



**Micro
Research**  **Nova
Scotia**

Program Evaluation 2019

The logo for Micro Research Nova Scotia features the text 'Micro Research' in a large, bold, blue font, with 'Nova Scotia' in a smaller blue font to the right. A stylized black silhouette of an acacia tree is positioned between the two text elements. Below the logo, the text 'Program Evaluation 2019' is written in a simple black font. The entire logo is enclosed in a light blue rectangular border.

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Executive Summary

Nova Scotia has high rates of poor health behaviours, poor health outcomes and strained provincial finances, and there is widespread agreement that improvements to the health of Nova Scotians will require innovative evidence-based solutions that are sensitive to local community needs.

Under the leadership of two Nova Scotia physicians, Dr. Noni MacDonald and Dr. Bob Bortolussi, MicroResearch Nova Scotia (MR-NS) was created in 2016. Adapted from an existing program that began in Africa in 2008, MR-NS has a mission *to improve health outcomes with innovative community-based research that assures quality and integration of research into the fabric of the local health system and the local community*. The program is funded through a partnership agreement between NSHA, IWK, and Dalhousie University and is overseen by an Advisory Committee.

Since its inception, nine MR-NS training workshops have been offered in communities across Nova Scotia. Over 110 participants from many disciplines have completed these research-intensive workshops. Well over one hundred others have supported the program including coaches, judges, guest lecturers, reviewers, and others.

Following the “classroom teaching” portion of the workshops, participants are formed into teams and work together to develop their research proposal overview from the research question they have selected. Once the workshop has been completed and their proposal overview approved, the team moves on to write a full proposal and apply for funding. Eleven of these teams have completed funding applications and six have addressed the peer-reviewed comments and now have active research projects underway. Funding support of up to \$3K per project has been provided by local hospital foundations, universities, or community organizations in collaboration with MR-NS. Of importance, the research questions arising are all focused on areas of need. Several teams emphasize collaboration with vulnerable populations to hear their needs and seek solutions.

The time commitment required for MR-NS participants is significant. Post-workshop evaluation data indicates that participant time constraints and geographic barriers have sometimes resulted in a loss of team focus and motivation following the workshops. This has prevented several teams from completing their full funding proposal application and their research project. Despite this, there have been many positive impacts, even for team members who do not continue with their project. For example, several workshop participants decided to return to university to further their studies; and the MicroResearch curriculum is now being adapted for use in First Nation’s communities. The latter was pushed for by several Mi’kmaq participants in three different workshops, one of whom is taking a leader position in adapting the program. More MR-NS workshops are planned for 2020, and based on recommendations contained in this report, ongoing adjustments are being made to ensure the program is operating at its full potential. A strategic plan for MR-NS will be developed in 2020-2021.

MicroResearch NS is an important program that is helping to grow the culture of research and inquiry at the community level, bringing forth new, locally important research questions. The workshops offer research skill-building opportunities and support for teams to work together to identify and solve local health challenges that will improve the health of Nova Scotia’s population. For detailed information about MR-NS, please visit:

<http://www.microresearch-international.ca/>

Introduction

MicroResearch ensures that small, community-focused research projects have a real impact on health. Teaching research skills across the entire health-care provider spectrum in collaboration with communities unleashes a local culture of inquiry to identify and solve local problems and drive change for better health. For information, visit the website at: <http://www.microresearch-international.ca/>

This 2019 program evaluation report provides an overview of how the MicroResearch Nova Scotia (MR-NS) program functions, the partnerships built, the workshops done to date, the constant adaptation and evolution of the program since 2016 based upon the evaluations from participants, the needs of communities, and the advice of partners. This report also includes recommendations and outlines the plans for the future.



Bringing MicroResearch from Africa to Nova Scotia

Founded in Eastern Africa in 2008 by two Nova Scotia physicians, Noni MacDonald and Robert Bortolussi, MicroResearch International has used an approach that parallels microfinance principles to train local health care professionals in Africa and Asia to find sustainable solutions to local health problems using community focused research (see Figure 1).

Since its inception, there have been 44 MicroResearch International workshops in 7 countries, with over 1,000 participants, 101 research projects launched, and 37 publications in peer-reviewed academic journals. Several projects have led to local changes in health care practices, changes in health professional education, changes in national health policies as well as career advancement for workshop participants. While <15 % of MR participants had been active in research before participating in MicroResearch International, >80%, have continued to do research one to five years after their workshop.¹ MicroResearch International has helped to grow the local culture of inquiry and address local health problems.

Due to its success in Africa and Asia, MicroResearch was brought to Nova Scotia in 2016 to address local health concerns. Nova Scotia has one of the highest rates of poor health behaviors and poor health outcomes of any province. Our provincial finances are strained by devoting close to half our budget to health care yet we are not getting any healthier. There is widespread agreement that improvements to the health of Nova Scotians will require changes that go beyond the health care system. We need innovative solutions that

“We can make an impact on the health of our communities with MicroResearch.”

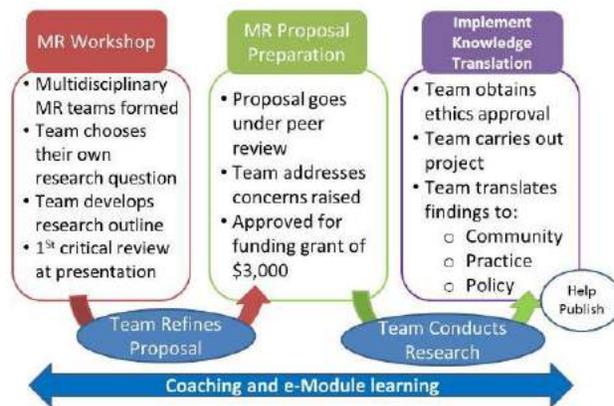
MicroResearch
Africa participant,
2017

¹ Abdalla, S.M., Bortolussi, R. and MacDonald, N.E., 2018. MicroResearch: an effective approach to local research capacity development. *The Lancet Global Health*, 6(4), pp.e377-e378.

are developed and implemented with sensitivity to local circumstances, driven by local communities, and based upon best applicable research evidence.

Interdisciplinary, community-focused research training can help find sustainable solutions for local community health problems that fit the community, culture, and context. MR-NS offers a unique research training opportunity for health professionals and community members that differs from other community focused programs like Change Lab Action Research Initiative (CLARI) at Saint Mary’s University (academically driven projects within the community) or NSHA’s Community Health Boards (limited research expertise and support for a community question). MR-NS is working with CLARI to optimize community-driven initiatives.

Figure 1²:



MR-NS Vision: To become globally recognized pioneers in training, mentoring, and support of multidisciplinary community focused health research with a commitment to positive societal change.

MR-NS Mission: Improving health care outcomes with innovative community based research that assures quality and integration of research into the fabric of the local health system and the community.

MR-NS Values:

- **Passion:** Deeply rooted conviction and energy for everything MicroResearch represents.
- **Innovation:** Steadfast commitment to improving health in communities in Nova Scotia.
- **Collaboration:** Working collaboratively in multidisciplinary teams of health and other professionals to deliver on our promise.
- **Compassion:** Demonstrated identification with humanity through the work of MicroResearch.
- **Respect:** Commitment to pursue the questions that matter and are identified by the people we serve.
- **Culture:** Unequivocal pursuit of capacity building, human resource development and a healthy environment.

² MacDonald NE et al. MicroResearch: Finding sustainable local health solutions in East Africa through small local research studies. Journal of epidemiology and global health. 2014 Sep 1;4(3):185-93.

Overview of MR NS 2016 – September 2019:

Workshops: 9	Truro, North End Halifax, Antigonish, Annapolis Valley, Cape Breton, Victoria General, Preston, NS Rehab Centre, Dartmouth General Hospital
Participants: 111	93 female, 17 male, 1 other
Guest lecturers: 31	Truro (5); North End (2); Antigonish (5); Annapolis Valley (5); Cape Breton (5); VG (5); Preston (3); Rehab Centre (7); Dartmouth (1)
Judges: 34	Truro (3); North End (4); Antigonish (4); Annapolis Valley (5); Cape Breton (4); VG (5); Preston (5); Rehab Centre (3); Dartmouth (3)
Coaches: 22	Truro (3); North End (4); Antigonish (2); Annapolis Valley (4); Cape Breton (2); VG (2), Preston (1); Rehab Centre (2); Dartmouth (2)
Site leaders	12
Reviewers	29
Advisory committee	14
Projects presented	17
Active research projects	6



Section 1: Program structure

Budget:

Operational funding:

At the time of MR-NS's launch in 2016, the base budget for the program was \$60,000.00 per year, funded by Research and Innovation at NSHA and the Research Office at IWK Health Centre.

These budget funds were used to cover salary support for part-time staff and materials required for the workshops, such as promotional materials, travel for facilitators, small gifts for volunteer judges, honorariums for guest faculty and workshop coaches, and refreshments for the workshops (see appendix 1 for the MR-NS financial report from 2017-2019). Workshop funding requirements for MR-NS varies from site to site depending on local resources and the location within the province (see a list of workshops and projects in appendix 2 and examples of workshop budgets in appendix 3).

Support from NSHA and IWK since 2016 has led to tangible success in Nova Scotia with workshops and projects moving forward. These successes for MicroResearch NS garnered further support from Dalhousie University Faculty of Medicine, Dalhousie University Office of Research and Innovation, and the Dalhousie Medical Research Foundation in 2019. As a result, the overall budget for MicroResearch (for MR-NS and MR International combined) increased by \$60,000 annually for three years. Approximately half of the additional funds will support work in Africa and Asia and the remainder will be used in Nova Scotia to support a full-time MR-NS coordinator (up from half-time) and a part-time data and finance manager. It will also be used to fund forums where local MR-NS researchers can present their work and to organize a Strategic Planning Meeting in 2020 for MR-NS (discussed in Section 4: Future Considerations).



Funding for Projects:

MR-NS projects are often funded locally, either through partnerships with local hospital foundations, universities, or local community organizations. This encourages local sustainability for local MicroResearch projects and grows local support for future workshops. This will help ensure that the research is community-driven and community-owned.

Recommendations:

1. Consider the sustainability of the current program funding by inquiring about maintaining current funders' contributions and the possibility of partnering with other organizations (e.g. United Way Halifax or service clubs etc.).
2. Continue fostering partnerships with local hospital foundations across Nova Scotia for local MR project funding.
3. Clarify the process for determining the terms of how the project funds are allocated and managed with each institution.

Hospital foundations that have supported projects to date include:

- St. Martha's Hospital Foundation (two projects from Antigonish)
- QEII Hospital Foundation (three projects from Halifax)

The Dartmouth General Hospital Foundation has also designated funds to cover four projects out of Dartmouth General Hospital, including the two from the September 2019 Dartmouth Workshop if submitted and approved by MR-NS.

For a list of agencies who have supported MR-NS, either financially, in-kind, or indirectly, please see appendix 4.

Advisory Committee:

An initial informal MR-NS Advisory Committee was pulled together in 2015-2016 to help adapt and develop the MR-NS program from the MR International program. Now that MR-NS is well-established, a formal MR-NS Advisory Committee was developed in 2019. The current committee has 14 members, including the two co-directors, Drs. Noni MacDonald and Bob Bortolussi and the MR-NS Coordinator. The committee members represent the MR-NS funding partners, as well as professionals working in health and community services across the province who have been involved in MR-NS in some form, either as a participant, coach, workshop judge, reviewer, lecturer, site planner, and/or consultant. As per requirement by Dalhousie University Faculty of Medicine Continuing Professional Development Accreditation, there are both family physician and specialist physician representatives on the advisory committee. However, the interdisciplinary representation is much broader than this and includes community members, in keeping with the philosophy of MR-NS.

The first meeting of the revised, formal MicroResearch NS Advisory Committee was held in September 2019. The members from Halifax met in person, with others linked in via teleconference. The committee meets biannually to discuss and assess the program's current status, review progress and discuss future plans. The mandate of the committee is to promote the continual growth and evolution of the MR-NS program and to ensure it fits the provincial context. Please see appendix 5 for the MR-NS Advisory Committee's Terms of Reference, appendix 6 for a list of current Advisory Committee members, and appendix 7 for the minutes of the most recent meeting.

Recommendations:

4. Develop a 3-year strategic plan for MR-NS with the Advisory Committee

5. Maintain and continue the formal accreditation of MR NS by Royal College of Physicians and Surgeons of Canada; expand scope of accreditation as range of health professionals grows.



Accreditation:

MR-NS has been accredited as a Continuing Professional Development program by Dalhousie University's Faculty of Medicine. The program meets the certification criteria

of the College of Family Physicians of Canada and as an Accredited Group Learning Activity (Section 1) and the criteria as defined by the Maintenance of Certification program of The Royal College of Physicians and Surgeons of Canada and is approved for 40 credits. Based upon this accreditation, the College of Nurses of Nova Scotia has also approved MR-NS for continuing nursing education. As the breadth of health care professional participants expands, accreditation from other professional bodies will be sought. As of September 2019, 14 physicians have received credit hours for their participation in MR-NS.

Section 2: Workshop planning and outcome

Site committee role:

Each MR-NS workshop site forms its own planning committee to support workshop development and logistics. This committee is usually made up of three to five individuals familiar with the area and the partner institution in which the workshop is to be held. Beyond recruiting local volunteers and participants for the workshop, the roles of the site committee may include organizing the logistics for the workshop, helping with refreshments, promoting the workshop locally, including involving the regional hospital foundation, and finding coaches and judges. This provides invaluable support and connection to the community, allowing MR-NS to connect with local resources, such as participants, volunteers, and funding sources. The process supports community ownership and eventual sustainability.

When the site committee is not able to assist with finding coaches and teachers from the local area (such as was the case for the Annapolis Valley and Preston workshops), MR-NS recruits volunteers from our extensive volunteer list or individuals who have demonstrated interest in MicroResearch NS. With respect to the judges at the workshops, MR-NS aims to have three to five judges covering a range of technical expertise, such as senior researchers, as well as individuals with links to the community (see appendix 8 for a list of judges).



Communications:

Communications work for MR-NS is ongoing and constantly evolving. This work ranges from producing photographic documentation of workshops and projects, to newsletters, website updates, poster presentations, and email correspondence with participants, site committees, and other stakeholders and partners.

- MR-NS Coordinator working with communications and website specialist Jaimie Corbin to keep NS website current and up to date.

