaco-epidemiologists from across Canada to perform disseminated studies using common

People

MCHP WORKGROUPS

Research Scientists

Research scientists at MCHP design and manage population-health research projects. Projects include deliverables for Manitoba Health, Healthy Living and Seniors, and studies funded through peer-reviewed research grants. MCHP scientists apply for grants to fund research in their areas of expertise. They also devote significant time to knowledge translation in the form of public presentations, educational presentations, briefings for government, op-eds, and radio and television interviews. Most of our scientists also teach undergraduate or graduate courses in Community Health Sciences, and supervise or mentor graduate students. Several also teach undergraduate medical students.

Research Project Coordinators

This group coordinates deliverable project activities through all phases, acting as project managers and providing research assistance. Research project coordinators ensure procedures are followed for data access and use, report structure, and knowledge translation. They help develop analysis plans, document decisions for research methodology, create and monitoring timelines, and facilitate communication in project teams and with external partners. Project coordinators also conduct literature searches on project topics and contribute to the presentation of results, including writing some sections of the report, presentations, and posters.

Data Management

This group supports the development and use of the Population Health Research Data Repository including the initial acquisition, conversion and installation of databases, annual updates, and ongoing maintenance of over 70 research-ready databases. Through the development and dissemination of data dictionaries, data quality assessments, data models, and other web-based resources such as MCHP's Concept Dictionary and Glossary, the Data Management Group provides detailed information about the Repository to researchers, analysts, and Remote Access Site (RAS) users.

Data Analysts

Analysts provide data analysis and statistical support and consulting for research projects being carried out at MCHP. Analysis and data tasks fall in five general categories: 1) sampling strategies to identify and select relevant records and population cohorts; 2) techniques for aggregating person-level records to form longitudinal histories of health care utilization and social services interactions; 3) the integration of information from records maintained in different databases held in the Repository; 4) development of summary and descriptive statistics; 5) advice on the use and application of inferential statistical (significance testing and modeling to make inferences about populations) procedures of a range of complexity.

A head-and-shoulders portrait of Dr. Susan M. Engel, a woman with short, dark, wavy hair, wearing glasses and a dark top. She is smiling and looking directly at the camera.

Research

DELIVERABLE RESEARCH FINDINGS

Evaluation of the Manitoba IMPROVE Program

In June 2011, Manitoba Health launched the IMPROVE program (Improving Medication Prescribing and Outcomes Via Medical Education). The program was a first of its kind in Canada and is expected to improve the safety and health outcomes for Manitobans receiving medications for mental-health conditions. IMPROVE is administered by Comprehensive Neurosciences of Canada (CNSC), using proprietary clinical algorithms and a proven audit-and-feedback intervention. CNSC conducts monthly reviews of Drug Program Information Network (DPIN) pharmacy claims data to evaluate the appropriateness of the prescriptions of psychiatric and related behavioral medications, in order to identify patients at risk due to potentially inappropriate prescriptions. If a potentially inappropriate pattern of prescriptions is identified, a feedback alert in the form of an educational mailing package is sent to the prescriber.

The purpose of this study was to evaluate IMPROVE by examining changes in prescribing practices of physicians, and what characteristics of physicians or their practices may be associated with a positive impact of the educational mailing packages. Using comparison groups, MCHP found that doctors who received educational packages significantly reduced potentially inappropriate prescribing for sleeping pills and benzodiazepines. Fewer inappropriate prescribing patterns will result in fewer adverse events, and, in turn, reduce the burden on the healthcare system, including emergency rooms and the prescribing doctors themselves. MCHP's evaluation results will inform how IMPROVE continues to be administered, making it more effective by changing or adding medications or prescribing patterns included in the program. The success of this pilot program in Manitoba will help direct how other provinces look to improve the prescribing practices of their doctors.

Physician Integrated Network: A Second Look

This deliverable evaluates the impact of the Physician Integrated Network (PIN) initiative on health service provision and primary care—specifically through an aspect of the program that gives clinics extra funding for meeting certain targets in providing preventative and chronic-disease care to appropriate patients. The program was initiated by Manitoba Health in 2006. Lessons learned from this study will inform ongoing changes to primary care in Manitoba.

