Advancing public health through research with and for communities

RESEARCH IMPACT REPORT

2024-2025

SCHOOL OF PUBLIC HEALTH

UNIVERSITY OF ALBERTA

The University of Alberta, its buildings, labs and research stations are primarily located on the territory of the Néhiyaw (Cree), Niitsitapi (Blackfoot), Métis, Nakoda (Stoney), Dene, Haudenosaunee (Iroquois) and Anishinaabe (Ojibway/Saulteaux), lands that are now known as part of Treaties 6, 7 and 8 and homeland of the Métis. The University of Alberta respects the sovereignty, lands, histories, languages, knowledge systems and cultures of all First Nations, Métis and Inuit nations.

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Dean's Message

Looking back, looking to the future

The world is changing, and so is public health. Our interconnected systems, once seemingly predictable, are now defined by constant change. Communities are facing overlapping dilemmas: demographic changes, the spread of misinformation, the growing burden of chronic conditions, an increase in communicable diseases and the effects of climate change. Addressing these barriers to health requires more than a one-size-fits-all approach. It demands fresh thinking, collaboration, innovation and a dedicated focus on improving the well-being of every person.

In the School of Public Health, we are committed to advancing health equity and community well-being, locally and globally, through evidence-informed practice. The school's new Strategic Plan 2025-2029 sets our course for the coming years as we address the complex challenges our world presents.

Since I joined the school as dean in July 2025, I have been inspired by the dedication of our researchers. Within these pages, you will discover their remarkable work. They are advancing health equity and population health, addressing planetary health, leveraging methodological excellence and data science innovation, and strengthening public health systems to inform policy and practice.

You'll meet early career researchers like Elizabeth Onyango — who works with immigrant communities to address food insecurity and gender issues — and Claire Benny, who studies social inequities in workplace injury risk and severity. They are bringing new knowledge to public health practice. You'll also read about the latest work in the school's three research centres, which have, for decades, fostered deep partnerships that span disciplines, institutions and communities to improve the health of citizens.

True health equity is achieved through partnership and shared responsibility. As we look to the future, we are excited to share with you in this report what we have already accomplished. Thank you for your interest and collaboration. Together, we can address the most pressing health issues of our time and create a healthier, more equitable world for all.

Laura McDougall, MD, MHSc, FRCPC
Dean, School of Public Health

Associate Dean of Research's Message

Pushing the boundaries of public health research

The past year has brought an exciting opportunity for the School of Public Health to focus its vision on the future through the creation of a Strategic Plan for 2025-2029. This brings with it a renewed commitment to the principles that have guided us all along: to improve community health by engaging partners in world-leading research, learning and action.

Our school is a hub for innovative research, where faculty and students tackle some of the most urgent health challenges of our time. Our interdisciplinary approach spans a broad spectrum of fields, which enables us to address complex public health issues from multiple angles, ensuring that our interventions are both comprehensive and effective.

By partnering with communities, policymakers and others, we ensure that our research is relevant, tangible and actionable. Our ultimate goal is to translate our findings into practical solutions that improve health outcomes and guide public health practice.

We invite you to explore this impact report and discover the incredible work being done by our school. Our new strategic plan for 2025-29 ensures there will be more to come, as we continue to push the boundaries of public health research.

Dean Eurich, PhD, MSc, BSP
Associate Dean of Research,
School of Public Health

Introduction

The School of Public Health at the University of Alberta enters this new year with a renewed commitment to advancing health equity through community-led innovation, research and education. Our mission remains clear: to create fair opportunities for everyone to live healthy lives by understanding and addressing the social and commercial determinants of health. We know that protecting and improving community health — especially for the most vulnerable — requires action, collaboration and leadership.

Public health is a dynamic field that harnesses health sciences, social sciences and human sciences to safeguard people's well-being in countless ways. From sustainable water and sanitation systems to policies that foster healthy environments, from strengthening the health system to designing harm reduction strategies for at-risk populations, public health research touches every aspect of life.

Our research continues to push boundaries, generating evidence that informs policies and drives meaningful change. By linking curiosity-driven discovery with community-driven inquiry, we ensure that knowledge moves beyond the academy into practice, where it matters most.

As we look ahead with the Strategic Plan 2025-29, we invite you to join us — whether as partners, students, researchers or community members — in shaping healthier futures locally and globally. Together, we can address critical health challenges, promote equity and build resilient communities for generations to come.

What Drives Us

VISION

To be a transformational leader in advancing health equity and population health locally and globally.

MISSION

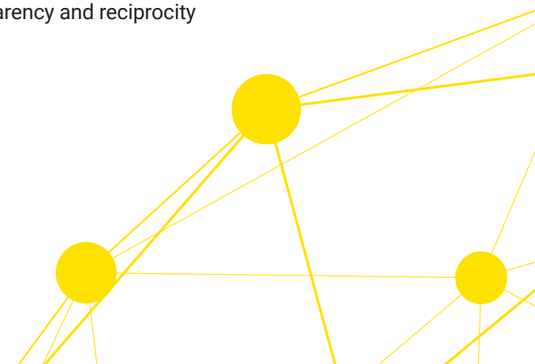
We aim to improve communities' health by engaging partners in world-leading research, learning and action for societal impact.