Social Media:

Twitter:

@MicroResearch NS

Facebook:

MicroResearch NS

YouTube:

MicroResearch International

- Produces biannual MR-NS newsletters, five newsletters as of Spring 2019 (see appendix 9 for the MR-NS Spring Newsletter).
- Created two videos for MR-NS (available at http://www.microresearch-international.ca//ns_how_it_works.html and http://www.microresearch-international.ca//ns_goals_and_objectives.html).
- Produced a 150-word story about MR-NS for the CIHR Canada 150 celebration website (<http://cihr-irsc.gc.ca/e/50395.html?filter=microResearch>).
- Presented posters on MR-NS and MR International at Dalhousie's Global Health Office Research Day in 2018 and 2019, as well as at IWK Global Health Week in 2017 and 2018
- Gave an oral presentation about MR-NS at Dalhousie University's Medical Education and Research Innovation Showcase (MERIS) in June, 2019.
- Presented a poster on MR-NS at BRIC Primary Health Care Research Day June 2019.
- Presented a poster on MR-NS, highlighting the two local ongoing projects from Antigonish at the 2019 NSHA Annual General Meeting in Truro as part of the NSHA research initiative poster session, July 2019.
- Poster presentation on MR International and MR-NS at 2019 Canadian Society International Health Conference.
- Created and modified posters for ten workshops (past and upcoming) (example poster for the Dartmouth workshop in appendix 10).
- Created Twitter and Facebook accounts for MR-NS. These accounts are used to share updates on current projects, promote the program, and recruit new participants. The accounts are small, but more frequent activity would expand its reach. Several participants have said they heard about the workshops through social media.
- Created and distributed promotional flyers and pamphlets for MR-NS (information flyer in appendix 11) and posted workshop advertisements through NSHA News, DalNews, and the IWK Research office.

Recommendations:

6. Grow MR-NS social media following through increased activity.

7. Foster more opportunities for showcasing MR-NS projects to garner more local community attention, as well as supporting knowledge translation.

8. Hold a MR-NS Forum where participants who have completed their projects can share their findings.

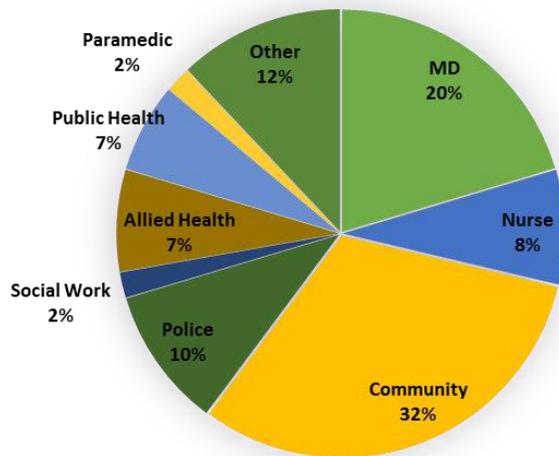


Participant recruitment:

An important principle of MR-NS is to foster connections within interdisciplinary teams. This broadens the range of research questions raised by a team and helps sharpen the selection process for choosing the most valued question for the team's research proposal overview and eventual full proposal. This often raises questions that neither

academics nor local health care institutions would consider. It prompts new thinking beyond the traditional “silo-ed” approaches to problem solving and also often helps to link the team back to a wider range of communities through the diverse members of the team, an important component for community engagement and for knowledge translation. Hence one aim of the program has been to recruit participants from a wide range of disciplines. As noted in Figure 2, this has been very successful. The local MR-NS sites drive the recruitment and select the participants

Figure 2: Breakdown of MR-NS participants by disciplines (n=111)



Chris Giacomantonio, the Research Coordinator for the Halifax Regional Police, has been involved with the program since the first NSHA Central Zone (Halifax) workshop in 2017. He has contributed as a teacher, coach and reviewer. Additionally, he has been a key figure in recruiting police officers as workshop participants, having been able to get at least two or three with every Halifax-based workshop. Having police representatives on the teams has offered new perspectives beyond those of traditional health care providers, with the identification of community issues that those in other professions and other community members had often not realized existed. Having police representation in rural areas outside the Central Zone would be beneficial and will require fostering a relationship with the RCMP.

Chris Giacomantonio has also presented on MR-NS to the Canadian Association of Chiefs of Police. This has raised interest in having similar programs in other regions. A meeting to examine this was held in Saskatoon in October 2019. Steps are underway for Saskatchewan to develop a MR-Sask model similar to MR-NS, including police and RCMP participation. The possibility of RCMP playing a role in MR-Sask may give momentum for such a role in MR-NS programs outside of the Halifax-Central Zone.

Recruiting health care professionals, specifically physicians and nurses has been difficult in some NS communities, due primarily to the time commitment required of the workshop participants. Although recruitment for participants typically begins two months before the date of the workshop, in some cases shifts, clinics, and other clinical responsibilities have already been set – making participation difficult. More advance

Recommendations:

9. Continue working with Halifax Regional Police in recruiting two to four police officers to attend the Halifax-based (NSHA Central Zone) MR-NS workshops.
10. Develop a relationship with the RCMP offices to recruit officers to participate in workshops outside the Central Zone.
11. Provide earlier notice (perhaps 6 months in advance) to physicians and nurses regarding the timing and location of the workshops.
12. Maintain a connection to ISANS to promote the workshop to IMGs and INGs and other immigrant international health professionals.

notice, as well as buy in from health care institution supervisors, may help health care workers be better able to fit the workshop training into their schedules.

One successful method of involving physicians and nurses from NSHA Central Zone (Halifax), has been by recruiting international medical graduates (IMGs) and international nursing graduates (INGs) through Immigration Services Association of Nova Scotia (ISANS). MR-NS offers a unique and valuable opportunity for this group, as it is the chance to participate in a Canadian, medically-accredited program. IMGs and INGAs who have taken the course have emphasized the value of having the certificate on their CVs, as well as how eye opening the training has been for them, both in terms of research and in seeing community health problems in Nova Scotia through a different lens. As of September 2019, eight IMGs and two INGAs have participated in a MR-NS workshop.



Reviews of submitted projects:

As of April 2019, MR-NS has received nine applications for grant funding. These applications have gone out to local and international researchers and clinicians for review. Each application is reviewed by three experts (see appendix 12 for review template and appendix 13 for a list of reviewers). If an application merits provisional approval, a summary of the reviews and feedback is sent to the team, who is then given six months to make necessary revisions and clarifications with the help of their team coach (see appendix 14 for coaches' instructions and appendix 15 for a list of coaches).

An issue we have faced with the peer-review process is the timing of receiving completed reviews. This can delay the response to MR-NS team, which may impact their motivation to continue. Work is underway to try to make the turnaround time faster.

Recommendation:

13. Recruit a greater number of experienced researchers to volunteer as reviewers. Having a larger pool of potential reviewers may help decrease delay in completion of reviews.

Section 3: Feedback and participants' evaluations

Participant evaluations:

Participants have the opportunity to provide feedback to help evolve the program through a pre-workshop assessment, a post-workshop assessment that includes a team evaluation (focusing on their team's dynamics), and a "One Year Later" survey. A more detailed overview of all the surveys, including verbatim quotes, are included in appendices 17-20.



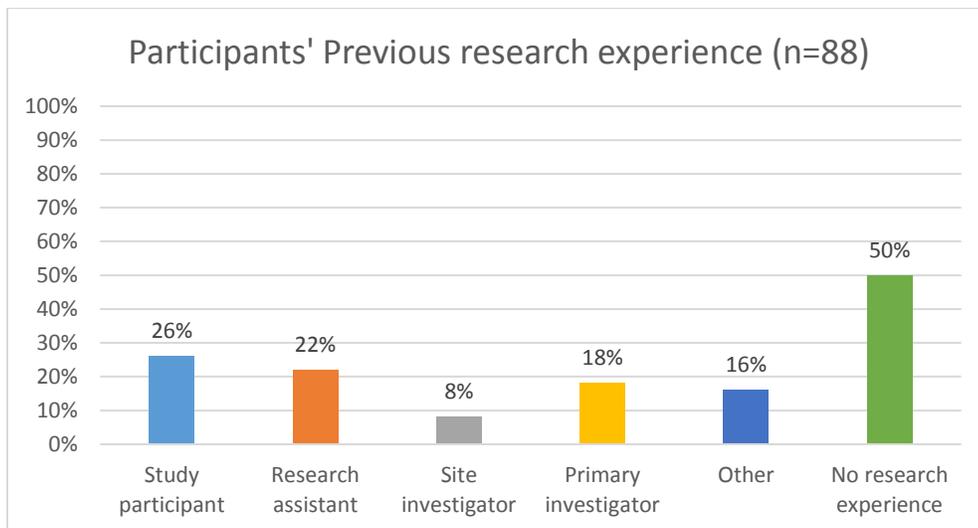
Pre-workshop evaluation overview:

In the pre-workshop evaluation, participants identified wanting to learn about research, wanting to make a difference in their communities, and wanting to connect and network with people from other disciplines as being the main reasons for enrolling in the program.

Of the 88 participants who have completed the pre-workshop evaluation, half had some experience in health research, either as a study participant, research assistant, site investigator, primary investigator, or through other means such as through university or policy analysis, etc.

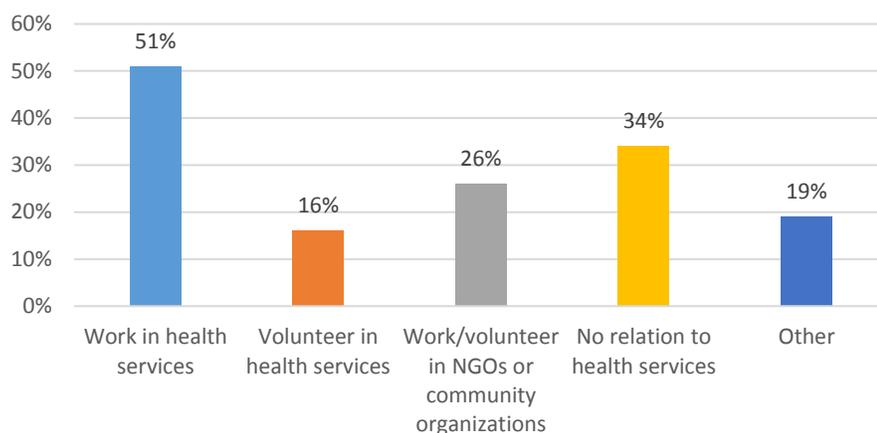
"MicroResearch demonstrated the importance of engaging other groups."

MR-NS participant



In addition to learning about research methods, many participants hoped to learn how to collaborate with people outside their own discipline.

Participants' relation to the provision of health services (n=73)



To see Pre-Evaluation survey data, see appendix 17.

Recommendations:

14. Revise the curriculum to include more community based examples, rather than only health care specific ones.

15. Organize a pilot-run of a restructured workshop schedule in 2020. Possible alternate schedules may be offering the workshop over the weekend, condensing the workshop into 8 half-days, spreading the workshop over a longer period of time.

16. Consider having an online alternative for the in-class education sessions, allowing participants to complete part of the curriculum at home, on their own time. This may include video-recording lectures.



Post-workshop evaluation overview:

Almost all participants rated the program highly when completing the Post-workshop Evaluation Survey on the final days of the workshops. In answering “How would you rate this workshop?” the mean of the 78 respondents was 4.8/5.

The most helpful components of the workshop identified by participants were the curriculum and the teamwork aspect.

In terms of what could be changed about the workshop, respondents indicated that a wider range of examples used in specific lectures would help: “More focus on community based research. Many of the examples were health care specific whereas both questions, although health related, aren’t [with] patients”.

Changing the timeframe of the workshop was another issue that respondents thought needed to be addressed. Suggestions on how to do so include spreading it over a longer period of time to allow for professionals to participate more easily. A few respondents indicated that they would have liked to have the required time-commitment emphasized even more before taking part in the program. However, even these individuals rated the program as excellent and would recommend highly to colleagues.

Regarding the program curriculum, the majority of respondents indicated that all the lectures were helpful and that all need to be included in the workshop.

When asked how they will use the knowledge gained at the workshop, respondents commented on getting involved in future research projects (either with their MicroResearch team or elsewhere), transferring these skills to their workplace, sharing their knowledge with the community, and continuing to learn and ask questions.

Quote from the Dartmouth Workshop, 2019: “[I will] focus more intentionally on improvement work [...and] develop questions more thoroughly. I will seek out quality improvement opportunities instead of running away from them.”

Additional information and quotations from the Post-Workshop Evaluation are in appendix 18.



Team evaluation overview:

In the team evaluation, respondents are asked to discuss the difficulties/successes of their team when participating in group work throughout the workshop. When asked what will help their team successfully address their question, respondents cited being able to reach out to the community, having team members motivated and actively participating in the project, and having the mentorship from their coach as key requirements. Additionally, access to research consultants and data were considered helpful.

In discussing the challenges in being able to carry out the project, almost half the respondents indicated time constraints and other commitments as being the biggest impediment: “*Time constraints of working members. Most members are working full time and have families*”. This can result in the team losing focus and motivation to stay interested in the project. Being able to recruit participants and engage with the community was seen as another potential issue, but to a lesser extent.

When asked about how the respondents felt they worked as teams, the majority of them stated that their team worked well together and that they appreciated having diversity in the group, as to offer varying points of view. In contrast, ten of the 70 respondents relayed difficult dynamics within the team: “*Some members didn’t feel they could contribute to the project and others felt that their work was not being valued*”. Overall, the respondents rated their ability to work as a team quite high, with a mean rating of 4.3/5 from 73 participants. To address this we will not only focus on team golden rules and team building strategies on Day 2 but also reiterate in week two.

Recommendations:

17. Reiterate team golden rules later in workshop, not just on Day 2.
18. Explore literature on ways to maintain team motivation and then test best practices post-workshop.
19. Have MR-NS play an active role with the teams post-workshop in order to provide more supports. This could include checking in with the teams and helping them find resources or supports, such as connecting them with expert consults to advise on particular research issues. Other options to explore include re-forming a team when a project has not been able to move forward with the original team.

The team evaluation data is in appendix 19.

One Year Later survey overview:

The One Year Later surveys are intended to examine how participating in the workshop has impacted participants' lives in the longer term and to see how they view working as a team post-workshop. Note that the One Year Later survey has a lower response rate generally, and at this point only includes participants from the workshops in Truro, Antigonish, the North End Halifax, the Annapolis Valley, and the NSHA Central Zone (Dickson Building).

Of the 29 respondents, 59% said they are presently involved in research. Of these, 9 respondents are still involved in their MicroResearch NS projects.

When asked what they felt they learned at the workshop that has been most useful in their current work skills in research methodologies, the importance of community based research, and the importance of team work were the major responses.

Recommendations:

20. Consider inviting pre-formed groups who have a common interest/research topic in mind to attend the workshop and work together on a proposal. Having teams made up of people who already know each other and interact together may increase project success post-workshop.

21. Plan workshops based around a particular research theme in order to appeal to individuals who work in particular fields. This would keep the interdisciplinary dynamics of the teams, but the team members are also more likely to have shared interests and be more committed to their project over the long term.



Only 40% of the 23 respondents said that participating in the MR program changed what they are doing in their community. However, the comments on this question are encouraging: *"It has helped me to be more intentional in the ways that I engage in community, particularly when that engagement is with marginalized individuals or groups"* and *"I also volunteer on a mental health board. It helped me be more objective about how we are moving forward with our work, lead some good discussions about topics we hadn't discussed yet"*.