The study analyzed results from 12 clinics, involving over 180 physicians and 163,000 patients. It looked at 23 indicators of primary-care quality related to prevention and screening, disease management, and healthcare delivery. Three aspects of care tied to incentive funding showed clear improvement: older adults and people with respiratory illness were more likely to receive annual flu shots; rates of immunizations for pneumonia and related infections also improved among older adults; and more patients suffering from heart failure started to take recommended medication. The study also revealed an increase in the continuity of care patients received at clinics participating in PIN. PIN clinics also reduced the number of non-recommended “routine” electrocardiograms for patients who didn't have heart disease. The study results are not all good news. Even among the positives, there were large differences in quality between clinics. In some areas, such as immunizations for two-year-olds, all clinics and comparison groups fared poorly: only 50% to 80% of two-year-old children had received all the immunizations recommended (and fully covered in Manitoba) for newborns and toddlers.

The Adjunct Scientist designation at MCHP was created to recognize the valuable contribution made to its research by external participants. Adjunct Scientists are involved in collaborative research with an MCHP researcher, have an ongoing commitment to health services research, have previous research involvement with scholarly publications, or have clinical or policy expertise that is of assistance to MCHP scientists in framing research questions, interpreting results of particular analyses, and advising on the policy implications of the findings.

Allan Garland, MD, MA, Associate Professor, Department of Internal Medicine, Department of Community Health Sciences, Co-Head, Section of Critical Care, College of Medicine, Faculty of Health Sciences, University of Manitoba

To date, there have been 11 CNODES sub-projects, four of which have been completed. In 2014/15, five were in-progress for which manuscripts are being prepared. Two related projects focused on Manitoba results are also in progress: a sub-analysis of the study on Proton Pump Inhibitors and Community Acquired Pneumonia, led by Laura Targownik; and a project led by Colette Raymond and Dan Chateau examining the use of prescription medications before, during, and after pregnancy, led by Colette Raymond and Dan Chateau. Two more projects are in the very early stages, and feasibility assessments are underway for two proposed projects.

Ongoing Projects

- Serotonin-Norepinephrine Reuptake Inhibitors and Renal Failure (Manitoba site lead: Salah Mahmud)
- Isotretinoin Use Among Women of Reproductive Age and the Risk of Pregnancy and Adverse Pregnancy Outcomes Including Spontaneous Abortion and Major Congenital Malformation (Manitoba site lead: Shawn Bugden)
- Domperidone Use in Parkinson's Disease and Risk of Serious Cardiac Events (Manitoba site lead: Shawn Bugden)
- Safety of Incretin-based Therapies with Regards to Incidence of Pancreatitis and/or Pancreatic Cancer. (Manitoba site lead: Laura Targownik)
- Safety of Opioids since Introduction of OxyNEO (Manitoba site lead: Patricia Caetano)

Towards Flourishing Mental Health Promotion Strategy (TF-MHP)

The TF-MHP is a collaborative project between MCHP, the Winnipeg Regional Health Authority (WRHA), and Healthy Child Manitoba (HCMO). Dr. Mariette Chartier (MCHP), Dr. Jennifer Volk (HCMO) and Ms. Marion Cooper (WRHA) were awarded a competitive grant of \$2.6 million over four years from Public Health Agency of Canada's Innovation Strategy (PHAC-IS)—Equipping Canadians: Mental Health Throughout Life—to develop and evaluate the strategy. The funding from PHAC ended in March 2015; however, Healthy Child Manitoba has provided funding to sustain the strategy and continue data collection.

The multi-layered TF-MHP strategy aims to promote the mental well-being of parents and their children through augmentation of an existing province-wide home visiting program. In response to an earlier evaluation of the home visiting program, which indicated a need for additional intervention around mental health promotion, the TF-MHP strategy includes training for public health staff, a mental health promotion facilitator role to support public health teams, mental health screening, curriculum-based education and evidence-based strategies for parents, and improved access to supports and services.

The partnership between government, a regional health authority and MCHP involved in leading TF-MHP has been paramount to the effective implementation of the strategy. Knowledge transfer and exchange with high level decision-makers and service providers occurs at all stages from the development of the strategy to reviewing and interpreting results to sustainability planning.

ONLINE RESEARCH RESOURCES

MCHP maintains internal and external versions of a glossary and a concept dictionary as aids for researchers, readers, and internal staff. These tools were developed at MCHP to support the application of a variety of theoretical frameworks, analytical techniques, statistical approaches and mapping resources appropriate for use with the Population Health Research Data Repository (Repository).