We achieve this by:

- Collaborating with communities to address health equity and co-create solutions
- Developing leaders, engaged scholars and change makers in public health
- Creating and mobilizing knowledge to improve public health policies, practices and outcomes

VALUES

- Social Responsibility: Committed to addressing health disparities
- Relationality: Emphasizing ethical relationships and interconnectedness
- Inclusivity: Enacting principles of access, equity and justice
- Teamwork and Partnerships: Fostering collaboration and interdisciplinary inquiry
- Engagement: Actively involving colleagues, the public, communities and decision-makers
- Stewardship: Being accountable and using resources wisely
- Excellence: Striving for the highest quality in all endeavours
- Respect: Building relationships based on trust, transparency and reciprocity



Research With Purpose

Researchers in the School of Public Health are improving community health through research, learning, teaching and action. We strive every day to live up to our mission and values for the betterment of individuals and society.

ASSESSING A NEW MODEL OF COMMUNITY HEALTH CARE FOR REFUGEES

"This study is contributing to the conversation about the best way to support refugees in accessing health care." – Rebecca Gokiert

Refugees who arrive in Canada often have serious health needs but face significant barriers to accessing care. A community health centre in Edmonton is using a new model to deliver care to government-assisted refugees — and learning along the way how best to do so.

To ensure the greatest impact, the New Canadians Health Centre has partnered with the Evaluation Capacity Network (ECN), led by Rebecca Gokiert, professor in the School of Public Health, to document and evaluate the centre's evolution.

"It's a new model; what are we learning?" says Gokiert, an expert in community-based participatory research and evaluation.

"How can we use those learnings immediately to shift not only clinical practice but also how these organizations structure themselves, what kind of staffing they need to best meet the needs of their patients? We can mobilize the learnings to improve care."

The NCHC offers clinical care to all government-assisted refugees who settle in Edmonton, along with support in navigating health and social services. It brings together family physicians, specialists, including pediatricians, an internal medicine specialist, a psychiatrist, nurses and a health navigator under one roof to support refugees, with phone-based language interpretation available at every appointment.

NCHC goes beyond health care delivery, embodying a holistic model of refugee health grounded in the principles supporting social justice, equity and inclusion.

Since it opened its doors in 2021, the NCHC has provided services to more than 2,900 patients, from babies to seniors, with almost half being children. Patients access the centre for up to two years, until they are transferred to a primary care provider in the community, in order to maintain capacity for new arrivals.

The partnership between the ECN and the NCHC has helped to build the research and evaluation infrastructure needed to explore how well the principles-based model of care is meeting the needs of its patients. The ECN's approach is unique because it involves community members directly, from refugee health and settlement leaders to refugees with lived experience, helping shape research that is culturally sensitive and reflects their needs.

Another distinctive aspect of the research is building tools to study patient data in the electronic medical record system, and exploring ways to link it with provincial datasets to better track refugee health needs over time. The partnership has also allowed graduate students to undertake research on key priority areas for the centre, such as studies of maternal health, pediatric research from birth to age five and refugees' transitions from the centre to a permanent primary care provider.

Funding to date is from the U of A's Strategic Research Initiatives Fund, the Women and Children's Health Research Institute and Mitacs Accelerate Fellowships.

"We know that refugees come with significant health needs and traumas. We know that they can face barriers to accessing health care. And we know if they don't get that access, their health outcomes are going to worsen," says Gokiert, adding this has long-term costs to newcomers and to society, both human and economic.

"This study is contributing to the conversation about the best way to support refugees in accessing health care," she says, pointing to the timely sharing of research findings with the NCHC team and other community partners, alongside publications in open-access journals and presentations at national and international refugee health conferences, including a recent publication about the NCHC's model. These efforts ensure practitioners and community organizations can use the evidence to inform their work.

"We want to share our findings with community-based health clinics across Canada, with the hope of offering timely, robust information that could improve access and funding."

REPORT CALLS FOR CONSISTENCY AND DEDICATED RESOURCES FOR MEDICAL ASSISTANCE IN DYING

Recommendations are based on two-year project by the Health Technology and Policy Unit

Canadians' experience with medical assistance in dying varies greatly depending on where a person lives, their previous awareness of the legislation and the MAID assessors and providers they encounter.

These are among the findings of the School of Public Health's Health Technology and Policy Unit (HTPU) in its final report to the federal government in March 2025: Medical Assistance in Dying (MAiD): Descriptions of and Experiences with models across Canada. The report offers insights into how — and how well — the legislation is working across the country.

While the 2016 MAID legislation is federal, each province and territory is responsible for providing the services in their jurisdictions. In 2023, Health Canada funded the two-year project to explore how MAID is being delivered. In the 20 years since the HTPU was founded, it has built a strong reputation for its methodological expertise, which is why it is often called upon to do this type of work, says health policy professor and study co-lead Devidas Menon.

The MAID project included a comprehensive review of academic and non-academic literature as well as interviews with patients and families, provincial and territorial government policymakers, MAID program staff, and physicians and nurse practitioners involved in assessing patients and/or providing medical assistance in dying.

The final report notes substantial differences across the country in how patients access MAID, how they are assessed and how assistance in dying is provided, says study co-lead and HTPU director Tania Stafinski.

The report includes recommendations based on feedback from health-care professionals as well as families and patients. Among them: develop national training for health professionals and clear competency standards for assessors and providers; establish dedicated funding and personnel for MAID programs; clarify definitions to create consistency across jurisdictions; ensure equitable access across geographic regions; and provide informational, emotional and bereavement support for families before, during and after the MAID process.