54% of respondents indicated that their MicroResearch NS project is no longer active. When asked to elaborate, time constraints and conflicting commitments as well as the lengthy application/approval process with MicroResearch NS resulted in teams losing momentum: *"It was difficult to find times that we could all meet and the research question wasn't urgent enough for us to pursue"*.

When asked what advice they would give to a colleague or friend interested in MicroResearch NS, almost half of the respondents said they would be sure to stress the time commitment it requires. Other responses included recommending being strategic when picking a research topic and making sure they get the proper supports.

The final question on the survey asks participants how MicroResearch NS could be improved. The main responses include setting up and organizing the teams differently (*"Have groups of individuals who already share a common goal or interest/work*

environment to sign up as teams in order to further a cause that they have”), offer more resources and support post-workshops, and more flexibility with the time commitment.

One way to ensure that the team members share a common interest is having “themed” workshops, such as the workshop held at NSHA’s Dickson building, which was focused on mental health topics. By narrowing the focus of the workshop, people who are interested in that particular topic are more like to become involved in a project that they have a vested interest in. The feedback of having a themed workshop was positive and should be considered in future workshop planning. The One Year Later survey data is in appendix 20.

Anecdotal feedback:

Some of the impact that MR-NS has had is difficult to capture systematically through questionnaires, as it comes through anecdotes and personal communications with previous participants and volunteers. A few examples of this are how MicroResearch NS motivated two participants to go back to school and pursue a degree in the field of health or community research. Kristy Barnaby who is from a Mi’kmaq community and was a participant at the North End MR-NS workshop and the team lead for the project on alcohol dependent, homeless men, is now enrolled in a Masters of Health Administration program at Dalhousie University. She has partnered up with Dr. Audrey Steenbeek to focus her thesis project on developing a MicroResearch curriculum specific to First Nation’s communities (more on this below).

Another example is Lynette Peters, who has now begun a PhD in Health at Dalhousie University in September 2019. Ms. Peters took the MR-NS workshop at the NSHA Rehabilitation Centre in January 2019. Although her team did not go on to submit a project proposal post-workshop, she values MR-NS for giving her resources and tools to use in her upcoming degree:

“When I attended the [MR-NS] course I did not - nor could I ever have - anticipated its life changing influence on my life. These are strong words; however far from exaggeration [...] it was an extremely valuable experience that guided me into this unanticipated new venture. And has certainly honed and prepared my existing skills for graduate studies. The experience was absolutely key in how I will develop research ideas to suit PhD pursuits” (from email communications between Lynette Peters and Noni MacDonald).

These are just two examples of how MR-NS has had an impact on people’s lives in ways that are difficult to measure. This needs to be taken into consideration when evaluating the program’s relevance and influence on the participants, communities, and the province. In order to capture the impact of the MR-NS workshops on participants’ lives beyond their involvement with research, plans are being developed to have a medical student conduct a more in-depth qualitative evaluation of the program. This evaluation will take a deeper look into other ways participants use the knowledge and skills learned in the MR-NS program and how it has affected their work, their community, and their daily lives.

Recommendation:

22. Ensure the MR-NS evaluations do not focus solely on projects being completed but also captures how participants have taken what they have learned and applied it to their work and community. Growing the culture of inquiry is as important, if not more so than, an individual project.

Section 4: Future considerations

Plans for 2020:

We are currently in the process of planning four workshops to be held throughout 2020. Possibilities that we are exploring include in Pictou County in collaboration with the Aberdeen Health Foundation (who has requested a MR-NS workshop), a workshop on the South Shore/Bridgewater area, and a return to Cape Breton but this time in Sydney. The Dartmouth General Hospital has also asked for a second workshop to be held in the spring of 2020. Beyond 2020, we hope to expand MR-NS into the Yarmouth area in 2021, as well as return to locations that hosted earlier workshops, such as Truro and Antigonish.

Strategic Planning 2020:

A portion of the funds from Dalhousie Medical Research Fund and Dalhousie University are committed to plan the future of MR-NS to realize its full potential here and elsewhere in Canada. One of the opportunities in this process is to hold a Strategic Planning Meeting in 2020. Decisions for when the current co-directors step down from MicroResearch will be a major focus of this meeting. A possible consideration will be to develop a leadership team that will focus on MR-Nova Scotia, and also work with the leadership team of MicroResearch International. Such a team may absorb the responsibilities of the current co-directors when they eventually step back from their roles.

Adapting MicroResearch for Indigenous communities in Canada:

Dr. Audrey Steenbeek (a coach and guest lecturer with MR-NS and MR International and professor of nursing at Dalhousie University) and Kristy Barnaby (team lead of project from the North End Halifax workshop noted above) have been working together to develop a MR curriculum that is culturally and contextually relevant to Canadian Indigenous communities.

Dr. Steenbeek has a significant experience working as a nurse and researcher with with indigenous communities both locally and in Nunavut. She has been involved in the MR-NS and MicroResearch International programs for years and sees the value in implementing the program in First Nations communities. Ms. Barnaby comes from a Mi'kmaq reserve in New Brunswick and has experience in conducting research for Mi'kmaq communities. When participating in the MR-NS workshop in the North End of Halifax, she stated that she would love to see the program developed for Indigenous communities, as have three other MR-NS participants with Mi'kmaq backgrounds. Dr. Steenbeek is using her sabbatical year to develop this adaptation and Ms. Barnaby will be focusing her Master's thesis on this project.

The hope is that within a year to 18 months they can develop a curriculum that fits with the First Nations context and implement a trial MicroResearch workshop on a First Nations reserve. This will require consulting with communities and First Nations members to find out what they want and to determine how to adapt MR-NS to meet these needs.

"This was a wonderful opportunity and a rich learning experience. A stimulating way to get involved and build a 'culture of curiosity' to answer and respond to real issues in our community."

MR-NS participant,
2019

Recommendation:

23. Organize a Strategic Planning Meeting for 2020, where future funding and leadership options will be discussed.

A future consideration will be how a MicroResearch program designed for Indigenous communities will be financed. Organizations like Indigenous Services, Canada's First Nations, and Inuit Health Branch (FNIHB) could be potential financial supports in this endeavor.

Conclusions:

MR-NS has been very positively received and embraced by participants, volunteers, funders, and collaborating institutions since its 2016 launch. That being said, the program must undergo constant evaluation and assessment to ensure that it is meeting the needs of communities in Nova Scotia. While a lot of the structural elements of the program have been adopted from its international counterpart, there are still adjustments to be made to ensure it is operating to its full potential and striving to meet its main objectives.

Recommendations:

Section 1 (pages 6-8):

1. Consider the sustainability of the current program funding by inquiring about maintaining current funders' contributions and looking into the possibility of partnering with other organizations (e.g. United Way Halifax or service clubs etc.).
2. Continue fostering partnerships with local hospital foundations across Nova Scotia for local MR project funding.
3. Clarify the process for determining the terms of how the project funds are allocated and managed with each institution.
4. Develop a 3-year strategic plan for MR-NS with the Advisory Committee.
5. Maintain and continue the formal accreditation of MR NS by College of Family Medicine and the Royal College of Physicians and Surgeons of Canada; expand scope of accreditation as range of health professionals grows.

Section 2 (pages 8-11):

6. Grow MR-NS social media following through increased activity.
7. Foster more opportunities for showcasing MR-NS projects to garner more local community attention, as well as supporting knowledge translation.
8. Hold a MR-NS Forum where participants who have completed their projects can share their findings.
9. Continue working with Halifax Regional Police in recruiting two to four police officers to attend the Halifax-based (NSHA Central Zone) MR-NS workshops.
10. Develop a relationship with the RCMP offices to recruit officers to participate in workshops outside the Central Zone.
11. Provide earlier notice (perhaps 6 months in advance) to physicians and nurses regarding the timing and location of the workshops.
12. Maintain a connection to ISANS to promote the workshop to IMGs and INGs and other immigrant international health professionals.
13. Recruit a greater number of experienced researchers to volunteer as reviewers. Having a larger pool of potential reviewers will decrease "volunteer burnout" and provide more options when approaching potential reviewers and may help decrease delay in completion of reviews.

Section 3 (pages 12-16):

14. The curriculum is constantly revised to ensure it fits the local context. In the future it should be revised to include more community based examples, rather than only health care specific ones.
15. Organize a pilot run of a restructured workshop schedule in 2020. Possible alternate schedules may be offering the workshop over the weekend, condensing the workshop into 8 half-days, spreading the workshop over a longer period of time.
16. Consider having an online alternative for the in-class education sessions, allowing participants to complete part of the curriculum at home, on their own time. This may include video-recording lectures.
17. Reiterate team golden rules later in workshop not just on Day 2.
18. Explore literature on ways to maintain team motivation and then test best practices post-workshop.
19. Have MR-NS play an active role with the teams post-workshop in order to provide more supports. Now that a full time MR Coordinator is in place, this will be possible. This could include checking in with the teams and helping them find resources or supports, such as connecting them with expert consults to advise on particular research issues. Other options to explore include re-forming a team with at least 3 MR-NS certificate holders when a project has not been able to move forward with the original team.
20. Consider inviting pre-formed groups who have a common interest/research topic in mind to attend the workshop and work together on a research proposal. Having teams made up of people who already know each other and interact together may increase project success post-workshop. The downside is this may increase “silo-ed” thinking.
21. Plan workshops based around a particular research theme in order to appeal to individuals who work in particular fields. This would keep the interdisciplinary dynamics of the teams, but the team members are also more likely to have shared interests and be more committed to their project over the long term.
22. Ensure the MR NS evaluation does not focus solely on projects being completed but also captures how participants have taken what they have learned and applied it to their work and community. Growing the culture of inquiry is as important, if not more so, than an individual project.

Section 4 (pages 17-18):

23. Organize a Strategic Planning Meeting for 2020, where future funding and leadership options will be discussed.

Appendices:

1. MR-NS Financial Report 2017-2019 (*p. 21*)
2. Overview of workshops including research questions and status of projects (*p. 22*)
3. Example workshop budgets (*p. 29*)
4. List of partners/supporters (*p. 30*)
5. MRAC-NS Terms of Reference (*p. 31*)
6. List of MRAC-NS members (*p. 32*)
7. MRAC-NS September 2019 Meeting Minutes (*p. 33*)
8. List of judges (2016-2019) (*p. 35*)
9. MR-NS Spring Newsletter 2019 (*p. 36*)
10. Dartmouth General Hospital workshop flyer September 2019 (*p. 40*)
11. MR-NS Promotional Flyer (*p. 41*)
12. Reviewers' template (*p. 42*)
13. List of reviewers (2016-2019) (*p. 44*)
14. Coaches' instructions (*p. 45*)
15. List of coaches (2016-2019) (*p. 47*)
16. List of faculty (2016-2019) (*p. 48*)
17. Pre-workshop evaluation survey data (*p. 49*)
18. Post-workshop evaluation survey data (*p. 52*)
19. Team evaluation survey data (*p. 56*)
20. One Year Later survey data (*p. 59*)

Appendix 1

MicroResearch Nova Scotia – Financial Report 2017-2019

		2017Q2 - 2018Q1	2018Q2 - 2019Q1
	Opening Balance:	\$30,000.00	\$6,824.62
Revenue:	Donations	\$256.89	\$7,313.63
	IWK Health Centre Funding	\$22,686.37	\$30,000.00
	NSHA Funding		\$30,000.00
	Corrections		\$2,900.00
	Subtotal :	\$52,943.26	\$77,038.25
Expenses:			
	Salary:		
	Program Manager Assistance	\$18,745.53	\$19,953.06
	Web and Communications	\$10,000.00	\$10,000.00
	Supplies	\$291.02	\$1,674.86
	Printing	\$87.68	\$137.42
	Continuing Education - Accreditation	\$660.00	\$0.00
	Workshop Fees and Materials	\$500.00	\$252.78
	Honorariums:	\$3,658.61	\$900.00
	Research Grant Expense	\$5,000.00	\$3,900.00
	Travel & Parking	\$3,008.88	\$3,663.76
	Conference Fees and Materials	\$1,314.89	\$0.00
	Recruitment	\$750.00	\$0.00
	Subscription Fees	\$52.39	\$0.00
	Miscellaneous Expense	\$422.93	\$200.00
	Meeting Expense	\$0.00	\$306.40
	Catering	\$331.00	\$129.91
	Meals	\$608.16	\$338.42
	Telephone Expense	\$102.55	\$0.00
	Gifts for Judges & Coaches	\$585.00	\$1,185.65
	Subtotal:	\$46,118.64	\$42,642.26
		\$6,824.62	\$34,395.99

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Overview of MicroResearch NS Workshops and Projects: 2016-2019

Truro Workshop: September 2016

After considerable discussion by the MicroResearch NS Advisory Committee, Colchester East Hants Health Centre (CEHHC) in Truro was selected as the first site for a MicroResearch NS Workshop. Dr. Ryan Sommers, the Medical Officer of Health for NSHA's Northern Zone, family physician and the Medical Site Lead for CEHHC agreed to become the site coordinator/leader for the first MicroResearch-NS workshop. The Dalhousie University Faculty of Agriculture and the CEHHC Foundation were also approached to become partners. Their enthusiasm and the leadership shown by Dr. Ryan Sommers was a key contributing factor that made the workshop a reality and a success.

Unfortunately, none of the teams continued on to submit a grant application. In the One Year Later surveys for this workshop, respondents reported lack of follow-up from MR-NS and the need to work in groups that share similar interests (rather than groups made up of strangers from a range of disciplines) as reasons why they did not continue with the program.

Team 1: What are the challenges identified by bereaved caregivers and frontline professionals when a palliative care patient wishes to die at home in Colchester East Hants counties?

Status: Inactive

Team 2: What can be done to improve safe needle disposal in the community of Sipekne'katik?

Status: Inactive

Team 3: Is food insecurity present in undergraduate and college students attending post-secondary institutions in Colchester?

Status: Inactive

North End Halifax Workshop: June 2017

After discussion and thought the North End of Halifax was selected at the first Central Zone site for a MicroResearch-NS Workshop with retired physician Margaret Casey, given her long history of working with different communities in the North End, as the site leader. She arranged for the program to be held at the Brunswick Street Mission – a site very suitable for MicroResearch-NS, as it serves many vulnerable populations in the North End.

Many participants highlighted how helpful and practical the workshop had been. There were calls to expand the program to all honors students, students at NSCC, Emergency Health Services, police, as well as the Mi'kmaw community.

One participant noted that she had taken part in many community workshops and retreats over the years, but this was by far the best experience and indeed she could see how change can happen with MicroResearch-NS.

Team 1: To describe the costs associated with the resources utilized by chronically homeless, alcohol addicted men in HRM and to explore the perspectives of the affected men on the existing and potential services

Status: Actively conducting research - Data collection

A common concern for this research team was chronic homelessness and severe alcohol addiction. People experiencing chronic homelessness and alcohol addiction frequently become ill and often use health care, social, and criminal justice services. This team decided to build a research project that aims to understand the lived experiences of men experiencing chronic homelessness, and suffer from severe chronic alcohol

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addiction. The team, made up of health care, social services, police professionals and community members, is working together to identify and estimate the costs of 20 men experiencing chronic homelessness and alcohol addiction. They are supplementing the cost analysis data with a qualitative exploration of the participant's perspectives in regards to their past and current life experiences and how they may be better supported by the community. This research will help to create a broad picture of how services are used by these men, the basic costs of these services, and the men's perspective of their current situation. They plan to use this data to inform future coordinated, multi-sector approaches to meeting the needs of people experiencing chronic homelessness and severe alcohol addiction.

