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Dear Health Psychology and Behavioural Medicine Section Members

I’m so excited that in just a few days, we’ll be in Toronto mingling and talking science with friends and colleagues from across the country! In the meantime, be sure to check out this newsletter for our section’s conference highlights! While you’re at it, take a look at the many other interesting pieces we have for you this issue: for example, an insightful interview with our recent Early Career Award Winner, Dr. Gilla Shapiro from the University of Toronto. In funding news, we highlight recently funded research in the area of diabetes management. We’ve got a knowledge translation piece summarizing exciting research by our section members, a summary of the recently developed Pediatric Pain Management Standards, and for those of you on the job market, we also have a few job ads for you to consider!

I’d also like to take this opportunity to announce that this will be my last issue of Health Notes as editor. It’s been so fun and rewarding to highlight our members’ great work and I’m proud of how the newsletter has developed over the last few years! But time for some fresh blood! If you’re interested in the position, please contact our secretary, Josh Rash, at jarash@mun.ca. Or if you’d like to know more about what it’s like to be the newsletter editor, don’t hesitate to contact me or hit me up at the convention!

I hope to see you all at our Section Annual General Meeting and reception on Saturday June 24th at 3:00 p.m.!

Take care and see you soon!
Health Psychology & Behavioural Medicine
Section Programming:

Friday June 23rd:
14:15-14:55: Snapshot Session
• Cross-Sectional Associations between Loneliness and Mammogram Screening by Kimia Fardfini
• The Effects of Different Messages Frames on COVID-19 Vaccine Hesitancy and Beliefs by Luc Huneault
• Altruism and COVID-19 Guideline Compliance by Laura Johnson
• Predictors of Fatigue during Early COVID-19: A Psychological Study by Naomi Phung
• Perceived Injustice as a Predictor of Post-Traumatic Stress Disorder Symptom Severity Following Occupational Injury by Iva Stoyanova

Saturday June 24th:
11:00-11:15: 12-Minute Talk:
• Pilot Program for Infertility-Related Distress by Bethany Sander
11:30-11:45: 12-Minute Talk:
• Impacts of Mindful Curriculum on Student Wellness by Sonya Flessati
14:00-14:55: Featured Guest Speaker:
• Dr. Paquito Bernard “Climate Change and Health Psychology” (Civic South)

15:00-15:55 ET: Section Annual Meeting

16:00-16:55 : Early Career Award Presentation:
• Dr. Gilla Shapiro

17:00-18:00: Joint Reception

Sunday June 25th:
8:30-8:45: 12-Minute Talk:
• Managing the Psychology of Obesity by Michael Vallis
8:45-9:00: 12-Minute Talk:
• Help-seeking for mental disorders in Ghana by Peter Adu
9:00-9:55: Poster Session F
9:00-9:55: Symposium:
• Social Media & Knowledge Mobilization by Thomas Hadjistavropoulos
10:00-10:15: 12-Minute Talk:
• Gender and Supportive Lung Cancer Care by Emma Kearns
10:15-10:30: 12-Minute Talk:
• Development of an Online ACT Program for Chronic Pain by Brigitte Sabourin
10:30-11:00: 12-Minute Talk:
• Stress and Chronic Pain by Gabrielle Pagé
12:45-13:00: 12-Minute Talk:
• Canadian Healthcare Workers’ Mental Health by Vincent Gosselin Boucher
13:00-13:15: 12-Minute Talk:
• Partner relationship quality and anxiety by Kharah Ross
Early Career Award Winner
Dr. Gilla Shapiro

by Maija Kiviharju (Regina)

We are pleased to announce that Dr. Gilla Shapiro is our section’s most recent Early Career Award winner! A Clinical Health Psychologist and Assistant Professor at the University Toronto and Princess Margaret Cancer Centre, her work broadly centers on health behaviours, vaccine hesitancy and psycho-oncology. She graduated from McGill University in 2018 with a PhD in Clinical Psychology and started at the Princess Margaret Cancer Centre as a postdoctoral fellow before becoming a faculty member. Despite her early career stage, she is the recipient of numerous awards, including the Alice Wilson Award from the Royal Society of Canada, and a Vanier Canada Graduate Scholarship. I certainly look forward to hearing about Dr. Shapiro's work at the annual Convention on Saturday June 24th at 16:00! In the meantime, enjoy my interview with the rising star!