> "How do you balance scientific evidence with values?"
>
> – Devidas Menon

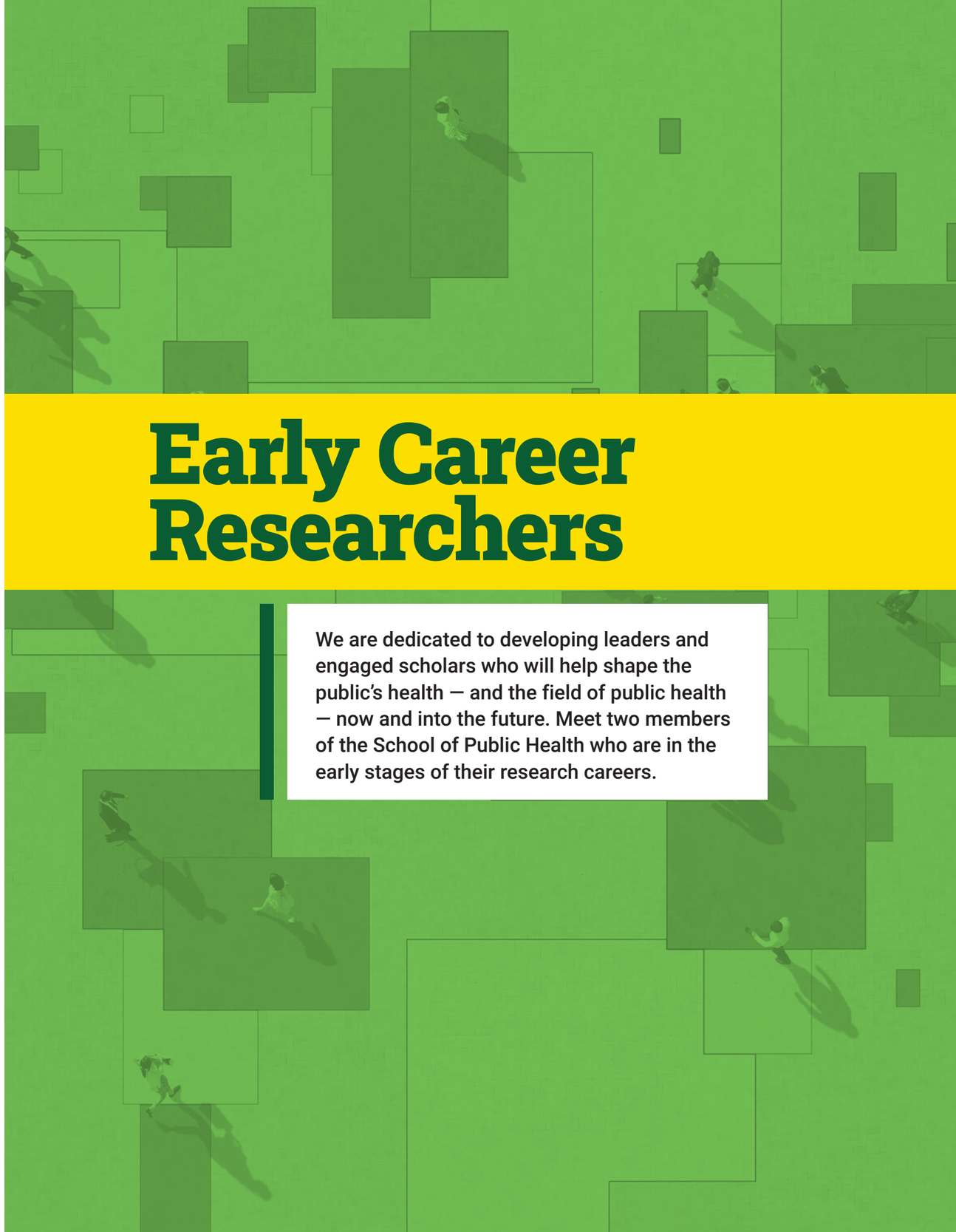
HTPU is one of three centres in Alberta tasked with advising the provincial government and other health agencies on rapid advances in health technologies, including which should be funded by limited public money. In its 20-year history, the unit has weighed the benefits and costs of insulin pumps, in vitro fertilization, robot-assisted surgeries, high-cost drugs for rare diseases and many more ethical conundrums.

"It requires a respect for all types of evidence, not just those that come from an academic paper in a traditional clinical sense," says Stafinski.

The work involves considering the economic, social, ethical and legal implications of new technology and balancing the interests of patients, families, caregivers, the health-care system and taxpayers, explains Menon.

"We deal with very complex questions where there is no technical answer," he says. "How do you balance scientific evidence with values?

"We have become experts in developing and modifying methodologies to answer these questions."



Early Career Researchers

We are dedicated to developing leaders and engaged scholars who will help shape the public's health — and the field of public health — now and into the future. Meet two members of the School of Public Health who are in the early stages of their research careers.

A PASSION FOR SOCIAL JUSTICE

A career in research wasn't on Claire Benny's radar until she received a small student award from her university in northern B.C. that allowed her to work with a psychologist studying motor vehicle collisions and alcohol policy.

She was hooked. She went on to complete her master's at the University of British Columbia, during which she did research on cannabis and non-traffic injuries and began working in Vancouver's troubled Downtown Eastside.

"I became passionate about social justice and how it relates to public health."

Benny has brought that passion to the School of Public Health, completing her PhD in epidemiology in 2023 and joining the faculty as an assistant professor in 2025.

Her research interests centre on the social inequities in injury risk, injury severity and the quality of life after injury.