This year, 76 new terms were added to the glossary, expanding it to 2,454 terms. Eighteen new concepts were added to the Concept Dictionary and 12 had major content updates. The total number of concepts, including those currently under development, is now 308.

MCHP Concept Dictionary

The concept dictionary describes concepts developed at MCHP for analyzing data from the Repository. These are detailed, operational definitions of variables or measures used in MCHP research. They include a discussion of the issue(s) involved, approaches used, programming tips or cautions, SAS code (where not restricted for internal use), suggested readings, and references. This year's new concepts are:

- Elixhauser Comorbidity index
- Grade Level Assessments
- Smoking Cessation Prescriptions
- Referral Rates for Primary-Care Physicians to Specialists
- Routine Electrocardiography - Electrocardiogram (ACG or EKG)
- Asthma Care Controlled by Medication Use
- Acute Myocardial Infarction (AMI) / Myocardial Infarction (MI) - Definition, Rates and Post-AMI Management
- Grade 12 Language Arts (LA) Test Performance Outcomes by Socioeconomic Status (SES)
- Coding Cause of Death in Manitoba Vital Statistics Death Data
- Education Data
- Administrative Health Data
- Education Overview: Links to Education-Related Data, Concepts and Glossary Terms
- Population Health Research Data Repository (Repository)
- Health Indicators: Indicators of Health Status and Healthcare Use
- Home Care Episodes of Care: Methods for Creating Home Care Episodes
- Special Needs Children - Method of Identification from Education Data
- Considerations When Working With the Drug Program Information Network (DPIN) Data (available internally)
- Alternate Level of Care (ALC) Patients - Method of Identification

Data Management

THE POPULATION HEALTH RESEARCH DATA REPOSITORY

The Repository housed at MCHP is a comprehensive collection of administrative, registry, survey, and other data primarily composed of residents of Manitoba. It was developed to describe and explain patterns of healthcare and profiles of health and illness, facilitating research in areas such as health, education, social services, and justice.

195 active projects

15 deliverables

61 projects led by MCHP investigators

94 externally administered research projects

25 thesis projects

The approval process for all research projects accessing the Repository is managed by the Repository Access Unit (see p. 42). The project information above reflects the number of projects that were active during the 2014/15 fiscal year. A complete list is given in Appendix 8. Some of these projects were completed before March 31, 2014, but maintained access approvals to facilitate additional publications or presentations based on the same research.

Data Provider Meetings

In December 2014, MCHP met with the individuals who review and recommend data-use approvals on behalf of each of our data providers. Data provider meetings are held annually to review the approval process for use of data held at MCHP. With new data sets added in 2014, this meeting provided insight into how each of the data providers review projects. The meeting focused on making the approval process consistent between providers.

New Data Acquisitions

The Repository continues to expand, with notable data acquisitions this year:

National Ambulatory Care Reporting System (NACRS)

NACRS includes data for all hospital-based and community-based ambulatory care. Emergency department records are submitted to one of three CIHI data collection levels. MCHP has acquired submission level 1, which includes data elements required for emergency department wait time indicators; and level 3, records for day surgery and other ambulatory care visits. Data is currently available from April 2014 to September 2014.

TRAILBLAZER CHALLENGER VISIONARY INNOVATOR ADVENTURER REBEL PIONEER CREATOR EXPLORER DEFENDER TRAILBLAZER CHALLENGER VISIONARY INNOVATOR ADVENTURER REBEL PIONEER CREATOR EXPLORER DEFENDER TRAILBLAZER CHALLENGER VISIONARY INNOVATOR ADVENTURER
REBEL PIONEER CREATOR EXPLORER DEFENDER TRAILBLAZER CHALLENGER VISIONARY INNOVATOR ADVENTURER REBEL PIONEER CREATOR EXPLORER DEFENDER

- an overview description of each database;
- a data-model diagram of the relationships between datasets within a database;
- a data-quality report that evaluates data-element quality, illustrates data trends, looks at the agreement and linkability of datasets, etc.;
- a data dictionary that gives statistical and descriptive details about each data element in a dataset;
- project and source-agency documents and reports;
- links to concepts in the MCHP Concept Dictionary; and
- a blog for content-related discussions.