What are you working on at the moment? What do you anticipate you'll be working on over the next five years?

I have two programs of research within psycho-oncology and health decision making. The first focuses on cancer prevention through human papillomavirus (HPV) vaccination, and the second focuses on treatment decisions. I am currently working on a couple of projects such as investigating the drivers of HPV vaccine uptake in Canada, understanding the access barriers to participating in cancer clinical trials, developing an online educational intervention to promote inclusive healthcare provider communication with sexual and gender minority groups, and examining the psychological concerns of patients with cancer who request medical assistance in dying. Over the next five years, I anticipate continuing with this work while moving in the direction of evaluating clinical and behavioural health interventions.

What do you love most and least about your job?

I really appreciate how much I learn every day in this job. Working with my colleagues at the Princess Margaret Cancer Centre and University of Toronto has expanded the way I think about pressing health issues like vaccine hesitancy or medical assistance in dying. Being able to collaborate and hear different perspectives on shared research interests is very enjoyable.

Some administrative tasks, like budgeting, are my least favourite aspects about my job. I’ve advocated for PhD students to receive training in financial and managerial skills so that future researchers will have the skills to do this part of the job with ease.

...cont’d
Early Career Award Winner: Dr. Gilla Shapiro

What project, output, or achievement are you most proud of?
A recent manuscript, “The impact of publicly funded immunization programs on human papilloma-virus vaccination in Canada” (published in Lancet Regional Health Americas with colleagues O. Tatar, B. Knäuper, G. Griffin-Mathieu, and Z. Rosberger) examined the impact of publicly funded school-based HPV immunization programs on vaccine uptake, while concurrently examining key sociodemographic and psychosocial factors. A lot of hard work went into this manuscript, which was the culmination of a national, longitudinal survey of Canadian parents.

As a member of the World Health Organization’s Behavioural and Social Drivers (BeSD) of Vaccination Reference Group (since 2019), I have assisted in developing and validating quantitative surveys and in-depth qualitative guides for immunization programs to systematically assess the drivers of low vaccination in a range of settings. It is challenging to develop a set of standardized tools that can be used anywhere in the world. These tools were rigorously developed, and the Strategic Advisory Group of Experts on Immunization (SAGE) has since recommended the systematic gathering and use of data on BeSD.

What do you ultimately hope to achieve in your career?
I hope that my research will enhance cancer prevention efforts and support patients with cancer in receiving equitable and whole-person care. The COVID-19 pandemic, for example, has highlighted the unique role of health psychology and behavioural medicine. I hope that my research can help improve our understanding of what goes into making decisions about our health and guide the development of effective and tailored interventions at the patient and population level.

What advice would you give to someone starting a career in health psychology?
Work hard and have fun. Research quality, impact, and professional growth will certainly follow if you do!
CALL FOR APPLICATIONS

The CBITN is a new, specialised pan-Canadian training platform designed to support the development, testing and delivery of behavioural interventions using innovative approaches and trial designs. It is funded by CIHR as part of its program to help build capacity for Canadian clinical trials training. The training platform’s approach is collaborative and intersectoral, mentee-centred, and skills-driven with a focus on experiential learning.

Learn more: www.cbitn.ca
Un pont entre la pratique et la recherche
Le programme MOTIVATOR en communication motivationnelle

**Brigitte Voisard**
*Candidate au doctorat en psychologie clinique (PhD/PsyD)*
*Université du Québec à Montréal*
*Centre de médecine comportementale de Montréal*

En tant qu’acteurs de la psychologie de la santé et de la médecine béhaviorale, nous reconnaissons que tout changement de comportement relève d’une dynamique complexe impliquant la motivation, la capacité et les opportunités de changements (Michie et al., 2014). Ainsi, que ce soit dans le contexte de nos consultations avec des patients ou dans celui de la recherche, nous savons que changer le comportement d’un individu est une tâche ardue. Si ceci est vrai pour nous, qui portons un bagage important de connaissances en sciences comportementales, ce l’est d’autant plus pour d’autres acteurs du système de la santé.