"Injury isn't distributed equally," she says. "Folks who experience injuries — whether they get better, how quickly they get better and their experience throughout the rest of their life span really is determined by their social environment."

One of her current research projects looks at workplace injury and drug poisoning in Alberta. Benny uses the term "drug poisoning" to reflect evidence that the majority of drug overdoses are caused by contaminated drug supply, and are therefore an unintentional injury.

Workplace injury and drug poisoning are disproportionately high in the Prairie provinces, and specifically in Alberta, says Benny. The study will use census and emergency department data from 2016-2023 to determine whether there's a relationship between emergency visits related to drug poisoning and a history of workplace injury. The goal is to estimate the excess burden of drug poisoning among people with workplace injuries living in Alberta.

"Evidence suggests that lots of people who use drugs may start to use them because they're in pain in one way or another. … Yet there is very little research on workplace injury and drug use or drug poisoning."

The study's results will help advocate for and develop programs for people post-injury, as well as serve to educate employers, workers compensation boards and occupational safety bodies about the risks of drug poisoning after injury.

Funding has been provided by the Canadian Research Initiative in Substance Matters (CRISM).

"Injury isn't distributed equally."

– Claire Benny

GROWING COMMUNITY AND WELL-BEING THROUGH COMMUNITY GARDENING

Elizabeth Onyango remembers talking to her mother about how she had to drop out of school because her father, Onyango's grandfather, didn't see value in a girl's education.

"That choice paved a trajectory for my mom's life but also acted as a motivation for her to be the best cheerleader, not only to her daughters, including me, but also to other girls in our community," says Onyango, assistant professor in the School of Public Health.

That experience influenced her own trajectory, from growing up in a rural community in western Kenya to a career researching community-based health and well-being among immigrant communities.

"Having been raised by such a powerful social equity advocate, coupled with my lived experiences, my biggest impetus today is to work alongside marginalized groups with the goal of empowering them to increase their power to choose," she says.

Most recently, her research has focused on food security and how collective community gardening can support social connection, mental health and well-being, intergenerational and intercultural knowledge exchange and local production of culturally familiar vegetables and fruits.

Onyango says food insecurity is an ongoing reality and a public health issue affecting the many diverse ethno-cultural immigrant communities in Canada, but cultural food security is an aspect of food security that isn't often talked about.

"Cultural food security — that is, being able to acquire, afford and eat traditional foods of one's ethnic origin — is an important aspect of integration and meeting the health and nutritional needs of oneself and/or one's family."

She has been working alongside the cities of Edmonton and Calgary and community-based immigrant service organizations Multicultural Health Brokers Co-Op and Sinkunia Community Development Organization to explore the topic "on the ground," so to speak. A project called Taste of Home invited immigrant communities, students and others to take part in a community garden growing traditional foods of different cultures at the University of Alberta's South Campus.

The team has already reported on a number of important findings from this work. The study is part of the Bridging Divides research program funded by the federal government through the Canada First Research Excellence Fund and will continue and expand with additional funding from a Social Sciences and Humanities Research Council Insight Grant.

"By continuing to practice one's food traditions and customs, we foster cultural identity and societal connections," Onyango says. "Doing so also creates spaces for learning and building cultural humility and safety, not only for immigrants but also for the mainstream Canadian population."

Through a project called a Taste of Home, Elizabeth Oyango (right) explored how a community garden can contribute to cultural food security, mental well-being and intergenerational learning. *Photo: John Ulan*

Student Research

At the School of Public Health, students don't just learn about research; they experience it firsthand. Working alongside faculty and community partners, they explore real-world challenges, apply evidence-based approaches and see how research can spark meaningful change in communities across Alberta and beyond.

356
master's students

68
PhD students

14
post-doctoral fellows

STUDYING EARLY CHILDHOOD EDUCATION IN A LIVING LAB

Practicums allow students to put theory into practice

When it comes to research, sometimes the ultimate laboratory isn't in a university building — it's out in the community. That's what Providence Sindihebura, a recent graduate of the Master of Public Health program, discovered when she did a 13-week practicum in the Town of Drayton Valley, Alta., as part of the Community-University Partnership (CUP) for the Study of Children, Youth, and Families.

Her goal was immediate and critical: tackle the town's — and province's — urgent shortage of early childhood educators by strengthening the sector's workforce. Sindihebura worked alongside an interdisciplinary team, including the town's municipal government and early learning and child care program, and a community organization called the Association of Early Childhood Educators of Alberta, to examine the early childhood education sector through multiple lenses and establish it as foundational to community well-being.

"This placement provided me with a hands-on opportunity to apply theoretical concepts from community-based research and program development in a real-world setting," Sindihebura says. The process demanded genuine engagement as well as data collection, she adds. She and the team completed consultations in the form of informal interviews and facilitated discussions in addition to analyzing government strategies and workforce reports, and comparing existing mentorship and training programs across Alberta.

"Building trust and cultivating intentional relationships with all partners created a shared understanding of challenges and fostered innovative ideas that directly benefited the community's well-being."

Sindihebura's project, Bridging the Gap: A Scalable Mentorship and Tuition Support Model to Strengthen Alberta's Early Learning and Child Care Workforce, prioritized the voices that matter most — the workers, educators and families — to shape social programs. Funded by the Future Skills Centre, she and the team addressed components such as mentorship pathways and funding models, and helped set priorities and the plans to meet them. This complex work requires a strategic mindset, she says, especially given current funding challenges in the sector.

"I learned that addressing complex community issues requires flexibility, collaboration and early engagement with those involved," says Sindihebura.