Team 2: What supports are offered for youth (ages 12-19) within HRM following discharge from hospital after suicide ideation, attempt, or threat?

Status: Inactive

Antigonish Workshop: June 2017

After discussion, Antigonish was selected as a site for a MicroResearch-NS Workshop with Drs. Minoli Amit and Olivia Ortiz-Alvarez taking on the role of site co-leaders. They arranged for the program to be held at St Martha's Regional Hospital in a room suitable for the MicroResearch-NS workshop.

Both teams from the Antigonish workshop have been successful in their grant application and are well on their way to completing their projects.

Team 1: Do Paqtnkek First Nations people drink more pop or energy drinks than the general population? Why do FN residents of the Paqtnkek community drink pop/energy drinks?

Status: Actively conducting research – data collection

Paqtnkek Mi'kmaw Nation is a First Nations (FN) Community in Antigonish County, Nova Scotia, with a total population of 600 people; nearly 2/3 are FN. Community members, local shopkeepers, and a healthy living support program have all identified a high level of pop consumption by members living in the community. Efforts to work with families in the program Teaching Eating and Activity Management (TEAM), have found this practice a difficult challenge to overcome. While the consumption of pop across Canada has decreased in recent years, consumption of concentrated energy drinks (CEDs) has increased over 600%. FN youth in some parts of this country have been noted to consume significant quantities of such drinks which appear to be the major source of carbohydrate calories in their diets. At Paqtnkek FN, it is noted that pop is consumed in significant quantities by members of all ages. The quantity of CEDs consumed is unknown. The objective of this research is to quantify pop and CED consumption in Paqtnkek and explore related attitudes and behaviours.

This study consists of two sub-studies to gather data on pop and CED sales at community vendors over a period of 4 months. The team is collecting data in a minimum of 70% of FN community members over age 14 years using questionnaires. This information will be used for future community education and advocacy.

Team 2: What are the perceived barriers to timely access to mental health and addiction services for high school youth age 9-12 in Antigonish?

Status: Actively conducting research - data analysis

In many other communities across Canada there are gaps in the provision of care for adolescents with mental health disorders; only one out of five youth with a mental health illness receives the help they need. Patients and parents have reported difficulties accessing services because poor availability,

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acceptability, affordability, and/or because the services available do not accommodate the patients or their family's needs. Youth are particularly vulnerable to the inadequate provision of care, because available mental health services have often been planned to serve the needs of younger children and adults not youth.

In Antigonish, Nova Scotia, parents, teachers, and health care providers have anecdotally identified a gap between need for and access to mental health and addiction services in the teenage population. The project will ask high school students at the local high school, representing teenagers in the community, if they perceive there are barriers to receiving mental health services in the community. The team hopes that the results of this study will provide information to improve and plan services appropriate to students' needs.

To date, 234 students have submitted the questionnaire. The team has been happy to see the enthusiasm of the teachers and students in regards to the study. They have recruited few students more than the required by the sample size estimation. Once the results are analyzed the team will be able to write the initial report for both a publication and to share with the school and health care providers.

Annapolis Valley Workshop: November 2017

The Annapolis Valley was selected at the first Western Zone site for a MicroResearch-NS Workshop with Cari Patterson, Nancy Stewart and Ellen Stoddard, given their community connections and leadership backgrounds, as the site coordinating team. They arranged for the program to be held at the Kentville Municipal building.

The faculty teaching the workshop filled in as coaches until the local coaches could connect. The timing of the workshop- i.e. mornings and the time of year – made it difficult for the academics who were volunteering as coaches. More discussions are needed to see how to best fit timing of the workshop.

Although two of the teams submitted a grant application after the workshop, both teams withdrew after submissions were reviewed. They cited the time commitments, changes in employment circumstances, and difficulties connecting with each other as reasons why they eventually discontinued working on their projects.

Team 1: Do participants in a Buddy-Type program become more engaged in community activities and what are the transferrable qualities of the program?

Status: Provisional Approval/Now inactive

Team 2: What factors influence the ability of families with dependent children living in north Kentville's public housing, to grow their own food?

Status: Withdrawn

Team 3: Is close proximity to parks and open space a factor in the experience of "community connectedness" in young families in three neighborhoods in North Kentville?

Status: Withdrawn

Dickson Workshop: April/May 2018

The first IWK-based MicroResearch NS Workshop was held at the Dickson Building at the Victoria General Hospital in Halifax. In contrast to previous workshops where the focus could be on any question related to health, after discussion with senior leaders at the IWK Health Centre this was narrowed to questions within mental health and addictions in order to attract health care and community members interested in this area. As in the rest of Canada, most people in Nova Scotia have themselves experienced or know someone who has

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experienced mental health and addictions. While the province is committed to improving mental health care for Nova Scotians, gaps remain.

Team 1: What services would have assisted males currently between the ages of 18-25, diagnosed with a mental illness, when they first noticed symptoms, to prevent escalation to a crisis?

Status: Inactive

Team 2: What do young women (12-19 years) who were groomed in to prostitution, identify as the grooming techniques that were effective?

Status: Actively conducting research – data collection

The team's research plan is to trace the ways that female-identifying girls under age 18 in the Halifax area resist grooming recruitment into the sex trade. They want to understand how these youth have manifested agency and what role their families and communities have played in supporting them. The team is also interested in the community resources that youth have interacted with and how these may have contributed to their resiliency. The research team is diverse, including professionals from the health care, justice, and social service sectors, as well as a graduate student and a medical student interested in community-based research. They will use a qualitative research approach, focusing, primarily, on individual experience by conducting interviews with 12 to 20 young women. These interviews will be carried out by two members of the research team with experience working with vulnerable youth. Analysis of these interviews will generate common themes, allowing them to identify what is currently working to help youth resist grooming recruitment in communities, how existing services can be enhanced/supported, and what youth identify as priorities for new policies and resources. This is a participatory study that situates youth experiences and points of view at its core with the goal of facilitating community-supported change for vulnerable youth in the Halifax area.

Preston Workshop: July 2018

The first Halifax African Nova Scotian MicroResearch Workshop was held at the Watershed Association Development Enterprise in Halifax, NS. The development of this workshop was fostered through many meetings with the community including with Health Association of African Canadians, and connections through WADE and the local churches in the community.

Review of health data has shown that those living in the "Preston's Township" area have higher morbidity and mortality than those in other parts of the Halifax Regional Municipality. Linda Carvery, a MicroResearch graduate of the Brunswick Street Mission workshop in 2017, extolled the value of the MicroResearch concept and felt drawn to expand this to other communities. She facilitated developing links to this Preston Township African Nova Scotian community.

MR had never contemplated such a small workshop before, with only 5 participants due to a variety of reasons, but ended up as a great success. The small size meant ease of asking questions came quickly, team mentoring was easy. Participants noted in the evaluation that this was a safe environment to work in. The small size may have contributed to the feeling of safety and openness for participation – not a small issue for this community.

However, although the team submitted a grant application post-workshop, they have since become inactive. Conversations with one of the team members suggest that the team was too small, resulting in limited "people power" to keep the motivation going.

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Team 1: What cultural factors influence food choices for families in the Preston Township?

Status: Provisional Approval/Now inactive

Cape Breton Workshop: September 2018

The first Cape Breton MicroResearch workshop was held in Iona, NS. The development of this workshop was fostered through many meetings with the community, including faculty from Cape Breton University who comprised the steering committee, led by Dr. Jacquelyn Scott. The committee worked diligently to host local meetings in the Central Cape Breton area, as a warm-up to introduce the idea of MicroResearch and community health to the area. The site committee also engaged members of the Waycobah First Nation community in Central Cape Breton to extend the invitation to be involved in the workshop.

The distance to travel to the site was a challenge for some participants. The lack of EHS, Acadian, or First Nation participants limited the scope. Consideration of workshop timing and location needs further discussion. However, the pre-workshop events conducted through community analysis discussions, attended by more than 30 people in total, assured a broad basis of agreement on community concerns and goals, despite the small workshop size.

The team's proposal has received full-approval from MR-NS and has received ethics approval from CBU. They are currently in the data collection stage.

Team 1: What factors encourage / prevent Central Cape Breton community members from becoming more engaged in community activities?

Status: Actively conducting research – data collection

The team's long-term objective is for a healthy, sustainable Central Cape Breton where members are actively engaged in their community. To realize that objective, the belief is there must be a solid foundation of community members who have strong social relationships and are involved and contributing to the life of their community. This project seeks to determine what factors encourage and prevent community members from being engaged.

The team is conducting focus groups with community leaders and interested community members to discover their views on community engagement and related strengths and vulnerabilities in their community. Individuals not present at the community meetings and therefore not involved in the focus groups will be invited to take part in semi-structured interviews. In addition, surveys will be delivered via Canada Post to each home in the Central Cape Breton catchment under review. The team will model processes of community engagement by first having conversations with leaders and interested community members from the communities included within Central Cape Breton. Through the focus groups and interviews, they will learn about community issues and explore the most effective ways to encourage participation in the community. Thematic analysis will be conducted on the qualitative component of this study. Descriptive statistics will be used to analyze information in the survey that can be quantified e.g. number of men, number of women, number of children, number of those requiring child care, access to transportation. Following the analysis and summation of the data, the team will distribute the results throughout the Central Cape Breton communities as well as to key stakeholders, such as the Municipal Council, the Community Health Board, and Cape Breton University.

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NSHA- Rehab Centre Workshop: January 2019

The third Halifax-based workshop took place at the NSHA's Nova Scotia Rehabilitation Centre on Summer St. in Halifax. The workshop was well received and highly valued. Of particular note, the keenness to work with the community was highlighted. One participant noted how valuable an experience this had been in terms of learning how helpful multidisciplinary was in addressing complex questions. Several wished more team building work could be done earlier. Several participants asked whether a "team" from one place of employment could come to work on a problem together that they already have a vested interest in.

Of the teams at the NS Rehab Centre workshop, one was particularly eager to conduct their project and have received provisional approval from MicroResearch NS.

Team 1: What do young people with disabilities perceive as barriers to, and required resources for, accessing physical recreation program in rural and urban HRM?

Status: Inactive

Team 2: What interventions will influence the rates of recidivism in youth – perspectives from youth, their caregivers, and support workers

Status: Provisional approval – completing revisions

The cost of crime is high. Not only do victims and their families suffer, but so do perpetrators, their families, and society as a whole. Although Nova Scotia conviction rates are generally decreasing, African Nova Scotians and Aboriginals are over-represented in our criminal justice system. This project will explore recidivism with a phenomenological approach, using semi-structured focus group discussions and in-depth interviews with young repeat offenders, care givers and support workers. Questions to be explored: 1) What risk-reducing, needs-based services are available to at-risk young people in the HRM? 2) At what stage were those services made known to them? 3) What are the barriers to effective youth access of those services? And, what is done to tailor those interventions for young offenders?

Focus groups of 8-10 participants will be recruited in of the Halifax North and Preston communities. Discussions will be audio recorded and transcribed. Information from participants will be evaluated for patterns and themes. Results of the study will be disseminated to the community, Department of Justice, School Boards and our Health Care System.

Dartmouth Workshop: September 2019

The first workshop in Dartmouth was held at the Dartmouth General Hospital in an education classroom. The room worked very well as was spacious with enough space to hold the two groups well. This site and time worked very well.

The 13 participants came from quite diverse backgrounds. The two groups rapidly became teams - all pulling together to develop their project overviews. The commitment of these 13 participants to their chosen problems was remarkable. Both teams anticipate being able to submit a grant application at the next deadline.

Team 1: "Are we helping the helpers? A review of mental health programs, processes, and supports currently in place for Halifax Regional Municipalities first responders."

Status: In review

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Poor mental health (MH) in First Responders (FRs) (e.g. police, fire, paramedicine) is a serious and growing concern in Halifax and across Canada. Insufficient support for MH among FRs, impaired capabilities in emergencies, as well as absenteeism, premature retirement, MH crises, and suicide in this population. Workplace MH policies, supports, and programs have been shown to be effective in improving MH of FRs and mitigating the impacts of poor MH for individual FRs, their organizations, and the wider public. To improve these supports we need to first identify what supports are currently in place. Therefore, this project will review of the current mental health programs, supports and practices in place for FRs within Halifax, Nova Scotia, Canada. This MicroResearch project will involve 4-phases: 1) an analysis of current policies as written across different FR services, 2) perceptions of current policies from the perspective of senior FR management and those with specific expertise in this area via interviews, 3) perceptions from the perspective of frontline FRs via focus group discussions and, 4) information about access to supports via targeted interviews with FRs who have attempted to access MH supports. This project discovers the current state of MH programs, supports and practices across Halifax FR services and through this, aim to identify best-practice recommendations for strengthening services.

Team 2: “What are the perceived barriers and facilitators to cooking at home for older adults living in Dartmouth North? What services are available to support those in need?”

Status: In review

Appendix 3

Example workshop budget for distant site (>100km)

Item	MR-NS
Honoraria for teachers and coaches	\$400.00
Refreshments (e.g. coffee/tea, light snacks)	\$200.00
Travel/per diems for faculty, facilitators, coaches	\$1,500.00
Accommodation for faculty	\$1,500.00
Honorarium to local site for workshop support	\$750.00
Misc. (e.g. parking, portable Wifi router, etc.)	\$150.00
Total	\$4,500.00

Example workshop budget for local site (<100km)

Item	MR-NS
Honoraria for teachers and coaches	\$200.00
Refreshments (e.g. coffee/tea, light snacks, catering for last day)	\$200.00
Local travel	\$50.00
Honorarium to local site for workshop support	N/A
Misc. (e.g. parking, portable Wifi router, etc.)	\$150.00
Total	\$600.00

List of MicroResearch NS Partners/Supporters

Main Funders:

Dalhousie Medical Research Foundation
Dalhousie University
Dalhousie University Faculty of Medicine
IWK Health Centre – Research Office
Nova Scotia Health Authority – Research and Innovation

Other Partners:

Brunswick Street Mission
Cape Breton University
Colchester East Hants Health Centre
Colchester East Hants Health Centre Foundation
Dalhousie University Faculty of Agriculture
Dartmouth Regional Hospital
Dartmouth Regional Hospital Foundation
Fidelis House
Halifax Regional Police
Horizons Community Development
Immigrant Services Association of Nova Scotia
Maritime SPOR SUPPORT Unit
NS Emergency Health Services
Process Pathways
Provincial Library Services
QEII Health Centre Foundation
Rotary Clubs of Nova Scotia
St. Columba Parish Hall
St. Francis Xavier University Library Services
St. Martha's Regional Hospital
St. Martha's Regional Hospital Foundation
Victoria County
Watershed Association Development Enterprise Preston

MicroResearch NS Advisory Committee Terms of Reference

1. Mandate

- The Advisory Committee will:
 - Monitor program standards, expectations and performance outcomes
 - Advocate for policy and program changes for MicroResearch including community engagement and funding.