Knowledge Translation

INFORMING PLANNERS AND STAKEHOLDERS

The Need To Know Team

Since its establishment in 2001, *The Need to Know* Team (NTK) has enabled a remarkable collaboration between MCHP, the Regional Health Authorities (RHAs), and the provincial department of health. This collaboration has provided an opportunity for knowledge exchange and learning between researchers, planners, and policy-makers. The Team has co-authored numerous MCHP reports, and driven health policy change in a variety of areas, and along the way, it has been recognized by several national organizations.

NTK meets in Winnipeg three times per year for two days at a time. These meetings are designed to create an environment for the NTK team to work together on team projects, increase capacity for, and use of, RHA-relevant research, and to learn about other health-related initiatives happening in Manitoba. The fall meeting precedes MCHP's annual RHA Workshop, where NTK facilitates roundtable discussions of MCHP deliverables. This year's NTK meetings were held June 2–3, 2014, October 20–21, 2014 and January 19–20, 2015.

NTK also provides ideas for and helps review potential deliverable projects led by MCHP. To date, the team has co-authored seven deliverables. Many team members also sit on advisory groups for other deliverables, where they contribute the unique perspective of their RHA. Currently NTK is co-leading two deliverable research projects:

- MIS Information and Hospital Resource Implications
- Homecare: (a) Data Acquisition and Validity; (b) an Exploration of the use of Homecare by Manitobans

In 2014/15, NTK was also involved as a regional consultation group for the CIHR "PATHS Equity for Children" projects.

As many readers of this report will know, *The Need to Know* Team was created by the late Dr. Patricia Martens. The ideas behind its formation were among the most important insights she brought to MCHP. Foremost among these was the need to engage external partners "before the beginning" of research projects, to ensure relevance and applicability. Though these are well-established principles of what's now called Integrated Knowledge Translation, they were absolutely novel, indeed revolutionary, at this time, shortly after Pat joined MCHP in 1999. Among her first tasks was to coordinate MCHP's 6th annual Rural and Northern Healthcare Day. Rather than having the traditional day-long agenda made up of a succession of speakers, Pat had regional stakeholders participate in roundtable discussions to discuss research results from that region's perspective. Her plan was met with significant resistance among

As described above, *The Need to Know* Team was originally funded through the Canadian Institutes of Health Research (2001–2006). Subsequent meeting expenses have been funded through a series of awards: the CIHR KT Award for regional impact (2007–2008), the Evidence to Action research project (2005–2008), Dr. Martens’ CIHR/PHAC Applied Public Health Chair Award (2008–2013), and Dr. Fransoo’s Gerry McDole Professorship Award in Improved Healthcare Delivery to Rural, Remote and Underserved Populations of Manitoba (2010–2013). The team is also the KT partner for the ongoing PATHS Equity for Children project (see p. 33).

Kara Dyck

26 supervised graduate students

25 thesis projects accessing the repository

Student supervision is a core activity of full-time researchers at MCHP. These activities facilitate collaborations at the University of Manitoba, and at institutional, provincial, national, and international levels. In 2014/15, the majority of MCHP researchers supported students in supervisory and advisory roles, as thesis committee members, or as external examiners (see Appendix 6). In addition to supervising 25 University of Manitoba graduate students, MCHP researchers participated as thesis committee members and external reviewers for another 30. Ten graduate students from other Canadian institutions were supported in various capacities.

This thesis projects benefit significantly from the data available in MCHP's Population Health Research Data Repository. Students who require access to the Repository must apply and obtain accreditation training from MCHP's data access unit and are required to perform their own analyses using SAS statistical software. Access can be maintained throughout a thesis project and after its completion to facilitate publications. Appendix 8 shows all ongoing and completed graduate and undergraduate thesis projects that accessed the Repository in 2014/15. Some projects were completed before March 31, 2014, but maintained access to facilitate publications.

Financial Report

The Manitoba Centre for Health Policy gratefully acknowledges the support of the Manitoba Government through a five-year funding agreement with Manitoba Health, Healthy Living and Seniors (MHHLS). The budget given in Table 1 demonstrates the expenditures charged against this fund. In addition to the \$2.325M received from MHHLS, MCHP researchers secure funding from individual and multi-project grants and career awards. MCHP also generates revenue in the form of repository-access and remote-access fees paid by externally administered research grants. In 2014/15, new funds from these sources totaled approximately \$2.8M (Table 1). A five-year trend of our most-recent funding is given in Figure 7.