The project is now co-creating evidence-based, sustainable solutions. One possible solution is a dual-stream mentorship program that sees high school-aged students placed in paid and credited early learning and child care (ELCC) placements, and connects early childhood educators working toward certification to peer mentorship. Another is an ongoing, cross-sector collaboration that integrates school boards, post-secondary institutions, ELCC operators, ELCC organizations and youth employment organizations. The team is also preparing a proposal to the provincial Ministry of Education on how to strengthen the early childhood education workforce.

"Investing in training and professional development is not only a workforce strategy, it is a direct investment in better outcomes for children and families," says Sindihebura.

Sindihebura, now a graduate from the MPH program, continues to serve as a research assistant with CUP and the Drayton Valley team. Next, she hopes to pursue a doctoral degree to build a career focused on research that meaningfully connects community priorities with academic work. "My primary interest lies in addressing systemic challenges in the early learning and child care sector with the aim of improving access, equity and quality of care," she says.

"I learned that addressing complex community issues requires flexibility, collaboration and early engagement with those involved."
– Providence Sindihebura

Research Centres

The School of Public Health hosts three prominent research centres, each offering particular strengths and leadership in research and community engagement.

Centre for Healthy Communities

The Centre for Healthy Communities supports communities of all shapes and sizes — schools, workplaces, municipalities, organizations — to achieve their healthiest potential. Our researchers work in interdisciplinary and cross-sectoral ways to address complex, systems-level public health questions. Our goal is to inform practice and policy across a range of sectors to help forge a healthy and flourishing future for communities across Alberta and Canada.

For more information, visit **uab.ca/chc.**

EXPLORING HOW CITIES CAN KEEP PEOPLE EXPERIENCING HOMELESSNESS SAFE IN EXTREME WEATHER

As climate change causes more extreme weather events — record high temperatures, wildfire smoke, extreme cold — the exacerbated health risks for people experiencing homelessness can be devastating.

Despite a recognized role for municipalities, there is a lack of literature that identifies concrete, effective actions they can take to deal with the impact of extreme weather on this vulnerable population.

To help address this knowledge deficit, the Centre for Healthy Communities (CHC), in partnership with the City of Edmonton, undertook a policy scan of Canadian and international municipalities, accompanied by a review of peer-reviewed and practice-based literature. The resulting recommendations were presented in a report to the city in January 2025 and led to an article in *Local Environment*: "Evidence-informed recommendations for municipal supports of people experiencing homelessness during extreme weather events."

The report will be used by the city to inform a review of its policy on supporting vulnerable populations during extreme weather events. The eight recommendations include increasing long-term housing and temporary shelter accommodations, providing temporary spaces that provide refuge from extreme heat, cold or poor air quality, and increasing outreach services during extreme weather events.

Now, CHC is digging deeper into this complex challenge through a Catalyst Grant from the Canadian Institutes of Health Research. Candace Nykiforuk, the centre's scientific director and a professor in the School of Public Health, is co-leading the project in partnership with the City of Edmonton.

This new research will undertake a detailed document analysis and follow-up interviews with municipal representatives in Vancouver, Toronto, Washington and London, U.K., to learn more about their experiences. The information will be combined to enhance the previous recommendations. The findings will be shared with other interested agencies and through a public event.

"In addition to informing work by the City of Edmonton, this project will help to address a critical knowledge gap about how municipal action can lessen the very real health dangers faced by people experiencing homelessness during extreme weather events," says Nykiforuk, who is a Tier 1 Canada Research Chair in Community Environments and Public Policy for Well-Being.

"Our findings have the potential to inform action in municipalities across Canada and internationally."

"Our findings have the potential to inform action in municipalities across Canada and internationally."

– Candace Nykiforuk

The Community-University Partnership

The Community-University Partnership was founded 25 years ago and has matured into a trusted anchor agency and a source for community-focused knowledge and expertise across Edmonton and Alberta. Using a community-engaged research approach, the centre's initiatives are informed by community needs and grounded in values of equity, diversity of knowledge, and power-sharing. We engage regularly with our network of scholars, students, non-profits, funders, government agencies and social agencies to inform our work.

For more information, visit uab.ca/cup.

From April 2024 to March 2025, CUP was involved in **37 unique research projects** with **80 partners**. Across these projects, **30 students** provided more than **10,800 hours of research and evaluation capacity**.

BUILDING A FUTURE WITH RURAL COMMUNITIES

Partnership uses systems-wide approach to address challenges

The Community-University Partnership is particularly proud of our close collaboration with the Town of Drayton Valley, Alta. Our relationship began in 2019 when we partnered with the municipality to evaluate its Tuition Assistance Bursary (TAB) Program, the first of its kind in Canada. The program provides financial support to residents who wish to pursue post-secondary education, addressing barriers to education in a rural setting and enabling residents to achieve their career goals while remaining in their community. Since then, CUP's partnership with Drayton Valley has grown in scope and scale. Our teams have developed relationships with town staff and elected officials, local non-profits, businesses, residents and change makers to address a range of social and economic determinants of health. The goal is to target the root causes of inequities through a systems-wide approach that includes education, workforce issues, business needs, early learning and child care, immigration, mental health, and the incorporation of local economic models, such as Community Wealth Building.

Evidence-based models of resiliency

Our work is vital given the multitude of challenges affecting resource-dependent communities like Drayton Valley, which face significant economic precarity due to the boom-and-bust cycle of the oil industry and rural outmigration. Economic instability is linked to a range of negative health outcomes, including high levels of substance use, depression and suicide.