2. Guiding Principles

- In carrying out its mandate, the Advisory Board will be guided by the following principles:
 - **Respect:** Listen, respect the input of others.
 - **Evidence-based:** Guided by the best evidence on what works.
 - **Support:** for Nova Scotia health system values.
 - **Innovation:** Steadfast commitment to improving health in Nova Scotia.
 - **Culture:** Unequivocal support for community research capacity building across Nova Scotia

3. Panel Governance, Term and Composition

- Advisory Body to MicroResearch Nova Scotia Program Directors.
- Members are appointed for 1 to 3 year terms.

4. External engagement

- Participants, Community representatives
- Provincial health system stakeholders
- Business and academia
- Experts across a range of relevant specialties
- Other relevant advisory bodies

5. Time commitment:

- Meetings will be held twice annually (1-2 hours each) and usually by phone with occasional face-to-face meetings potentially concurrent with MR-NS Forums.

6. Panel Process

- Discussion and consensus on advice.

7. Administrative Support

- MicroResearch Coordinator provides administrative support.

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MicroResearch NS Advisory Committee Members

Name	Affiliation/Position
Noni MacDonald	MicroResearch NS Co-Director
Robert Bortolussi	MicroResearch NS Co-Director
Sandra Crowell	Program Leader NSHA Research & Innovation
Shawna O'Hearn	Director Dalhousie Global Health
Linda Carvery	Musician and community activist
George Karaphillis	Dean of Business Cape Breton University
Ray MacNeil	CLARI Network Manager, St. Mary's University
Sara Napier	President and CEO United Way Halifax
Ryan Sommers	NSHA Northern Zone – MD (Family Doctor)
Minoli Amit	St. Martha's Regional Hospital– MD (Pediatrician)
Margaret Casey	Retired physician/Community advocate
Shelly McNeil	NSHA/IWK – MD (Internist)
Kelly Hunter	MicroResearch NS Coordinator

Appendix 7

MRAC-NS Meeting Minutes - September 13, 2019 – 1:30-3:00pm

In attendance: Linda Carvery, Sandra Crowell, Marg Casey, Ryan Sommers, Minoli Amit, Shawna O’Hearn, Sara Napier, Noni MacDonald, Kelly Hunter

Regrets: Shelly McNeil, George Karaphillis, Bob Bortolussi

1. Introductions of those in attendance

2. MRAC NS Expectations/Role of the committee:

- MR-NS is a community focused program – needs to be accountable to a variety of people and advised by people working within the community
- Helpful from an advocacy point of view – committee members allow MR to connect with other people from within their networks
- To meet standards for accreditation; requires a planning committee that has both a family physician and a specialist physician representative

3. MicroResearch NS Program report (Summary)

- Workshops 2016-2019
- Current project status: one overarching theme of all these projects is giving the community, especially the vulnerable and marginalized, a voice
- Outcomes/response to workshops thus far
 - i. Participant evaluations: Good responses, show the workshop is valued; occasionally team dynamics have not worked out resulting in projects not being continued
 - ii. Anecdotal evidence of MRNS influencing people’s lives: e.g. applied learnings to work, undertaken more advance training – changed career path. Need to show impact on people regardless of if their project is continued or not – need to promote these stories
 - iii. Involvement of ISANS international medical graduates – this needs to be highlighted in the evaluation. For many has helped them move forward.

4. Issues when planning workshops:

- Time commitment: 10 half-days over two weeks is very hard to commit to; yet needs time to become a team as well as to get proposal overview done
 - i. Look at doing a trial “compressed” version in 2020: Friday afternoon, Saturday, Sunday for 2 weekends and have a few Skype team/coach meetings during the week; would have to do more work at home and then present on a final Friday afternoon
 - Maybe would work best if they come as a pre-determined teams
 - Maybe could engage Emergency Health Services because of the way their shifts are scheduled
- We should be inviting “teams” to come who already work together and have a shared interest
 - i. When asking teams to attend together, need to ensure they meet the criteria and have community members
 - ii. Also need to consider time and potentially condensing the course
- Possibility of an online component: record key lectures and provide people the opportunity to do work at home
 - i. Would be good if people want to go back and review a lesson
 - ii. Issue with having online is that the group has to become a team, which includes learning together, struggling together – could maybe do something over Skype
- Cost of participating in the workshop
 - i. Would people put more value to it if they pay a fee to attend? Or would it hinder some community members who cannot afford it

Appendix 7

- Community engagement: How to get communities involved and know what is happening with projects and aware of the knowledge translation aspect. Need to grow this more

5. Upcoming workshops:

- Dartmouth General Hospital – September 16-27, 2019
- Yarmouth – Clare – November 2019?
 - i. Challenge in finding someone to become site lead
 - ii. Potential of having it bilingual: local coaches would have to be bilingual; will try for at least one bilingual MR faculty
- Potential workshops for 2020:
 - i. Pictou Landing: First Indigenous MR workshop – will fit the context, be simplified but not dumbed down (Audrey Steenbeek and Kristy Barnaby working on adapting the MR curriculum to fit this population)
 - ii. Bridgewater/South Shore: Health Promoter at NSHA is keen to bring it there; Could be interested in a modified workshop schedule
 - iii. Guysborough/Antigonish: Could have teams come from Antigonish, Strait Area, Guysborough
 - iv. Truro: Ryan suggested it be in Pictou County because of the diverse population and Aberdeen Health Foundation’s interest in MR
 - v. HRM: perhaps Spryfield as there is a consultant practice with health professionals, a lot of community initiatives, growing population of immigrant families

6. MicroResearch NS funding going forward

- \$30K from Dalhousie Medicine; \$60K for 3 years from Dalhousie Research/DMRF to support MR-NS and MR International; Final year of NSHA/IWK funding- need to reapply for renewal
- 5 of 6 projects being funded by local hospital foundations, 6th being funded by MR but plan is for all projects to be locally funded to support longer term local sustainability

7. Leadership going forward

- Over the next few years need to work on leadership structure
- Looking into involving key people from different areas to be able to keep MR growing in Nova Scotia and elsewhere in Canada
- DMRF exploring possibility of supporting a portion of a faculty member through garnering an endowment

8. Other:

- Developing a Strategic Plan:
 - i. Noni said strategic plans tend to be more fluid now: 3 years or less and evolve
 - ii. MRAC-NS needs to start thinking of a strategic plan: where do we want to be and how do we get there in next few years
 - iii. The MR International strategic plan has very much helped grow MR
- Engage NS Survey: High quality data source that can be accessed and used to fuel MR projects – Sara Napier on board of Engage NS and can connect to MR NS projects
- Police: Halifax Police have been engaged in MR; Noni and Kelly working on getting RCMP in Nova Scotia involved
 - i. Requests from other police forces in Canada to do a workshop for them

Action items:

1. Kelly and Noni to work with Sandra on developing a program evaluation to show funders

Appendix 8

List of Workshop Judges 2016-2019

Name	Affiliation	Workshop(s)
Patrick McGrath	IWK	Truro
Shawna O'Hearn	Dalhousie Global Health Office	Truro; North End
Marie McCully Collier	NSHA Board member	Truro
Gerry Johnston	Dalhousie	Annapolis Valley; Antigonish
Chris Giacomantonio	Halifax Regional Police	Annapolis Valley
Sandra Snow	Mayor of Kentville	Annapolis Valley
Deborah Conner	Annapolis Valley Hospital Foundation	Annapolis Valley
Cari Patterson	Horizons Community Development	Annapolis Valley
Martha Cooper	St. Martha's Hospital	Antigonish
Bethany MacCormick	NSHA Quality Services	Antigonish
June Webber	St FX	Antigonish
Tracy Kitch	CEO IWK	North End
David Anderson	Dalhousie Dean of Medicine	North End
Ronald Stewart	Dalhousie Anesthesia	North End; Iona
Jill Hayden	Dalhousie	North End
Shawn Cleary	City Council Halifax	Dickson
Jason Berman	VP Research IWK	Dickson
Jennifer Gillivan	IWK Foundation	Dickson
Linda Carvery	Community activist	Dickson
Audrey Steenbeek	Dalhousie	Dickson
Adena Cox	IWK	Preston
Cora Lee Journey	NSHA	Preston
Karen Hudson	Principal, Auburn High School	Preston
Mort Simmonds	Pastor	Preston
Crystal Watson	Recreation Nova Scotia	Preston
Sarah MacDonald	Community Health Board	Iona
Will Webster	Dalhousie (Retired MD)	Iona
John Jerome Paul	Mi'kmaw Kina'matnewey	Iona
Katelyn Christopher	RCMP	Iona
Jessica Nowlan	BRIC	Rehab Centre
Danny Graham	Engage Nova Scotia	Rehab Centre
Alice Aiken	VP Research Dalhousie	Rehab Centre; Dartmouth
Robert Miedema	Lawyer	Dartmouth
Bob Bortolussi	MicroResearch NS Co-Founder	Dartmouth



**Micro
Research** Nova
Scotia

NEWSLETTER

MicroResearch NS Remembers Patti Melanson

MicroResearch Nova Scotia is saddened by the loss of Patti Melanson, one of our workshop participants and team members. Patti passed away in December of 2018 from cancer.

Named to the Order of Nova Scotia in 2018, Patti was an advocate for vulnerable persons' access to health care. She served as the Executive Director of the North End Community Health Centre, and was responsible for developing the Mobile Outreach Street Health (MOSH) program, which provides health care services to homeless and underserved community members in Halifax. She will be remembered as a passionate mentor and advocate who was committed to the health of her community.



Patti's MicroResearch team is continuing with their project on resources for chronically homeless, alcohol addicted men, an issue Patti was passionate about.



MicroResearch North End Halifax Workshop - June 2017

June 2019
Vol No. 005

WHAT'S NEW?

Upcoming workshops:

- Dartmouth: Fall 2019
- Yarmouth: Fall 2019

For more information about our workshops, visit:
http://www.microresearch-international.ca/ns_workshops.html

Do you have feedback?

We are currently compiling a program evaluation for MicroResearch NS. If you have anything you would like to contribute, please contact us at microresearchNS@dal.ca. We want to hear your opinions!



Connect with us!

Kelly Hunter,
MicroResearch NS Coordinator

E: kelly.hunter@iwk.nshealth.ca or
microresearchNS@dal.ca
P: 902-470-3890



@MicroResearchNS



MicroResearch
International



MicroResearch NS Projects Currently Underway



Congratulations to our two MicroResearch teams from Antigonish who are currently carrying out their projects!

The first team, lead by Michelle MacGrath, is exploring pop consumption among Paqtnekek Mi'kmaw Nation community members. Once research is conducted, the team will use their findings to help raise awareness through an educational campaign and ultimately collaborate with the community to develop intervention initiatives.

Project lead Dr. Oliva Ortiz-Alvarez and her team are looking at adolescents' perceived barriers to mental health resources within the community. The team hopes that their findings will help inform local institutions of the resources necessary for youth within local settings.



The MicroResearch team would like to say a huge thank-you to St. Martha's Regional Hospital Foundation for being the local funder for both Antigonish projects. Their contribution has allowed local researchers to conduct projects that are relevant to their community.



Congratulations to MicroResearch team from Iona, Cape Breton on being the most recent MR NS team to receive full approval on their project.

Lead by Debbie Brennick, the Iona team will be analyzing local individuals' perspectives on community engagement in order to capture what factors help or prevent people from getting involved with their communities. Their long-term objective is for a healthy, sustainable Central Cape Breton where members are actively engaged in their community.

Thank you to Cape Breton University and Central Cape Breton Community Ventures Inc. for their support and collaboration on the Iona workshop and this project!



CAPE BRETON
UNIVERSITY



Nova Scotia Rehab Centre, Halifax January 2019

MicroResearch NS kicked off 2019 with our third Central Zone-based workshop in January, held at the Nova Scotia Rehab Centre in Halifax.

The workshop was attended by 13 participants from diverse backgrounds, all of whom were committed and eager to learn about MicroResearch and how it can be used to improve community health.

The workshops combined interactive seminars, exercises and daily small group interdisciplinary, project development sessions supported by local site coaches.

Participants were placed into two groups on Day 2, with a good representation of background and expertise across the two groups. Throughout the remainder of the course, teams worked on their project proposals, with guidance from the MicroResearch faculty.

Team 1

Can collective impact improve access to physical activity and improve quality of life for young adults with special needs?

What resources do youth who have been convicted of a crime think would be helpful in decreasing their rate of recidivism and help them become productive members of society? What resources would their families and caregivers find helpful?

Team 2



REMINDER!

Our 2019 MicroResearch NS grant deadlines are June 15 and October 15th!

Visit:
http://www.microresearch-international.ca/ns_apply_for_a_grant.html for more information





MicroResearch NS Forum? Stay tuned!

We want to stay engaged with our MicroResearch NS alumni and hear about ongoing research!

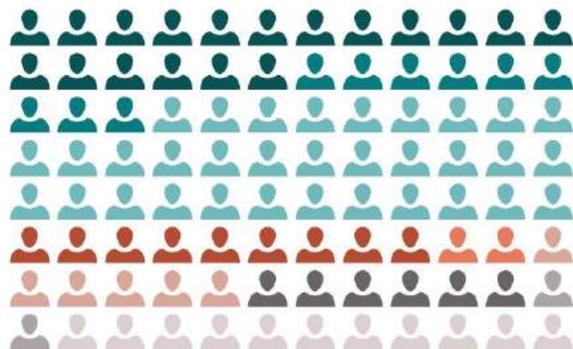
We're looking into holding our very first MicroResearch NS forum this fall, 2019. This will give participants, faculty, and community members the opportunity to network and connect with other people passionate about MicroResearch.

"[MicroResearch] has made me aware of the importance of seeking the opinions and working with community members to address problems that they have identified. These are usually not apparent to those of us who are not members of specific communities"

- MicroResearch NS participant



Who are MR NS participants?



- MD (18.75%) ■ Nurse (9.38%) ■ Community sector (34.38%)
- Police (9.38%) ■ Social Work (2.08%) ■ Allied Health (6.25%)
- Public Health (6.25%) ■ Paramedic (2.08%) ■ Other (11.46%)

We encourage people from all disciplines to get involved in MicroResearch!

Thank you to all our supports!

We are happy to announce our ongoing funding from NSHA, Dalhousie University Faculty of Medicine, and IWK Health Centre, who have committed to supporting MicroResearch Nova Scotia. Thanks again to all our supporters!