Les médecins de famille et médecins spécialistes, par exemple, sont très souvent appelés à soutenir des changements comportementaux chez leurs patients. Les exemples ne manquent pas : l’adhésion thérapeutique ou vaccinale, l’alimentation, l’activité physique ou encore la consommation de tabac, drogues ou alcool sont tous des exemples de cibles comportementales pouvant avoir un impact important sur la santé d’un individu. De plus, ces comportements jouent un rôle central à toutes les étapes de la pratique médicale, que ce soit au moment de la prévention, du traitement ou de la gestion de problèmes de santé. Malgré tout, les médecins canadiens sont généralement mal outillés pour offrir du counseling en changement comportemental efficace. Les avancées théoriques liées par exemple à la théorie de l’autodétermination ou encore à l’entretien motivationnel peinent à imprégner de manière significative les pratiques cliniques (Hall et al., 2016; Weisner & Satre, 2016). De plus, une revue de la littérature a récemment décelé des failles majeures au sein des programmes existants de formation continue en counseling lié au changement comportemental (Dragomir et al., 2019).

Ici, les préceptes du transfert intégré des connaissances (integrated knowledge translation) nous poussent à nous questionner : si nous connaissons plusieurs stratégies efficaces en counseling lié au changement comportemental, comment les adapter aux besoins et aux demandes du système de santé canadien? Face à l’enjeu monumental des comportements liés à la santé, comment outiller les professionnels de la santé plutôt qu’alourdir leur tâche?

Le projet en Communication motivationnelle du Centre de médecine comportementale de Montréal est né de ces questions. Sous la direction des Drs Kim Lavoie (Professeure titulaire à l’Université du Québec à Montréal et Chaire de recherche du Canada de niveau 1 en médecine comportementale) et Simon Bacon (Professeur titulaire à l'Université Concordia et Chaire IRSC-SRAP sur les essais cliniques comportementaux novateurs axés sur les patients), un chantier fut lancé en 2016 pour co-construire un référentiel pour des stratégies de counseling en changement comportemental qui soit non seulement adapté à la réalité du système de santé, mais qui soit réellement au service de ses acteurs. Pour ce faire, le modèle collaboratif du transfert intégré des connaissances...
a été utilisé à chaque étape du processus, impliquant parties prenantes et utilisateurs des connaissances.

Ainsi, une enquête par sondage a d’abord contribué à identifier les perceptions et besoins des médecins par rapport au counseling en changement comportemental (Voisard, 2020). Un processus Delphi a ensuite rassemblé des professionnels, gestionnaires et experts en sciences comportementales pour identifier les compétences clés du counseling en changement comportemental dans le contexte de la santé, et ainsi offrir une définition opérationnalisable de la Communication motivationnelle (Dragomir et al., 2020). Un outil d’évaluation des compétences en ligne a aussi été développé, encore une fois selon les besoins des parties prenantes pour un outil facile à utiliser et à intégrer en pratique (Boucher, 2021). Plus récemment, un partenariat avec la Société canadienne de thoracologie a permis de co-développer une formation en Communication motivationnelle pour les médecins, la formation MOTIVATOR. Cette formation de 4 heures est maintenant accréditée par le Collège royal des médecins et chirurgiens du Canada.

Le travail continue maintenant à travers des études qualitatives et quantitatives pour assurer l’efficacité de la formation, et pour en adapter le contenu à d’autres domaines de la santé. Des défis nous attendent toujours sur le plan de l’implantation et de la mise à niveau. Toutefois, ce travail reposera sur des bases solides, construites de manière collaborative.

Ce projet contribue actuellement à faire le pont entre la pratique et la recherche, un enjeu qui s’est révélé être le nerf de la guerre dans le domaine de la psychologie de la santé. Il n’y a aucun doute que les connaissances de cette communauté scientifique peuvent être d’une valeur inestimable pour le système de santé canadien. Toutefois, il est de notre responsabilité en tant que chercheurs d’adapter ces connaissances de manière à ce qu’elles soient réellement utilisables en pratique.