As Canada transitions to net zero, rural communities need strong, evidence-based and replicable models that can ensure resilient rural economies. The CUP-Drayton Valley partnership is developing and testing approaches to economic resilience that can be adapted in other rural, resource-dependent Canadian communities. We are also creating foundational knowledge about how to effectively intervene in the "wicked problems" facing rural communities.

Tangible benefits

The CUP-Drayton Valley partnership emphasizes deliverables that have tangible benefits for affected communities. Among them:

Replicable model for tuition assistance: as a result of Future Skills Canada funding and CUP's research and knowledge-sharing, the TAB model has been introduced to the communities of Brazeau County, Edson, Hinton and Whitecourt in Alberta. CUP will evaluate the rollout and implementation of TAB in those communities.

Community wealth-building plan: CUP contributed to the development of a CWB plan for Drayton Valley, which outlines priorities and strategies for the town's economic future. CWB is a place-based economic development approach that focuses on maintaining control of local assets and keeping wealth in the community.

Pathways to sustainable jobs: CUP is engaged with a cross-section of business and political actors in the Drayton Valley region, including employers, economic development co-ordinators, regional municipalities, a youth hub and a recovery centre in gathering data to inform efforts to build a sustainable local job ecosystem.

Knowledge sharing: While producing academic publications is not the end goal of community-engaged research, CUP has contributed to numerous peer-reviewed papers based on our partnership with Drayton Valley, which have contributed to scholarly discourse on rural development.

Benefits to researchers and students: Like many community-engaged projects, the partnership has benefits for student and non-student researchers, who gain hands-on experience in project planning, working with community partners and bridging theoretical knowledge to practice.

The CUP team (right) engaged in a workshop in September 2025 with community members and partners in Drayton Valley, Alta. (above), including members of the Drayton Valley town council, town administrators and service providers, Brazeau County council, Primary Care Alberta, Kickstand Youth Hub, Opportunity Home Treatment and Recovery Centre and UpSocial Canada.

Injury Prevention Centre

The Injury Prevention Centre is the oldest injury prevention centre in Canada, operating since 1998. The centre, which is publicly funded by the provincial government, collaborates with practitioners and community partners to empower Albertans to live, work and play free from life-limiting injuries. The centre co-facilitates a network of injury-prevention organizations with a goal to highlight public health concerns, facilitate discussion and build strategic partnerships across the province. Beyond Alberta, the centre takes on leadership roles such as sitting on the expert advisory committee for Parachute and advising on national projects such as reports on the national cost of injury and poison prevention week.

For more information, visit **injurypreventioncentre.ca.**

Injury remains **the leading cause of death** for Canadians 10 to 49 years old. The cost of injury in Canada is estimated to be **$29.4 billion**, with $20.4 billion in direct medical costs.

UNDERSTANDING ATTITUDES AMONG YOUNG DRIVERS

Motor vehicle collisions among new and young drivers are higher per capita in Alberta than in any other province in the country. It's a disturbing fact that the Injury Prevention Centre has been asked to explore.

The centre is launching a pilot study to determine young people's attitudes toward road safety. The aim is to develop supplemental programming for the province's graduated licence system (GDL) targeted at educating parents to help reduce collision rates among new drivers.

"Parents are a great point of intervention. They can speak to their kids, drive with their kids, communicate with them about driving safely," says Benny, scientific director of the Injury Prevention Centre and an assistant professor in the School of Public Health.

"But how do you do that? We don't even know how kids feel about road safety."

Asking young people what they think

Surveys of this nature in youth are rare, says Benny, but essential to informing programming and interventions for new drivers and their families.

The pilot study is partnering with the City of Fort Saskatchewan, Alta., which runs an injury prevention program for Grade 9 students in the city and Sturgeon County called the Prevent Alcohol and Risk-Related Trauma in Youth (PARTY) program. Students tour a hospital, including the morgue, and talk to doctors, emergency room staff, police officers and emergency workers about what they see in their jobs as a result of alcohol- or cannabis-related injuries.

The study survey asks students questions like: How likely would you be to drive after having alcohol? Do you think it's OK to speed when conditions are good? Would you get into a car with a driver who has used cannabis?

The hypothesis is that Alberta's graduated licence system, which differs from provinces with lower new driver collision rates, may be a factor, says Benny. Graduated licensing systems vary across Canada, and these differences may play a role in collision rates among new drivers, says Benny. Alberta's program, as of 2023, includes one formal road test and a two-year period before drivers can advance to an unrestricted licence. Other provinces, such as B.C. and Ontario, require two road tests before granting an unrestricted licence.

"The idea is that new drivers in Alberta are less experienced and there are fewer checkpoints to make sure people are driving safely and, as a result, there's potentially higher risk of motor vehicle collision."

Making roads safer for everyone

The findings will be used directly to inform impending GDL supplemental programming across Alberta and may inform future prevention strategies through project partners, Fort Saskatchewan Family and Community Support Services and the Ministry of Transportation & Economic Corridors.

"The big-picture idea is that these kids become more informed drivers, that they're having these conversations with their parents and that they're being safe," says Benny.

"Injuries affect youth far beyond the acute recovery period. They can have a large impact not only on the rest of their lives, but also on their families and communities. Road safety also affects everyone else on the road."

Funding for the project has been provided by a Social Sciences and Humanities Research Council Institutional Grant.