Amy Grant
Audrey Steenbeek
Brian Condran
Christopher Giacomantonio
David Stock
Heather Rushton
Jillian Banfield

Katie McLean
Leslie Anne Campbell
Noni MacDonald
Robert Bortolussi
Shawn Harmon
Sandra Crowell
Tom Marrie

Brunswick Street Mission
Cape Breton University
Dalhousie University
Dalhousie University Faculty of Medicine
Dalhousie Medical Research Foundation
Fidelis House
Halifax Regional Police
Horizons Community Development
IWK Health Centre
Library Services of St. Francis Xavier University

Nova Scotia Emergency Health Services
Nova Scotia Health Authority
Provincial Library Services
MSSU SPOR
Public Health Services
QEII Foundation
Rotary Clubs of Nova Scotia
St Columba Parish Hall
St. Martha's Regional Hospital Foundation
Victoria County
WADE Preston

For more information, please visit: www.microresearch-international.ca

Dartmouth Workshop Poster



www.microresearch-international.ca
 MicroResearchNS@dal.ca
 @MicroResearchNS



Interested community focused health research?

Workshop: 16-27 September, 2019
 12:00-4:30 pm daily (weekdays only)
 Location: Dartmouth General Hospital

FREE to participate!



Learn how to design and conduct a health research project and how to write a proposal



Collaborate with other professionals and community members in your area



Research training and support from outstanding teachers and one-on-one team coaching



Opportunity to apply for a \$3000 grant to implement your research project



Address health issues within your community by bringing your own ideas to the table



Learn how to publish your research results and make a difference in your community!



Access to web-based research curriculum for continued learning



Certificate of Achievement and Credits (Educationally cosponsored by Dalhousie University Continuing Professional Development)

"This course has equipped me with the tools and skills to possibly implement change in communities"
 -MicroResearch NS Participant



To learn more or to register contact:
 Kelly Hunter (Coordinator)
 902-470-3890
 kelly.hunter@iwk.nshealth.ca



This one-credit-per-hour Group Learning program meets the certification criteria of the College of Family Physicians of Canada and has been certified by the Continuing Professional Development Office of Dalhousie University for up to 40.0 Mainpro+ credits per workshop, as an accredited provider, Dalhousie University, CPD, designates this continuing professional development activity for up to 40.0 credit hours per workshop as an accredited group learning Section 1 activity as defined by the Maintenance of Certification Program of the Royal College of Physicians and Surgeons of Canada. In keeping with the CMA Guidelines, program content and selection of speakers are the responsibility of the planning committee. Support is directed toward the costs of the course and not to individual speakers through an unrestricted educational grant.

MR-NS Promotional flyer

TOGETHER WE CAN CREATE HEALTHIER COMMUNITIES.



MicroResearch NS

Mission: Improving health care outcomes with innovative community based research that assures quality and integration of research into the fabric of the local health system and the community

Vision: To become globally recognized pioneers in training, mentoring, and support of multidisciplinary community focused health research.

The Situation

- Nova Scotia has one of the highest rates of poor health behaviors and poor health of any province and our provincial finances are strained by devoting close to half our budget to health care.
- Improvements in the health of Nova Scotia's will require changes that go beyond the health care system. We need innovative solutions that are developed and implemented with sensitivity to local circumstances and are driven by the best research evidence.

The Solution

- MicroResearch started in 2008 in Africa to improve local community focused research through small multidisciplinary health research teams
- In 2016, the program was launched in Nova Scotia to address local community health problems with solutions that fit the local resources, context, and culture.

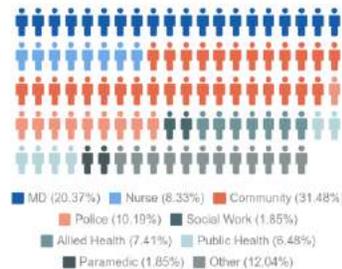


How it Works

The program helps interdisciplinary teams of health professionals and community members tackle local health problems that they identify:

- Teaching research skills (2-week workshop)
- Coaching by international experts to help complete the research proposal
- Providing a critical review of their research proposal to meet scientific rigor
- Seed funding to implement research project
- Publishing in a peer-reviewed journal and reporting to inform their health system.

MR-NS Participants by Discipline



Projects to Date

- *Adolescents identifying their barriers to access mental health and addiction services*
- *Why do First Nations members of Poatnkek Community consume pop and concentrated energy drinks?*
- *Evaluating patterns of use and estimating costs of health care, social, police, and justice services among chronically homeless, middle aged men with alcohol use disorder*
- *Voices of resilience: What do young women in the Halifax area identify as helping them to resist recruitment into the sex trade?*
- *Together we can create a healthy community!*



MicroResearch NS Reviewer Template

Role of the Reviewers:

MR grant applications are like grant applications you may have reviewed in other settings with one major difference. We want to help make the proposal successful, either now or after the MR applicants have strengthened the proposal with ideas from reviewers like you.

This is usually the first grant application ever written by the applicants. There may be areas that need improvement. Unless there is a huge flaw that cannot be fixed, our goal is to work with each team of applicants until the application is strong and warrants funding from MR. Hence, it is vital to offer a constructive critique; identify the strengths, and weaknesses and how it can be improved etc.

PROJECT TITLE:

Your name:

Please let us know:

What are the strengths?

- 1.
- 2.
3. etc.

What are the weaknesses?

- 1.
- 2.
- 3 ...

What are your major suggestions on how this proposal might be improved?

- 1.
- 2.
- 3 ...

Once you have made these suggestions please provide us with your score. We base the overall score on FINER Criteria and Agreement with the [goals of MicroResearch](#) and [UN Sustainable Development Goals](#).

FINER Criteria:

F. Is the research question Feasible: Can it be done in the local environment, in the time frame suggested? *Feasibility also refers to Scientific Merit. Are the methods appropriate; are the design and methods appropriate? All reviewers should comment on this and if appropriate make suggestions.*

I. Is it Important and Interesting for local region i.e. this is to be driven by needs in Nova Scotia?

Appendix 12

- N.** Is it **Novel**? Is it a "me too" study or a key question that could lead to changes once answer?
- E.** Is it **Ethical**? Although this will be dealt with by the Research Ethics Committees, do you have any concerns that should be brought to their attention?
- R.** Will it be **Relevant** to Nova Scotia when the question is answered?

Scoring Scale for FINER: (Max 80)

- Score of **0-20** if you think there are major flaws, it should not be funded and the idea is not worth pursuing even if modified.
- Score of **21-40** if there are major but correctable flaws, making it un-fundable in its current form. The flaws may be addressed through a full revision or by submitting to the next competition in six months.
- Score of **41-60** if you think there are only minor flaws and it should be considered for funding.
- Score **61-80** if you think the proposal is very good, has very few things to improve and it should definitely receive funding.

FINER SCORE:

Criteria for Fit with Goals: (Max 20)

This score is based on arguments that the applicants put forth on how well the project fits with MicroResearch and SDG Goals. Note that we don't expect them to fit with every MicroResearch value or SDG category, but the score should be based on the strength of the fit. See Section 5 and 6 of their application.

SCORE FOR MEETING GOALS:

TOTAL: potential Score 100 (80 + 20)

Your final impression and any additional comments:

Appendix 13

List of Reviewers 2016-2019

Name	Affiliation
Audrey Steenbeek	Dalhousie School of Nursing
Alexa Bagnell	IWK Child and Adolescent Psychiatry
Amy Orenstein	IWK
Barbara Hamilton Hinch	Dalhousie School of Health and Human Promotion
Brenda Began	Dalhousie, Occupational Therapy
Brian Condran	MSSU SPOR
Catherine Morley	Acadia Nutrition
Chris Giacamontonio	Halifax Regional Police
Cynthia Bruce	Music therapist
Davina Melanson	AVREC (Annapolis Valley Regional Education Center)
Christianne Rushton	Community Development, Music therapy
Isabel Smith	IWK – Pediatric Psychology
James Irvine	Population Health Unit North Saskatchewan
Jeff Karabanow	Dalhousie Social Work
Jennifer Wilcox	United Way
Jessica Nowlan	Dalhousie Primary Care Research Unit
Jill MacMullen	Cape Breton University School of Nursing
Joanna Holland	IWK Child and Adolescent Psychiatry
Joann Clarke	WLU
Kate Ellis	Horizons NB
Katie Aubrecht	
Laurence Bernard	
Meredith Ralston	MSVU, filmmaker
Nicole Patrie	University of Alberta Doctoral student
Patty Williams	MSVU Nutrition
Rozario Antony	Dal / NB Moncton Hospital
Ryan Brown	Dalhousie Univerisity, Department of Emergency Medicine
Sarah Kirk	Dalhousie School of Health and Human Promotion
Shawna O'Hearn	Dalhousie Global Health Office
Stephen Workman	Dalhousie Internal Medicine

Coaching for MicroResearch Workshops

What does a MicroResearch (MR) Coach do?

The coach's job is to encourage, guide and offer feedback to MicroResearch project teams as they develop their research proposals, and assist with proposal review, submission, funding and implementation of the research project. The coach's responsibilities are outlined below according to each phase of the project.

Phase 1 Formulating the Research Question and Overview of the Proposal:

- Research project proposals are initially developed by the teams participating in a MR program.
- The on-site coach helps the team hone their research question and develop an overview of the proposal that will be assessed by the judges on the last day of the MicroResearch workshop. The judges will also offer comments to help improve the proposal.
- **The coach needs to attend Day 3 through Day 8 of the workshop for about 1.5 hours per day – i.e. to assist the team during their group work.**

Phase 2 Formulating the Research Grant Application:

- After completing the MicroResearch workshop, each team may apply for a MR grant using the on-line MR application form and process.
- The team will need to refine the original proposal and develop a final budget with help from the coach and others, in preparation for submissions for funding (and ultimately submission for Research Ethics Committee approval).
- The team will be in touch with their coach regularly during the grant development process. Regular contact between the team and the coach is VERY important to establish a positive working relationship. Contact and ongoing communication between the coach and the team members could be face-to-face, by email, teleconference or Skype. Coaches will be expected to offer advice and support for the team throughout the grant preparation process.
- **Estimate 1-3 hours of coach time for this initial phase spread over 4-5 months.**

Phase 3 Grant Application Review and Revision:

- Each MR grant application will be reviewed by three reviewers (one of whom may be a coach, but a coach will not be permitted to judge a team they have assisted).
- MR organizers will send coaches and team members a summary of the reviews and list specific questions that must be answered to improve the application and make it acceptable for funding.
- Coaches and research team members will work together to respond to the reviewer's questions and comments and to revise their application.
- When the team resubmits their application, the coach will review it again to ensure it is solid and ready to be considered for funding. If the revisions are approved and the responses addressed, report this back to the MR organizers by way of an email. The final version will be checked and the project funds will then be approved.
- **Depending on how much work is required to improve the proposal, this may take 2 -5 or more hours of coaching time.**

Phase 4 Submission to Research Ethics Board:

- After the grant is approved for funding, teams may ask the coach for help to prepare the Research Ethics Board (REB) application.
- This may take 3-5 hours of coach time or more, depending on the complexity of the application.

Appendix 14

Phase 5 Project Implementation, Data Collection and Reporting:

- Once the team has REB approval, the coach will help the research team through all aspects of implementation of the project. Coaches will troubleshoot and provide advice and encouragement with respect to data collection. This is likely to happen over a 12-18 month period.
- Once completed, coaches will oversee and/or assist with data analysis and oversee the final report/publication.
- Depending on the quality of the team's work and level of coach involvement, this may result in the coach becoming a co-author on the scientific paper.

Outcome: It is anticipated that the MicroResearch projects will result in an improvement in health at the community level; however, whatever the ultimate result, we hope coaches will feel a great deal of satisfaction with the process of working with teams to complete their research projects.

In MicroResearch, local resource persons are asked to coach teams of MicroResearch participants. Coaching in this case is best if it is non-directive and helps the participants themselves to discover flaws in their study plan and ways to improve upon it. "Coaching Feedback" is a conversation between the coach and the group, and is meant to guide learners through a growth process as they develop their research question and plan that leads to a plan that truly meets the FINER (**F**easibility, **I**nteresting, **N**ovel, **E**thical, **R**elevant) criteria. Coaching tells participants what is well developed and on track and gently leads participants to be critical of their plan and find ways to improve it. Coaches generally do not tell participants what to do, but through asking questions and guiding the group when needed, coaches help their group to improve the study plan. In other words, coaching feedback helps the group understand what information, adjustments and modifications will allow them to meet the FINER criteria and have a successful project proposal.

MicroResearch Workshop Coaching Framework: LRADS

L Listen to ideas and plans of group

R Reinforce what meets FINER criteria

A Ask questions about areas that need refinement or work

D Direct them to resources that may help them make changes

S Suggest (don't tell) ways to improve if they are stuck

Listen - Use active listening techniques - be curious, ask questions that delve into what they are planning. This ensures you are clear on their study plan and makes them articulate if more clearly

Reinforce - Be encouraging! Point out the good aspects of the proposed plan that meet the FINER criteria. Tell them what parts are good and why.

Ask - Ask questions about areas that need refinement or work. For example if you think that what they are planning is too costly - ask "What will that cost?" or that the outcome measure is too vague - ask "How will you define and measure that?" This will help them to see and address areas of weakness.

Direct - Direct the group to resources (information, past research) that are important for developing their proposal. You may be aware of sources of country or local data relevant to the question. Some participants may not have experience in literature searching and may need help with this.

Suggest - If the above approaches have not been successful in addressing a major flaw then tell them your concern and make suggestions for change. Try to present more than one option to address the flaw. This allows participants to choose and continue to feel ownership of the proposal.