Table 1: Manitoba Centre for Health Policy Yearly Budget, April 1, 2014 – March 31, 2015

Salaries

| | |
|---------------------------|------------------------|
| Staff | 1,628,325.89 |
| Staff Benefits | 289,730.27 |
| Payroll Levy | 38,292.13 |
| External Contracts | 38,026.08 |
| Transfer to CFI Matching* | 86,625.00 |
| Salaries Subtotal | \$ 2,080,999.37 |

Other Expenditures

| | |
|------------------------------------|----------------------|
| General Office Expenses | 113,966.25 |
| Purchases | |
| Equipment | 21,072.63 |
| Maintenance | 41,606.98 |
| Travel | 42,145.25 |
| Transfer to CFI Matching* | 198.33 |
| Other Expenditures Subtotal | \$ 218,989.44 |

| | |
|---------------------------|------------------------|
| TOTAL EXPENDITURES | \$ 2,299,988.81 |
|---------------------------|------------------------|

* These funds were approved (June 1, 2005) to be transferred for use as a Partner Contribution to the Centre's CFI grant

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APPENDIX 4: COMMITTEE INVOLVEMENT OF MCHP RESEARCH SCIENTISTS

Dr. Marni Brownell

Council of Canadian Academies Expert Panel on Timely Access to Health and Social Data for Health Research and Health System Innovation

Technical Working Group for the PHAC/CIHI “Pan Canadian Baseline Report on Health Inequalities

Expert Working Group, for CIHI Report “Trends in Health Inequity in Canada

Child Data Centre Development Project Advisory Group

Pan-Canadian EDI Academic Group

Congenital Anomalies Surveillance System in Manitoba Advisory Group

Member, CIHR Peer Review Committee – Health Research Training B

Member, Forum for Early Child Development Monitoring

International EDI Technical Group

Advisory Committee on the Development of an Economic Impact Model for Fetal Alcohol Spectrum Disorder

Member, Manitoba Centre for Health Policy Research Funding Committee

Member, College of Reviewers for the Canada Research Chairs Program

St. Amant Centre Community Research Advisory Committee

Dr. Mariette Chartier

Table de Recherche – Coalition francophone de la petite enfance

Executive Committee of Department of Community Health Sciences

Provincial Healthy Child Advisory Committee Mental Health Summit Network

National FASD and Mental Health Conference Planning Committee PreVail Research Group

Family Service, Housing and Community Development – Early Learning and Child Care

Working group for “Offre active des programmes et services en français aux enfants francophones du Manitoba de 0 à 6 ans et à leurs familles”.

Dr. Dan Chateau

Health Information Privacy Committee

Health Sciences Centre Foundation Grant Review Committee

APPENDIX 5: COURSES TAUGHT BY MCHP RESEARCH SCIENTISTS

Undergraduate Courses Taught by MCHP Research Scientists

| Department | Course Title | Course Number | Role of MCHP Scientists |
|------------|---|----------------------------|---|
| Medicine | Population Health and Medicine (Block I): | PH105 | Nathan Nickel (instructor) |
| | | PH109 | Alan Katz (instructor) |
| | | PH113 | Nathan Nickel (instructor) |
| | | PH124 | Alan Katz (instructor) |
| | | PH125, PH126, PH127, PH128 | Dan Chateau (instructor) |
| | | PH130, PH134 | Dan Chateau, Nathan Nickel (co-instructors) |
| | | PH142 | Dan Chateau (instructor) |
| | | PH147 | Dan Chateau, Nathan Nickel (co-instructors) |
| | | PH149 | Nathan Nickel (instructor) |
| | | PH151 | Dan Chateau (instructor) |

Graduate and Professional Courses Taught by MCHP Scientists

| Department | Course Title | Course Number | Role of MCHP Scientists |
|--|---|---------------|---|
| Community Health Sciences | Methods in Health Services Research and Evaluation | CHSC 7130 | Randy Fransoo, Nathan Nickel (co-instructors) |
| | Epidemiology of Health Care | CHSC 7310 | Marni Brownell (instructor) |
| | Core Concepts in Public Health | CHSC 7500 | Randy Fransoo (co-instructor) |
| | Introduction to Structural Equation Modeling | CHSC 7610 | Lisa Lix (instructor) |
| | Topics in Health Services Research | CHSC 7730 | Malcolm Doupe (instructor) |
| | Senior Seminar in Community Health Sciences | CHSC 8600 | Leslie Roos (instructor) |
| International Medical Graduate Program | Critical Thinking and Clinical Reasoning: International Medical Graduate Program (Orientation) | | Alan Katz (instructor) |