Other Research News

BUILDING A NATIONAL FRAMEWORK FOR HEALTHY SCHOOLS

Professor Kate Storey is leading a national effort to make schools healthier for Canada's 5.4 million students. Backed by a $1.6-million grant from the Canada First Research Excellence Fund, Storey is developing tools to help schools evaluate and improve health initiatives. Her research highlights an urgent need, noting that one in three children live with obesity and fewer than 20 per cent meet daily activity guidelines.

"Healthy kids learn better," Storey says, emphasizing the link between well-being and education. The framework will be co-created with students, educators and Indigenous communities to ensure lasting impact. – *Gillian Rutherford*

SHARING TRADITIONAL KNOWLEDGE FOR HEALTHY FAMILIES

A group of five Indigenous grandmothers from Treaties 6, 7, 8 and the Métis Nation of Alberta is working with researcher Stephanie Montesanti to preserve and share traditional teachings through digital stories and a booklet for Indigenous mothers and families. The Grandmothers' Wisdom Network emphasizes the sacred role of grandmothers in passing on cultural knowledge disrupted by colonization and residential schools.

"There is no greater teacher in Cree culture than a kokum or grandmother," says Elder Muriel Lee. The project aims to strengthen cultural identity, promote well-being across generations and support culturally grounded early-life care. – *Debbie Olsen*

PROFESSOR CHAMPIONS GLOBAL NAMING SYSTEM FOR COMMUNITY HEALTH WORKERS

Associate professor Stephen Hodgins is leading the charge to improve patient care in low- and middle-income countries with a new classification system for community health workers.

Hodgins brought together 33 community health experts from 19 countries to develop a list of job tasks and a naming system for a wide range of front-line health providers. The goal is to help governments and international aid organizations such as the World Health Organization, UNICEF and the World Bank deliver better, more universal health-care services to remote communities.

"Confusion over categories and training has consequences for program decisions, which in turn affect the services that are made available to the people," explains Hodgins, program director for global health in the School of Public Health and editor-in-chief of the journal *Global Health: Science & Practice*. – *Gillian Rutherford*

Meet Our Dedicated Team

*from July 1, 2024 to July 30, 2025

Our researchers lead individual and collaborative programs to address key public health issues such as protecting water supplies, preventing chronic disease, building community health capacity and evaluating health technologies and policies.

181 active research grants worth **$61.7 million**

29 faculty members
5 Canada Research Chairs
1 Applied Research Chair

MARY BECKIE
PHD

Professor: Sustainable community development, regenerative and equitable place-based agri-food systems, food sovereignty, scholarship of engagement, social economy, communities of practice, interdisciplinary research, experiential learning

CLAIRE BENNY
PHD

Assistant Professor: Injury prevention, social inequities, youth health, road safety, social determinants of health, epidemiology

SUSAN CHATWOOD
BSCN, MSC, PHD

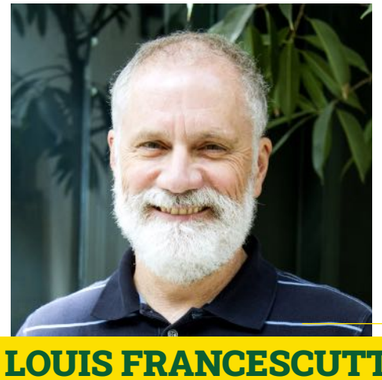
Professor: Circumpolar health, health systems, health systems stewardship, determinants of health and wellness in the Arctic, mixed methods and community-based research

IRINA DINU
PHD, BSC

Professor: Bioinformatics, biological pathways, biostatistics, DNA microarray, gene set analysis, genomic, proteomic, metabolomic studies, statistical genetics

DEAN EURICH
PHD, MSC, BSP

Associate Dean of Research & Professor: Diabetes, health outcomes, morbidity, mortality, pneumonia, chronic disease, immunizations, epidemiology, health systems and services, pharmacoepidemiology, drug use and drug policy, Indigenous health



LOUIS FRANCESCUTTI
MD, PHD, MPH

Professor: Governance, injury, knowledge translation, media advocacy, policy development, public health communication, quality control, disaster medicine, emergency medicine, preventative medicine, palliative care

REBECCA GOKIERT
PHD, R.PSYCH

Professor: Early childhood development, program planning and evaluation, mixed methods, community-based participatory research, measurement, child health

PATRICK HANINGTON
BSC, PHD

Associate Dean of Education & Professor: Biological hazards, environmental health, global health, immunology, infectious disease, parasitology, schistosomiasis

SHERILEE HARPER
MSC, PHD

Tier II Canada Research Chair & Professor: Climate change and health, climate change adaptation, Indigenous Peoples' health, community-led research, community-led participatory research, social and environmental epidemiology, mixed research methods, Inuit Nunangat, Uganda, Peru

STEPHEN HODGINS
MD, MSC, DRPH

Associate Professor: Maternal-newborn-child health, private sector service providers, community health workers

ELAINE HYSHKA
BA, MA, PHD

Tier II Canada Research Chair & Associate Professor: Health services and systems research, drug and alcohol policy, substance use services, harm reduction, program evaluation, engaged scholarship, structural vulnerability, health equity

GIAN JHANGRI
MSC, MSC

Teaching Professor: Biostatistics, design and analysis of clinical trials, occupational cancer case-control studies, statistical/epidemiological methods, longitudinal analyses, mixed-effect modelling, generalized linear modelling, survival analysis