List of Coaches 2016-2019

Name	Affiliation	Workshop(s)
Andrea Kent	NSHA	Truro
Robin Latta	NSHA	Truro
Ryan Sommers	NSHA/MD	Truro
Daniel Marsh	NSHA	Annapolis Valley
Susan Potter	Acadia	Annapolis Valley
John Colton	Acadia	Annapolis Valley
Will Webster	Dalhousie (retired MD)	Annapolis Valley
Gerry Johnston	Dalhousie (retired MD)	North End
Linda Dodds	Dalhousie/IWK MD	North End
Chris Giacamontonio	Halifax Regional Police	North End
Audrey Steenbeck	Dalhousie School of Nursing	North End
Matthew Murphy	St FX	Antigonish
Iker Gondra	St FX	Antigonish
Jillian Filliter	Dalhousie	Dickson
Sam Stewart	Dalhousie	Dickson
Ingrid Waldron	Dalhousie University	Preston
Audrey Walsh	Cape Breton University	Iona
Allan Fraser	Cape Breton University	Iona
David Stock	MSSU SPOR	Rehab Centre
Shawn Harmon	Dalhousie School of Law	Rehab Centre
Barbara Hamilton-Hinch	Dalhousie School of Health	Dartmouth
Amy Grant	MSSU SPOR	Dartmouth

List of Workshop Teachers 2016-2019

Name	Affiliation	Workshop(s)
Beverly White	IWK Research Ethics Board	Truro; North End
Sandra Crowell	NSHA Research	Truro
Katie McLean	NSHA Library Services	Truro; Dickson; Rehab Centre
Walter Schlech	NSHA/MD	Truro
Linda Dodds	Dalhousie/MD	Truro
Will Webster	Dalhousie/MD	Annapolis Valley; Antigonish
Anne Godden-Webster	Dalhousie	Annapolis Valley
Meagan Sim	Dalhousie	Annapolis Valley
Lesley Frank	Acadia University	Annapolis Valley
Shawna O'Hearn	Dal Global Health	Annapolis Valley
Iker Gondra	St FX University	Antigonish
Suzanne van den Hoogen	St FX University	Antigonish
Frank Gallant	Peak Experiences	Antigonish
Matthew Murphy	NSHA	Antigonish
Chris Giacomantonio	Halifax Regional Police	North End; Dickson; Rehab Centre; Dartmouth
Margaret Casey	Dalhousie (retired MD)	Dickson
Judah Goldstein	Emergency Health Services	Dickson
Leslie Anne Campbell	Dalhousie	Dickson; Rehab Centre
Linda Carvery	Community Activist	Preston
Heather Rushton	MicroResearch NS	Preston
Marlene Ruck Simmons	Dept of Education NS	Preston
Katherine MacLeod	Highlands Museum	Iona
Catherine Leviten-Reid	Cape Breton University	Iona
Leslie Wardley	Cape Breton University	Iona
Jill MacMullen	Cape Breton University	Iona
Jacquelyn Thayer Scott	Cape Breton University	Iona
Audrey Steenbeek	Dalhousie	Rehab Centre
Jillian Banfield	NSHA	Rehab Centre
Tom Marrie	Dalhousie/MD	Rehab Centre
Amy Grant	MSSU SPOR	Rehab Centre
Brian Condran	MSSU SPOR	Rehab Centre

Pre-Evaluation survey data

(From workshops conducted in: Antigonish, the North End, the Annapolis Valley, Victoria General (Dickson), Cape Breton, NS Rehab Centre, Dartmouth General Hospital)

Respondents: 88 total

1. **Why did you enroll in this MicroResearch workshop/program?** (multiple responses from 81)
 - Interest in MicroResearch / Interest in community based research: (n=23)
"As a researcher with a local nonprofit I am interested in potentially partnering with MicroResearch NS for action based research to address local priorities throughout communities in the HRM"
 - Interest in research (general): (n=20)
 - Want to create positive change in community / health services: (n=17)
"Interested in tapping into vast information and research that can impact my community"
 - Was asked to come / encouraged by employer or friend: (n=15)
 - Wants skills for own job / professional development opportunity: (n=11)
"The skills this program offers will be valuable in the work that I do"

2. **What are the top three things you want to get out of this program?** (multiple responses from 78)
 - Research skills (general) (n=49)
"How to construct a research program or project that adheres to research methods and principles"
"Increase my knowledge and skills about health research"
 - Networking / interdisciplinary collaboration / community engagement (n=38)
"Connect with other people with similar interests in research and helping communities"
"To make community connections in the health industry"
 - How to make an impact / positive change / Knowledge Translation (n=25)
"Come up with solutions to common problems in my community"
"How to conduct research in a way that won't fade into obscurity"
 - How to conduct community based research / MicroResearch (n=17)
"How to perform small scale community based research"
"Research on a limited budget and with limited resources"
 - Develop ideas for future research / Identify needs and issues of the community (n=15)
"Better understanding of the urgent needs in HRM."
 - Grant writing / writing a proposal (n=10)
 - Engage in a research project / publish (n=9)
"An opportunity to "try out" research under the supervision of professionals"
 - Learn about a specific interest (n=6)
"Learn more about mental health, regionally"
 - How to access resources / funding for research (n=4)
"Knowledge about current initiatives and funding opportunities"
 - Open to learning anything (n=2)
 - Other (n=7) (e.g. participatory action research, etc.)

3. **Do you have experience in Health research?** (n=88)
Yes: 44 (50%)

Appendix 17

No: 44 (50%)

a. If yes, how? (multiple responses from 44)

Research study participant: 23

Research assistant: 19

Research site investigator: 7

Principal investigator: 16

Other: 14 (e.g. general support on research project, research for university degrees, policy analyst, etc.)

4. Can you commit the time to complete the workshop? (n=84)

Yes: 74 (88%)

No: 10 (12%)

5. What would prevent you from completing the workshop? (multiple responses from 66)

- Work schedule / work commitments: (n=27)
- Prior commitments (general) / busy schedule: (n=18)
- Nothing: (n=5)
- Family commitments / childcare: (n=5)
- Medical reasons: (n=5)
- Only in case of emergency: (n=5)
- Issues with travel: (n=2)
- Other: (n=2) (e.g. ethical issues, if program stopped being offered)

6. What do you hope to learn? (multiple responses from 69)

- Research methods / community based research methods (n=28)
 - "Simplifying the vast world of research and breaking it down to smaller components"*
 - "How to do community based research in an effective and efficient way"*
- How to collaborate / network outside of own discipline (n=15)
 - "More about other community organizations and how we can work together for the benefit of the community"*
 - "How to get out of silos"*
- How to use research to improve health of a community (n=12)
 - "Apply the research tools to "grassroots" community health challenges"*
 - "I hope to learn more about the MicroResearch process and how it might be applicable to the research work I do in the community"*
- Specific skills (n=10)
 - "How to apply for research and to whom / budgeting and running research / how to publish results"*
 - "How to write a proposal and carry out an effective project"*
- Learn about community health issues in Nova Scotia (n=8)
 - "To learn about burning community issues in Nova Scotia"*
- Willing to learn anything (n=8)
 - "I'm hoping to gain as much knowledge as I can"*
- Other (n=5) (e.g. Learn about research foundations, learn about research in Canada, etc.)

Appendix 17

7. **How are you related to the provision of health services?** (multiple responses from 73)
 - Work in health services: 37
 - Volunteer in health services: 12
 - Work or volunteer with a community based organization or nonprofit organization: 19
 - No relation to health services: 15
 - Other: 14 (e.g. municipal government, recreation, health and wellness committees, etc.)

8. **In the past 12 months have you and/or your family used health services?** (multiple responses from 68)
 - Government provided health services: 48
 - Private, for profit health services: 21
 - Private, non-profit health services: 4
 - Traditional health services: 33
 - Other: 2 (e.g. spiritual guidance for health purposes)

9. **Do you perceive any bias or coercion associated with your participation in the MicroResearch workshop?** (n=62)
 - Yes: 0
 - No: 60
 - Comments:
 - “As a local government employee, I do have a vested interest in particular topics. I research products that can be used in a particular and practical way”*
 - “Other than having a request to participate at the organizational level”*

Post-workshop Evaluation survey data

(From workshops conducted in: Antigonish, the North End, the Annapolis Valley, Dickson, Cape Breton, NS Rehab Centre, Dartmouth General Hospital)

Respondents: 88 total

- a) **How would you rate this workshop?**
Mean: 4.8/5 (n=78)
- b) **Did it raise research issues you had not considered before?**
Mean: 4.5/5 (n=78)
- c) **Did it stimulate your interest in research?**
Mean: 4.7/5 (n=77)
- d) **Would you recommend it to a colleague?**
Mean: 4.8/5 (n=77)
- e) **This program content enhanced my knowledge.**
Mean: 4.7/5 (n=55)

1. Why did you come to the workshop? (multiple responses from 78)

- Interested in learning about research in general / improving skills (n=22)
"To gain knowledge on how to write a proposal. I was able to come up with questions and background information but didn't know how to take it the next step."
- Address issues in community / research for policy change / Evidence based decision making/ Community based research (n=17)
"To learn more about how research can impact policy and decision making; to learn how to do research that makes a difference in my community."
"Because I see a lot of gaps in services for the people I work with, and I am hoping some can be addressed."
- Curious/Interested in the MicroResearch program (n=16)
"I was involved in the steering committee and was very interested in how it was carried through and wanted to see the level of community engagement."
- Recommended or invited by someone (n=13)
"Following a presentation I made at Rotary I was approached by a guest who informed me of the course"
- Voluntold / Sent by employer (n=7)
- For networking / collaborating / working in interdisciplinary projects (n=7)
"Came to develop new contacts and relationships."
- Other (n=1)

2. What was most helpful in the workshop? (multiple responses from 72)

- Lectures / Curriculum / Skills that were taught (n=36)
"This was more informative than my 3rd year methodologies course! It should be mandatory in an honours undergrad!"
"I learned from the examples given that related to the community and comments from the experts involved."

“As much as I don't like lectures they were very informative and guided me.”

- Teamwork / coming up with a project with a team (n=25)
“Working with individuals from various sectors, collaborating to arrive at a common question.”
- Coaches (n=10)
- Having a USB drive with the material on it (n=5)
- Everything was helpful (n=4)
- Encouragement / Success stories (n=4)
“The inspirational stories about how MR projects in Africa learned important things and have made a big difference. The reassurance that lay people can do effective research”
- Other (n=5): normalization of the research process, etc.

3. What might be changed? (multiple answers from 71)

- Changes to how material is presented / Changes to specific lectures (n=19)
“More focus on community based research. Many of the examples were health care specific whereas both questions, although health related, aren't patients.”
“To do practical demonstration of some research techniques e.g. focus group”
“I think either raise the bar/screen participants for background or simplify some of sessions. I could handle the material because I have 2 Master level [research methods] courses but otherwise would have been overwhelmed.”
- Timeframe of workshop: (n=15)
“Spreading the workshop over a period of time to better enable non-professional community members to participate (unlikely to be allowed time off by their employers) hold sessions in either the morning or afternoon so do not lose most of a working day through attendance”
- Nothing/Not sure (n=10)
- Be more clear of the time commitment / long-term commitment of the program (n=7)
“I did not appreciate the true nature of this workshop, nor the long-term time commitment. Would have been appreciated being clearer”
- More time to cover material (n=7)
- More group time (n=5)
- Location / amenities (n=4): place too hot, provide water, etc.
- Having laptops available (n=2)
- Other (n=4): e.g. clearer sense of timeline throughout application process, coach was absent a lot, etc.

4. What lectures were most helpful? (multiple answers from 71)

- All of them (n=24)
- Knowledge translation / Policy (n=16)
- Research methods (n=7)
- Research question / writing a proposal (n=6)
- Ethics (n=6)
- Community engagement (n=5)
- Grant writing / budget (n=5)

Appendix 18

- Writing reports / publications (n=5)
- Making a presentation / poster (n=4)
- Quantitative analysis (n=4)
- Qualitative analysis (n=2)
- Background / Literature review (n=2)
- Everything is needed, but too much detail (n=2)
- Other (n=7)

5. What lecture(s) could be shortened or dropped? (n=50)

- None of them / all are needed (n=30)
- Quantitative analysis (n=7)
- Writing / publishing / presentations (n=4)
- All are important, but many can be shortened (n=4)
- Budget (n=2)
- Other (n=3)

6. How will you use what you have learned? (multiple responses from 61)

- Future research projects / Academic research (n=17)
"I want to do more research. One of the current members and I have already discussed a future research project we can do together."
- Transfer skills to own workplace / Conduct research within workplace (n=17)
"Research can be used to improve police community relations, deployment models, etc."
- Finish the MicroResearch project / Apply for a grant / Continue working with team (n=11)
"Having a coach and team to be accountable to will make me much more likely to get out of an ideas phase and make real progress"
- Bring knowledge to the community / Collaborate with others (n=10)
"Share this knowledge and bring other community members onboard"
- Continue learning / Asking questions (n=6)
"There is no limit to the blessedness of the knowledge gained. I will explore and thrive on!"
- Promote MicroResearch as a program / Put in place elsewhere (n=5)
"As an educator at NSCC, I would like to advocate for this as a course"
- Other (n=4)

7. Did you perceive bias or conflicts of interest in any part of this program? (n=52)

Yes: 0

No: 52

Other comments (sample from the 24 comments left):

"For a service provider outside of an academic setting, research has seemed outside of my scope. Something "scientists and academics" do. Now I can too!"

"I think the description of the workshop could be more descriptive and explain better the topics covered and the time commitment required. I found it difficult having to work in the evenings and may have been more prepared if I had known ahead of time"

Appendix 18

"This course is the most challenging course I have ever taken in my career, and I have gained so much knowledge and experience in such a short time that will benefit me greatly in my position as a community response officer. I believe it will continue to benefit me in future endeavours after retirement. This course has equipped me with the tools and skills to possibly implement change in communities and answer questions that I have been passionate about but frustrated with not being able to address these problems or act on them to create positive change."

"Great facilitators, well organized, extremely helpful coaching. This workshop should be taught in schools."

"More team-building exercises at beginning of workshop essential to success of group/team."

"I found the 10 days in a row difficult to accommodate within my work schedule - might have been easier to attend 3 weeks if 3 days each."

"This was a wonderful opportunity and a rich learning experience. A stimulating way to get involved and build a "culture of curiosity" to answer/respond to real issues in our community - I loved every moment and will highly recommend this to my colleagues"

"Need laptops to lend to people who cannot bring their own!"

Post-Workshop Team Evaluation Survey Data

(From workshops conducted in: Antigonish, the North End, the Annapolis Valley, Dickson, Cape Breton, NS Rehab Centre, Dartmouth General Hospital)

Respondents: 78 total

1. Please State the Research Question: N/A

2. What can support/enable your team to successfully address this question? (multiple responses from 69)

- Being able to reach out to the community / participants / stakeholders (n=22)
“Strong support from stakeholders to get the vulnerable population to focus groups”
“We have the necessary connections within our networks to be able to connect with the target audience”
- Team participation / motivation (n=17)
“Constant commitment and the feeling of ownership”
“Good team work and continued engagement!”
- Coach / mentorship (n=15)
“A coach from time to time to keep us on track and mentor us”
- Access to research consultants / expertise (n=10)
“Consultation with qualitative researchers looking at this demographic”
- Access to data / previous research (n=6)
“Access to data from IWK regarding the number of adolescent with this health problem and practices being used”
- Support from MicroResearch / general support (n=5)
“Continuing support and guidance from MR”
- Committing the time (n=5)
- Having set timelines / deadlines (n=4)
“I know for me personally being held accountable for making progress and anticipating deadlines will be a big help”
- Resources (funding or equipment) (n=4)
- Other (n=6) (e.g. the information from the MR workshops, support from employer, etc.)