APPENDIX 6: STUDENT RESEARCH

Continuing PhD Students Supervised by MCHP Scientists

| Student Name | Topic | Department | MCHP Scientist Role |
|-------------------|---|---------------------------|--|
| Erickson, Julie | Changes in the health status of older adults with mental illness admitted to personal care homes | Psychology | Co-Advisor: Malcolm Doupe |
| Hinds, Aynsle | Public housing, health, and residential mobility: a population-based analysis | Community Health Sciences | Advisor: Lisa Lix, Patricia Martens |
| Kuwornu, J.P. | Episodes of care for measuring patient-oriented healthcare use and costs | Community Health Sciences | Advisor: Lisa Lix |
| Randall, Jason | Validation of administrative data for self-harm outcomes | Community Health Sciences | Advisor: Leslie Roos. Co-Advisor: Patricia Martens |
| Reider, Nadia | Health services research and epidemiology specializing in the aging population | Community Health Sciences | Advisor: Malcolm Doupe |
| Singal, Deepa | Investigating the characteristic and health care utilization of women who have given birth to children with Fetal Alcohol Spectrum Disorder | Community Health Sciences | Advisor: Marni Brownell |
| Villafranca, Alex | M.I.R.A.C.L. clinical trials promising to "C.U.R.E." and "H.E.A.L.": The potential for patient manipulation in clinical trial naming | Interdisciplinary Studies | Co-Advisor: Malcolm Doupe |

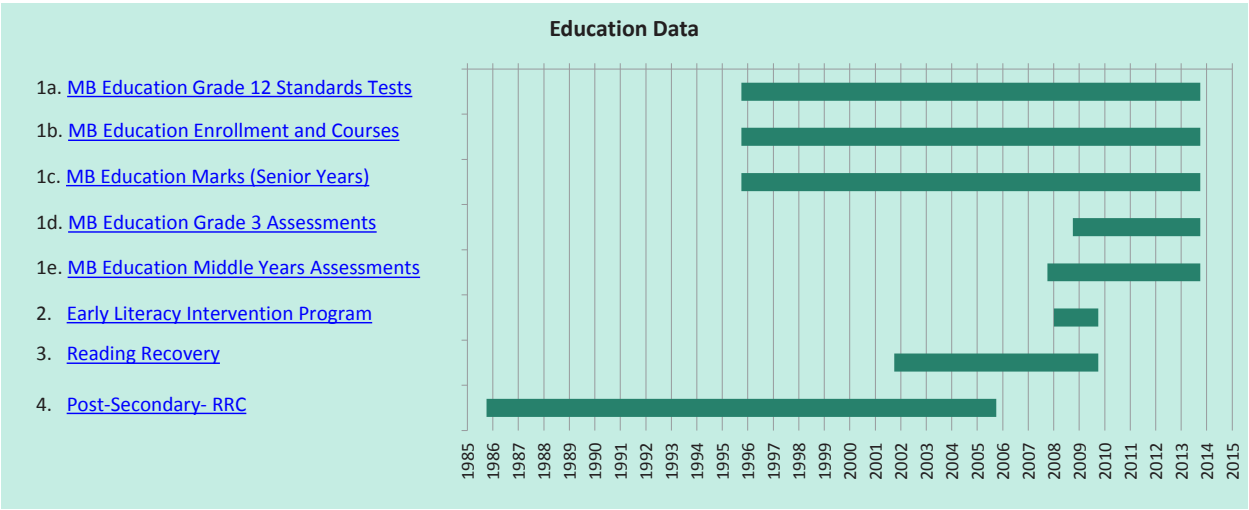
Continuing PhD Students Supported by MCHP Scientists