Pour plus d’informations sur le projet en Communication motivationnelle, ou pour obtenir les prochaines dates de la formation MOTIVATOR, veuillez contacter Anda Dragomir (PhD) : anda.dragomir@mail.concordia.ca

Références :


Dr. Kathryn Birnie Leads the Development of the First National Health Standard for Pediatric Pain Management

By Sarah Gulash (Regina)

Many children in Canada experience pain that is preventable, unrecognized, and untreated. Untreated pain can have negative short- and long-term consequences for the physical and emotional wellbeing of children and families. Dr. Kathryn Birnie, Clinical Health Psychologist and Assistant Professor in the Department of Anesthesiology, Perioperative and Pain Medicine at the University of Calgary, is determined to improve pediatric pain management in Canada and globally. A leader in pain research and patient partnership, Dr. Birnie recently led the development of the first national standard to guide pediatric pain management in Canada. These standards were created in partnership with Solutions for Kids in Pain (SKIP) and the Health Standards Organization (HSO), a national working group of 15 members, which include researchers, clinicians, policy makers, and patient partners. They are based on findings from various literature reviews, clinical expertise, evidence-informed practices, and lived experience. Their development followed the requirements for designation as a National Standard of Canada by the Standards Council of Canada (SCC).

The standard aims to guide the delivery of equitable and quality pediatric pain management in hospital settings that provide inpatient, procedural, and/or outpatient services in children’s, community/regional, and rehabilitation hospitals. It is hoped that this standard will improve consistency and effectiveness of pain management for children and their families across healthcare settings. The standard doesn't provide a particular approach or intervention to pain management but is rather focused on how organization leaders and care teams should provide care based on the unique needs, goals, abilities, and preferences of each child and their family.

The standard is based on the four transformative goals laid out by the 2021 Lancet Child & Adolescent Health Commission (Eccleston et al., 2021) regarding pain management; make pain matter, make pain understood, make pain visible, and make pain better. The content of the standard is structured into six sections:
National Health Standard for Pediatric Pain Management

Content of the National Health Standard for Pediatric Pain Management

1. **Make Pain Matter**: Establishing a Pediatric Pain Management Framework
2. **Make Pain Understood**: Professional Development to Create a Knowledgeable and Confident Workforce
3. **Make Pain Visible**: Comprehensive Pain Assessment and Reassessment
4. **Make Pain Better**: Co-developing an Individualized Care Plan
5. **Make Pain Better**: Multimodal Pain Management Strategies
6. **Make Pain Matter**: Continuous Quality Improvement for Pediatric Pain Management

The standard aims to guide the delivery of equitable and quality pediatric pain management in hospital settings.

This standard aims to ensure that pain is frequently assessed and adequately managed and that children and families seeking care are equal members of the care team by allowing them to be involved in discussions and decisions regarding pain care. Medical professionals working under this standard are expected to work with children and families to create a personalized pain care plan to reflect the unique personal needs, goals, abilities and preferences of the patient and family. Families learn about the various approaches to managing pain along with the benefits and risks of each option. The ultimate goal is for children and families to feel safe talking to others about pain and feel comfortable asking for help when it is needed.

Learn more about the Pediatric Pain Management standard and download your own free copy.
McGill Researcher Receives CIHR Funding to Test Psychosocial Intervention for Pregestational Diabetes

By Duncan Preston (Regina)

The prevalence of depression and anxiety symptoms in people with type 1 or type 2 diabetes is two to four times greater than in the general population. During the pregnancy planning and perinatal period (pregnancy and postpartum), people with pregestational diabetes may experience elevated psychological distress due to unique and complex psychosocial challenges. A growing body of research has recently identified the pregnancy planning and perinatal periods as top priority in the area of pregestational diabetes. However, no interventions have been tailored to promote mental health and the transition to parenthood for women and birthing persons with pregestational diabetes during this life stage.