3. What are the difficulties you see in being able to successfully carry out this project? (Multiple responses from 70)

- Time / other commitments (n=33)
“Time constraints of working members. Most members are working full time and have families”
“I will not easily be able to attend team meetings and will thus become distanced from the project.”
- Being able to recruit participants / engage with the community (n=15)
“Engagement of key informants (establishing trust)”
- Staying motivated / staying interested (n=8)
“If key individuals drop out we may lose momentum”
- No foreseeable concerns (n=7)
- Access to resources / expertise (n=5)

Appendix 19

“Finding the right facilitator to run the focus groups”

- Delegation of tasks amongst team / coordination (n=5)
“Not leveraging the full capacity of the team”
- Difficult team dynamics / unable to work as a team (n=4)
“Team dynamics, we have some very big personalities on the team”
- Research timeframe / MR deadlines (n=4)
“Our timeline might not be fast enough to capture the relevant information from participants while it's fresh in their minds and still applicable”
- Complexity of research topic / Limited research experience on team (n=4)
“Complex. Sensitive group, requires more understanding (too much for a simple study)”
- Support from employer (n=3)
- Ethics concerns (n=3)
“Consent - how we should obtain from sample 14-17 yrs.”
- Other (n=2)

4. How confident are you as a team to address these barriers? Scale 1=low to 5=high

Mean: 4.1/5 (n=72)

5. How would you rate the degree to which you worked as a team? Scale 1=low to 5=high

Mean: 4.3/5 (n=73)

6. Do you have additional comments about your group's ability to function as a “team”? (n=34)

- Worked well as a team / Appreciated the diversity in the group (n=22)
“Our team had 4 fantastic ladies of varying backgrounds and vocations who were committed to succeed”
“Despite some challenges we have worked together to address conflicts/disagreements to remain cohesive”
“I was impressed by the degree of enthusiasm and commitment.”
“Functioning as a team won't be a problem. Everyone understands their role as part of the team.”
- Difficult dynamics within the team (n=10)
“I think there were a few tough moments, mostly precipitated by the intense environment/expectation to work quickly under time pressure.”
“Our group had difficult dynamics and there was conflict among group members. Some members didn't feel they could contribute to the project and others felt that their work was not being valued. Part was the comfort level with the material and stress of getting the proposal completed in time. Stronger team facilitation may have mitigated some of this.”
“Just wish there was a little less academic emphasis. Community members will need to make their voice heard strongly over (other team members)”
- Challenges the team will have to work on (n=4)
“More team-building exercises will assist on building positive relationship”
“To function more as a team in the future- it will be nice if we meet to celebrate team and project success and milestones.”
- Great workshop (n=6)

Appendix 19

“The instructor and facilitator made it very easy and relaxed for us to work in a safe environment”

- General critiques of the workshop (n=2)
“RQ was not suited to all/did not pass RQ well enough through feasibility tests (...) ran out of time.”
- Concerns about being able to meet post-workshop (n=2)

MicroResearch Nova Scotia- One Year Later Survey Data

(From workshops conducted in: Truro, Antigonish, the North End, the Annapolis Valley, and Dickson VG)
 Respondents: 29 total

1. Are you presently involved in research in any way? (n=29)

Yes 17 (59%)
 No 12 (41%)

2. If yes, in what capacity? (multiple responses from n=14)

Through my work/employment	8 (57%)
Through my MicroResearch project	9 (64%)
Through my academic studies	0 (0%)
Other	6 (42%)

(Other: volunteer, community boards, National Health Research Advisory Committee, will be in school next year)

3. Now that time has passed, what do you feel you learned at the MicroResearch workshop that has been most useful in your current work or research? (n=25)

4. Methodological skills and research process: (n=10)

“Methodology discussions”

“Research process”

“How to do a research proposal”

“Learning about the process—and variety of research work—very helpful with my reading”

“Formulating a research question”

“How to access online library to use for lit search.”

“Using the library was the most helpful”

“I have a better understanding of the whole research process, from design to data collection to analysis to publishing.”

“How to research and read articles/ important key points when writing proposals (although still working on that)/ a frame of mind in how to view the different skills of each person and how to view stakeholders etc.”

“I am pleased with the connections I made in the workshop and I was happy to have a refresher on research methods”

• Importance of community based research: (n=7)

“The importance of first voice”

“Availability of options for local-level research projects”

“Importance of and approach to eliciting opinions of community members about gaps in the provision of health care to their community”

"That small, local projects can have important impacts"

"Importance of other perspectives + community based research"

"Great introduction to research and most importantly, the value of seeking the opinions and collaborating with community members around areas of health care that they point out are missing in their communities"

"Validation of the values I've had as a social researcher for decades. Good to know they are still considered 'best practices'"

- **Importance of working as a team:** (n=4)

"Really it's the confidence that I can conduct research in a team environment without having to be a PhD researcher"

"I am better equipped to help others identify problems and come to an agreement on workable solutions"

"Defining what you require, from whom & focusing"

"I learned that there are a LOT of people working separately toward the same goals."

- **Other:** (n=4)

"How much work and patience is needed"

"Everything"

"Call for expert help when it's needed. Be really confident that community-based research can be doable and effective."

"I am left with a nagging guilt feeling because nothing moved forward on my project."

5. Did participating in the MicroResearch program change what you are doing in your community? (This could be in any capacity) (n=23)

Yes 9 (40%)

No 14 (60%)

Comments:

"Informally soliciting solutions to problems that I have identified through my scope of practice and implementing changes in my practice based on the feedback that I've received "

"I've connected with Halifax police, North End clinic, other community members to work on a project that I may have attempted to tackle on my own previously. MicroResearch demonstrated the importance of engaging other groups. Our group is continuing to work on our research question."

"Making me consider different ways of approaching problems and considering more evidence based approaches"

"I have become more aware of how essential it is to seek community opinions on health care and other issues"

Appendix 20

"[MicroResearch] has made me aware of the importance of seeking the opinions and working with community members to address problems that they have identified. These are usually not apparent to those of us who are not members of specific communities"

"I wish it had, but it only allowed me to meet others later and share thoughts about it, rather than any real change."

"I also volunteer on a mental health board. It helped me be more objective about how we are moving forward with our work, lead some good discussions about topics we hadn't discussed yet, and do background research for some projects we want to implement"

"It has helped me to be more intentional in the ways that i engage in community, particularly when that engagement is with marginalized individuals or groups"

6. What is the status of your MicroResearch project? (multiple answers from n=26)

We are no longer meeting	14 (54%)
We are in the planning and development stages	0 (0%)
We are waiting for MicroResearch approval	1 (4%)
We are working on obtaining REB approval	7 (27%)
We have ethics approval and have begun our research	2 (7%)

Comments:

- **Group members are too busy or not interested enough to commit to a project: (n=7)**

"Due to time constraints with work schedules, the group members were unable to move forward with the project."

"Just beginning work--summer--is more planning--Has been difficult to engage all members--most work done by 1/2 folk in group."

"We met for a few months after the sessions, but interest waned and everyone had very busy lives. It was difficult to find times that we could all meet and the research question wasn't urgent enough for us to pursue."

"Nobody in our group seemed interested in continuing with the research project. We have not met since the course."

"Too many group members could not commit the time to our project. We tried to connect with another group but by that time had lost our advisor. It is much easier for those who can make this part of their work plan in their paid employment."

"To my knowledge, my group has not met up since our initial two week project, I have not been contacted by any of my groupmates, and they have not responded when I've contacted them."

- **Issues with the application process/timeline: (n=4)**

"We submitted but our proposal was declined. Interest within the group fell shortly afterwards. Despite having a strong (or so we thought) proposal when going through the course, the committee felt there would be much more work involved and our group's members moved on to other interests."

"It took so long to gain funding and those involved integrated back into their employment roles, leaving too few to accomplish what was required."

Appendix 20

“Our group was tentative from the beginning, but we did meet enough to get a proposal in on deadline time, with a plan we felt good about, and was 'doable'. Unfortunately, the proposal seemed to have been misread - 'further suggestions' were actually already written in the proposal, or were unrealistic, and reasons given in the proposal why they were (e.g., timeline for summer essential, as University participants leaving the area in September). IF there had been a phase that would have allowed some back and forth discussion, clarification I believe strongly we would have been able to follow through on our proposal. Discussion with others also saw that gap as a concern. Please reconsider the process - to meet intensely, then have no contact with a M/R professional, and be expected to have it all done without consultation, then to have it misread with little time/room for renegotiation reflects major areas that could be addressed. At the point we received the wrong suggestions, our spirit as a group had dissipated.”

“This process did not allow for enough time and flexibility for folks to really be freed up to participate, it was too prescribed and forced.”

- **Lack of leadership within the group/ Issues with group dynamics:** (n=2)

“No individual took on a real leadership role in our group. There were some issues with group dynamic that arose early on that may have contributed to the lack of initiative.”

“We have had challenges with group dynamics, the division of work and underlying beliefs since adding a new member to our group after the workshop completed.”

7. What measures would help you in your tasks? (multiple responses from n=17)

Space to meet, work, and store materials	4 (24%)
Access to research methods consultants	3 (17%)
Access to qualitative/quantitative analysis software	2 (12%)
More time	2 (12%)
Access to REB coaching	2 (12%)
Not sure	2 (12%)
Other	8 (47%)

Comments:

“The potential to attend the course as an already established group that is already to working toward a common goal. People would likely be more dedicated to the project and more inclined to work hard toward a shared goal but they were already invested in as a group”

“Research assistants!!--very difficult for [full-time] physicians and others to make this a priority”

“More help in putting together the proposal. I felt adrift.”

“Accountability process. Our coach disappeared for months at a time, no responses received to many emails. We didn't know how to address it. We'd found another willing coach more experienced in our area of research, but without a clear process, could not let the one off the hook, and engage the one who could have helped.”

“Meeting in person is a challenge but would greatly help us. It has been expressed that email is not the best tool to communicate with. Perhaps we would benefit from a more task based form of communication to keep us on track.”

7. How confident are you in your team’s ability to finish your MicroResearch project? (n=25)

1... (least confident) 14 (56%)

Appendix 20

2	0
3	2 (8%)
4	3 (12%)
5... (most confident)	5 (20%)

8. MicroResearch training helped me to... (multiple responses from n=21)

Write a grant	6 (29%)
Write a paper/report	2 (10%)
Develop my thesis project	3 (14%)
Make a presentation/poster	9 (42%)
Other	11 (52%)

Comments:

"The knowledge was helpful and I'll certainly use it in future."

"Understand medical research/ reading--much better than before"

"Helping me complete a research project"

"Understanding what is required to focus on a task & extract data"

"Was helpful for refining research methods"

"Clarify where my activism activities should be placed."

"Consider various approaches, and understand the do-ability of community-based research."

"Think more clearly about how to define problems in our community and find solutions that are outside the box."

9. MicroResearch helped me to see... (multiple responses from n=22)

The importance of having different voices when examining a community focused question	12 (55%)
That answering small questions can be important	17 (77%)
Potential community health questions	13 (59%)
The value of working as a team, not just a group	9 (40%)
That I do not have to be a superhero to do research	6 (27%)

10. If a colleague or friend was interested in MicroResearch, would you recommend it? (n=24)

Yes	14 (58%)
No	2 (8%)
Maybe	8 (33%)

11. What advice might you give to your colleague who was interested in the program? (n=21)

- **Be aware of the time commitment:** (n=9)

"It requires a significant commitment"

"Need time to do follow up with any research work"

"That this should be thought of as more than a two week course"

"You're in for the long term"

Appendix 20

"Letting them know that taking the course means become involved in a micro-research project and it requires lots of their time"

"I would advise that there is some considerable time commitment involved beyond the training sessions which would be an important factor to consider."

"Despite possible logistical difficulties, MR is a most worthwhile investment of time with long-term implications"

"Had I known it was going to be an ongoing and largely independent project before it began, I would have considered my participation differently."

- **Be strategic in picking a team and a research topic:** (n=5)

"Be sure research team is a team you would work with anyway"

"If they are interest in doing research it would beneficial to make sure you are all interested in the same topic"

"Come with an urgent question that is not already being addressed by pre-existing organizations. Try to avoid overlap."

"Only do it if you are an expert in your field and already well-versed in doing research. Otherwise it is overwhelming"

"Only do it if you have the time and energy to be the principal investigator, and if you have a clear idea for what you would like to research that is on theme"

- **Make sure you are getting proper supports:** (n=4)

"Find good coach support after the fact and where possible recruit team members who may have experience in research as they can help keep you on track."

"Ask for more support during the course in formulating an appropriate research question"

"See if processes have changed, in terms of the need for more direct relationship with the presenters, rather than those only in the local area."

"Not to be afraid to ask questions"

- **Make the most of the opportunity:** (n=3)

"Go for it"

"Be prepared to attend all meetings, being prepared to contribute even if it is outside your comfort zone"

"Throw yourself whole-heartedly into the training and practical support."

12. In what ways has participating in MicroResearch influenced how you view health, community, and research? (multiple answers from n= 14)

- **Importance of small, local, ground-up projects:** (n=9)

"More ground up as opposed to top down"

"Local issues matter"

"Has made research a much more approachable way to address community concerns even if these seem relatively small"

"I see potential for local projects"

"I think I would be more apt to contact others in the community when thinking about a research problem/ exploring other perspectives. It showed the value of conducting Interdisciplinary research."

"Research is not as far from our grasp as we may feel. Anyone can do research."

"I approach topics with an open mind to understand"

"I was a bit disenchanted by how stagnant research within a clinical setting is, since more practical uses could come from those in the field"

"That we always ask the wrong questions sticks with me a lot. And I find myself saying that to other people a lot now."

- **Understanding the of research process: (n=4)**

"The importance of asking the right question has helped me drill down to root causes."

"Mostly helped me understand research studies better--evaluate better."

"Validation of methods I've used, but have been dismissed by others."

"It hasn't changed my views on health or community, but it certainly influenced my understanding of community research."

13. How can we make MicroResearch better? (n=18)

- **Set up groups differently/choose projects differently: (n=5)**

"Create teams that work together in their regular work"

"Have groups of individuals who already share a common goal or interest/work environment to sign up as teams in order to further a cause that they have"

"Likeminded people work together more efficiently."

"Sometimes the interprofessional aspect seemed forced, so more organic formations of teams may be helpful. You could have individuals brainstorm ideas, or directions of study and then choose groups after."

"I felt like a duck out of water because my research interest was out of sink with the focus on youth. So having a focus on my general area of interest (ageing well), would have helped."

- **Offer more resources and support post-workshops: (n=8)**

"Assistants to do the work!!!"

"Resources to keep teams on track or to link up other teams after the course if a project has stalled. Project management resources."

"More guidance in the training to help the team develop a strong research question. Our team never really did resolve this entirely."

"Having clearer accessibility with the presenters, accountability process coach disappeared, proposal was misread by readers, - should have engagement."

"I think more follow up from the MicroResearch team after the course to help us to inspire ourselves to continue/guide our first submission"

"Have local coaches"

Appendix 20

“More work with the librarian throughout, perhaps even help with writing throughout the workshop and after it is finished.”

“Better support from the micro-research team after the initial two weeks to ensure we stay on track.”

- **More flexibility with the time commitment required for the workshops:** (n=3)

“A major impediment if the requirement to take 10 half days away from work. Some more flexibility (some already exists) would be helpful”

“Be open to flexible times, dates and inclusion of community folks. Realize the gap between academics and community driven research.”

“Clearly communicate the full extent of the commitment to participants before the first day.”

- **Other:** (n=4)

“It was outside my background, ensure you educate those on the commitment they are making in attending.”

“I can see how this worked in Africa where issues might have been more urgent. In NS we have many orgs already working to address wicked problems”

“Target expert communities such as mental health workers (CMHA) and social workers.”

“More workshops”