JEFFREY JOHNSON
PHD, MSC, BSP

Professor: Diabetes, epidemiology, health economics, health outcomes, health services, health-related quality of life and population health, pharmacoeconomics, pharmacoepidemiology

MARIA MAYAN
PHD

Vice Dean, Professor & Associate Director of the Community-University Partnership: Community-based participatory research, qualitative methodology, poverty, knowledge mobilization

DEV MENON
MHSA, PHD, BSC

Professor: Health technology assessment, social values in health care, resource allocation decision-making, technology adoption

STEPHANIE MONTESANTI
PHD, MA, BA (HONOURS)

Tier II Canada Research Chair & Professor: Health policy intervention and analysis, systems thinking, patient, public and community engagement, primary health care delivery for vulnerable populations, knowledge exchange and research use in health policy decisions, Indigenous health, women's health promotion, health equity

ZUBIA MUMTAZ
MBBS, MPH, PHD

Professor: Global health, reproductive and maternal health, gender and class inequities, social determinants of health, health systems and maternal health policy, community health workers and midwives, quantitative and qualitative research methods, mixed methods research

NORM NEUMANN
PHD

Professor: Environment, drinking water, molecular epidemiology, pollution, prions, source tracking, waterborne pathogens

CANDACE NYKIFORUK
PHD, CE

Tier I Canada Research Chair & Professor: Chronic disease prevention, community-based research, community environment, health geography, health promotion, healthy public policy, knowledge exchange, financial well-being, mixed methods research, natural experiments, health equity, social determinants of health

ARTO OHINMAA
PHD, MSC

Professor: Economic evaluation, cost projections, economics of public health, health economics, health-related quality of life, health technology assessment, telemedicine and telehealth

ELIZABETH ONYANGO
PHD, MPH, BSC. ENV

Assistant Professor: Healthy and sustainable communities, community-based and health promotion research, community engagement in food security initiatives and leadership and professional skills in public health practice

SIMON OTTO
PHD, DVM, BSC

Associate Professor: One Health epidemiology of antimicrobial resistance; Integrated One Health – surveillance of antimicrobial resistance and use and diagnostic testing to inform antimicrobial stewardship

ROMAN PABAYO
PHD, MSC, BSC

Tier II Canada Research Chair & Professor: Social epidemiology, social determinants of health, social and health inequalities, social-economic contextual factors, neighbourhoods

MIKE PAULDEN
PHD, MSC, MA (CANTAB)

Associate Professor: Economic evaluation, health economics, equity, pharmacoeconomics, health technology assessment

SENTIL SENTHILSELVAN
PHD, MSC, BSC (HONOURS)

Professor: Analysis of survival data, clustered data, longitudinal and multilevel data, asthma epidemiology, biostatistics, genetic epidemiology, health of agricultural workers, latent class models, random effects models

DENISE SPITZER
PHD, MA, BA, BSC

Professor: Migration, intersectionality, global health, participatory research, qualitative research, visual storytelling, impact of neoliberal globalization and policies on health and well-being

KATE STOREY
PHD, RD

Professor: Chronic disease prevention, community-based research, health promotion, implementation science, child health, knowledge translation, nutrition, obesity, public health, qualitative methods, school health

PAUL VEUGELERS
PDF, PHD, MSC

Professor: Childhood obesity, epidemiology, health policy, nutrition, population-based research, public health, school health

STEPHANIE YANOW
PHD

Professor: Diagnosis, drug resistance, host-parasite interactions, infectious disease, molecular biology, malaria, parasitology, pregnancy, public health

YAN YUAN
PHD, MMATH, MSC, BSC

Professor: Prediction performance evaluation, prediction algorithms, brain tumour epidemiology and surveillance, cancer survivorship, childhood/adolescent/young-adult cancer, health services

Research Chairs

The success of our research is demonstrated by the number of School of Public Health researchers who are supported by research chair awards.

CANADA RESEARCH CHAIRS

Sherilee Harper, CRC in Climate Change and Health, Tier 2

Elaine Hyshka, CRC in Health Systems Innovation, Tier 2

Stephanie Montesanti, CRC in Health System Integration, Tier 2

Candace Nykiforuk, CRC in Community Environments and Public Policy for Well-Being, Tier 1

Roman Pabayo, CRC in Social and Health Inequities Throughout the Lifespan, Tier 2

APPLIED RESEARCH CHAIR

Kate Storey, Applied Public Health Chair

Thank you!

Our valued community and donors make it possible for the University of Alberta School of Public Health — and the many public health professionals it sends into the world — to play pivotal roles in fostering healthier populations and cultivating a more equitable society.

Supporting student success

Our goal is to support students who dream of pursuing a career in public health, regardless of their financial capacity. We are committed to providing broad financial support for students through scholarships, awards, bursaries and experiential learning opportunities made possible by our donors.

With the help of donors, students from the School of Public Health can contribute to better and fair access to health for all populations and make a lasting impact on society.

Questions about making a gift to the school?

Jacqueline Andersen, Assistant Dean of Development
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UNIVERSITY OF ALBERTA

School of Public Health Research Report: 2024-25

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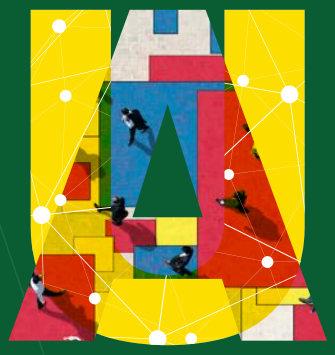
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