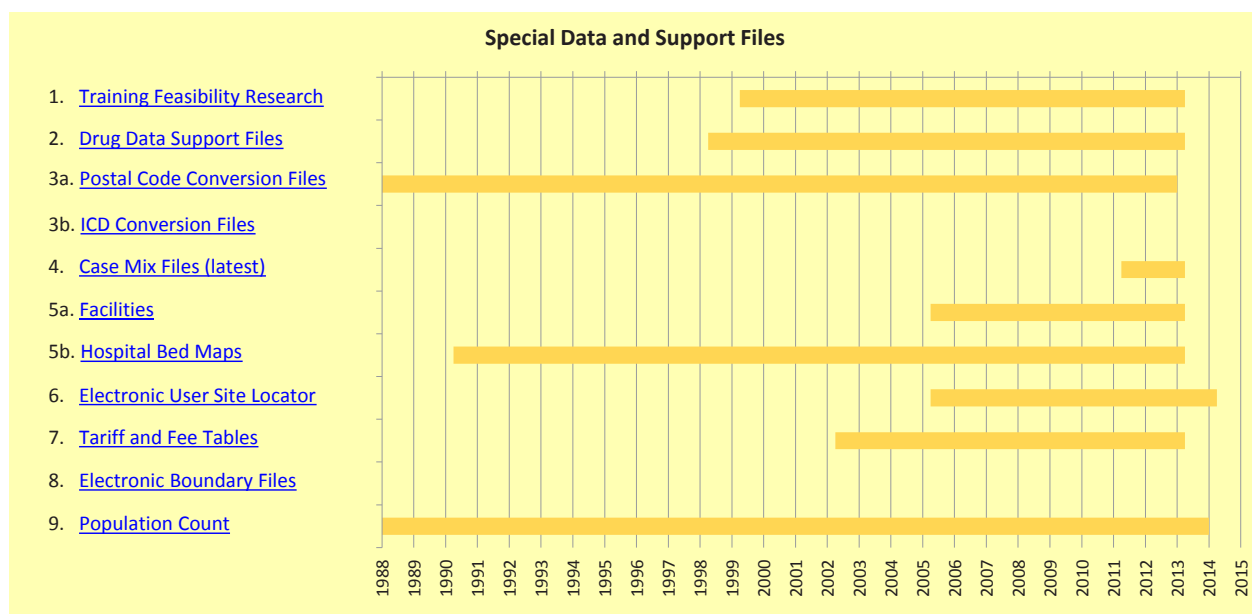
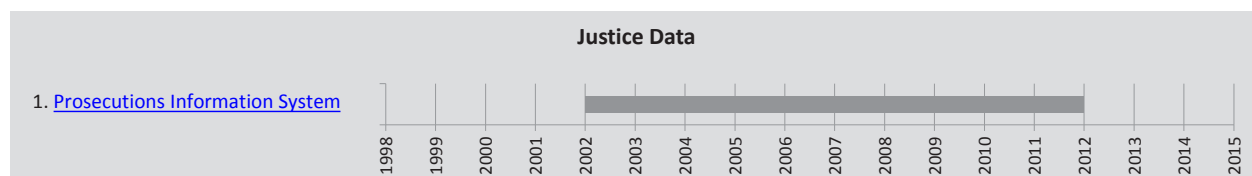
| Student Name | Topic | Department | MCHP Scientist Role |
|------------------|--|--|---|
| Halas, Gayle | n/a | Interdisciplinary | Committee Member: Alan Katz |
| Han, Jing | Applied Microeconomics; Applied Econometrics | Economics | Committee Member: Malcolm Doupe |
| Hinds, Aynsle | Public housing, health, and residential mobility: a population-based analysis | Community Health Sciences | Committee Member: Leslie Roos |
| Lemaire, Jackie | The community health assessment process and exploring outcome-based impacts | Applied Health Sciences Program | Committee Member: Patricia Martens |
| Peden, Alexander | n/a | Community Health Sciences | Committee Member: Malcolm Doupe |
| Penner, Karen | Developmental neuropsychological studies on former preterm infants, focusing on assessment of executive function and its substrates (attention, working memory, visual processing) | Psychology, Brain & Cognitive Sciences | External Committee Member: Patricia Martens |
| Randall, Jason | Risk and protective factors for suicidal behavior in adolescents and young adults | Community Health Sciences | Committee Member: Lisa Lix |
| Singal, Deepa | Investigating the characteristics & health care utilization of women who give birth to children with FASD in Manitoba | Community Health Sciences | Committee Member: Leslie Roos |
| Spiwak, Rae | Mental health needs of survivors of suicide, or anyone that has experienced the loss of a loved-one through suicide | Community Health Sciences | Committee Member: Patricia Martens |
| Taillieu, Tammy | Pregnancy and intimate partner violence: assessing the long-term physical and mental health outcomes | Applied Health Sciences Program | Committee Member: Marni Brownell |

Graduating PhD Students Supported by MCHP Scientists

| Student Name | Topic | Department | MCHP Scientist Role |
|------------------|--|---------------------------|---|
| Comaskey, Brenda | Maternal depression and school readiness: A Manitoba population-based study | Community Health Sciences | Advisor: Noralou Roos. Committee Member: Marni Brownell |
| Fedui, Jenna | Thromboxane receptor signaling and Rho GTPase activation on actin polymerization and contraction in hypoxic neonatal pulmonary arterial myocytes | Physiology | Committee Member: Nathan Nickel |
| Lavigne, Salme | Effects of power toothbrushing on caregiver compliance and on oral and systemic inflammation in a nursing home population | Community Health Sciences | Advisor: Malcolm Doupe |
| LeClair, Leanne | Community supports for parents of young children: a needs assessment | Community Health Sciences | Committee Member: Noralou Roos |
| Reidiger, N. | Characterizing cardiovascular risk in a Manitoba First Nation | Community Health Sciences | Committee Member: Lisa Lix |







APPENDIX 8: RESEARCH PROJECTS ACCESSING THE POPULATION HEALTH RESEARCH DATA REPOSITORY

MCHP Researcher Projects

Alessi-Severini S, Biscontri R, Collins D, Enns M, Kozyrskyj A, Vasilyeva I, **Burchill C, Dahl M**. 2007-2015. Use of antipsychotic agents in Manitoba: prescribing and cost-effectiveness. MMSF.

Alessi-Severini S, Bhangoo D, Bolton J, **Chateau D**, Collins D, Enns M, Keyes K, Leslie WD, Sareen J, **Dahl M**. 2009-2015. Use of psychotropic medications in Manitoba: A population-based study. HSCF.

Alessi-Severini S, Noor B, **Derksen S**. 2013-2016. Use of prescription medications for smoking cessation in the Province of Manitoba. Pfizer.

Arora R, Burchill C, **Hiebert B**. 2014-2015. Impact of physical activity on depression after cardiac surgery. Pfizer.

Becker A, Douville R, Kozyrskyj A, Liem J, Curtis L, **Dahl M**, Huq SI. 2002-2015. Origins of asthma in childhood: The role of gene: environment interactions. CIHR.

Bernstein C, Blanchard JF, Nguyen G, Shaw S, Singh H, Targownik L, **Burchill C**, Nugent C. 2011-2015. Manitoba IBD long-term outcomes study. Personal HSC Funds.

Bernstein C, **Chateau D**, Nguyen G, **Roos L**, Targownik L, **Banerjee A, Burchill C**. 2014-2015. The relationship between mode of maternal delivery and inflammatory bowel disease. HSC.

Bolton J, **Chateau D**, Sareen J, **Burchill C, Randall J, Walld R**. 2014-2015. Improving the prediction of suicide in a high-risk emergency department cohort. Brain and Behaviour Research Foundation.

Bolton J, Katz L, **Martens P, Roos L**, Sareen J, **Au W, Walld R**. 2010-2015. Consequences of suicide bereavement: A population-based study in Manitoba. CIHR

Bolton J, **Chateau D**, Leslie WD, **Martens P**, Sareen J, **Walld R**. 2014-2015. Mental disorders and treatment needs among parents bereaved by offspring sudden death. CIHR, MHRC.

Brownell M, Ouellette-Kuntz H, Shooshtari S, Hanlon-Dearman A, Coe H, Burchill C, MacWilliam L, Nie Y. 2014-2016. Autism spectrum disorder validation study on Manitoba administrative data: step 1: identifying clinically diagnosed cases of autism and linking their information to the administrative data.

Brownell M, Ruth C, Flavin M, Day M. 2014-2015. Building a program of research to investigate antenatal risk factors for adverse childhood outcomes using Manitoba's Data Repository.

Brownell M, Hanlon-Dearman A, Elias B, Chudley A, Longstaffe S, **Roos N, Chateau D**, Phillips-Beck W. 2011-2015. Utilization of health and social services by Manitoba First Nations children with FASD.

Brownell M, O'Donnell M, Gilbert G, Ubbessen M. 2013-2014. Factors that predict out-of-home care in childhood: A comparison of three developed countries.