To improve the needs of women and birthing persons with pregestational diabetes, Dr. Deborah Da Costa, an Associate Professor in the Department of Medicine at McGill University, and her team proposed a study to adapt and evaluate an engagement-enhanced digital intervention called HealthyMoms DM+ to promote diabetes-specific psychosocial and mental health outcomes during the pregnancy planning and perinatal periods. She was successfully granted funding for her study by a grant offered by CIHR in partnership with the Juvenile Diabetes Research Foundation in the spring of 2023. Her study will qualitatively explore the digital intervention, HealthyMoms DM+, and identify possible barriers and facilitators for the program’s uptake and engagement. To guide the adaptation of the intervention, her team will administer a needs assessment survey to gather the perspectives of individuals with pregestational diabetes related to their experiences of pregnancy planning, pregnancy and early parenting with a chronic condition, barriers, and facilitators to seeking help for emotional wellness, informational needs, and factors affecting the decision to visit and engage with the HealthyMoms DM+ website. Dr. Da Costa and her team plan to provide a subgroup of participants with access to HealthyMoms and perform qualitative interviews to identify features and content to be included or modified in the prototype. Following the diabetes-specific refinements, a pilot randomized control trial will be conducted with individuals with pregestational diabetes who are either planning a pregnancy, are currently pregnant or are in the postpartum period.

HealthyMoms DM+ will fill an important gap in current healthcare and web-based resources targeting the prevention of maternal psychological difficulties during the pregnancy planning and perinatal period for individuals with pregestational diabetes. Ultimately, the hope is that HealthyMoms DM+ will reduce the risk of perinatal mental health problems by enhancing maternal mental well-being and facilitating diabetes self-management during this critical life stage in ways that can be disseminated by diabetes providers.
New Research Discoveries Are More Likely to Be Put To Use in Pediatricians’ Offices if Patients and Their Caregivers Get Involved

Originally published in The Conversation Canada on May 16, 2023

Thousands of health research articles are published every year. With new evidence constantly being made available, you might assume health practices are also constantly evolving.

The reality is, however, less than 15 per cent of clinical research will ever make it into practice. Even when evidence is adopted into practice, this process can take as long as 17 years.

The field of children’s health is not exempt from this slow uptake. Considering that 17 years is nearly the length of an entire childhood, the speed with which evidence is adopted into practice must increase.

As a PhD candidate in clinical psychology, my research is focused on implementation science and pediatric pain, and specifically seeks to understand how to best support the uptake of evidence to improve children’s health and well-being.

Research evidence that impacts practice must be three things:
• relevant to those who may benefit from it,
• tailored to the context where it will be used, and
• easy to adopt into practice.

How can these principles be addressed so evidence is better implemented? The group that holds the key to answering this question is young patients and their parents or caregivers.

...cont’d
Commentary: Patient and Caregiver Involvement

Patient partnerships

Engaging people with lived experience means integrating the perspectives of people who have not only lived with a given health condition, but have navigated the health-care system for treatment.

Traditionally seen as just the recipients of health care, young patients and their parents or caregivers bring with them something that cannot be taught in graduate programs or medical school: lived experience.

Engaging people with lived experience means integrating the perspectives of people who have not only lived with a given health condition, but have navigated the health-care system for treatment. These perspectives can be integrated into research in several ways, from developing research questions to sharing evidence.

When researchers work with patients and parents or caregivers to guide research and share evidence (called “patient partnership”), research shows positive outcomes for the quality of evidence, and how easily it can be integrated into clinical practice.

By contributing their lived experience, patients and parents or caregivers can increase the impact of evidence. How does experience impact how evidence is used in practice, however? Engaging patients and caregivers can improve the way evidence is shared with potential users. These include understanding context, tailoring resources and increasing the efficiency of information sharing.

Understanding context

Context is the setting or situation in which research evidence can be used.

Context is important for understanding what information is needed, how it will be used and who will use it. It also ensures that relevant evidence is shared to support identified needs in the clinical environment. Patients and caregivers who have engaged with services within the health-care system can point out details in the environment that should be considered based on their experiences.

Consider an example that most parents or caregivers are familiar with: managing children's needle pain during a vaccination. Young patients and their caregivers can offer insight into important elements of the physical environment.

...cont’d
Aspects of the environment include things like having a chair so the parent can use comfort positioning, and an electrical outlet and charger so parents can distract their child with a tablet, as well as other considerations such as accommodating breastfeeding.

Engaging patients and caregivers helps anticipate needs in the environment when it comes time to put research evidence into practice.

**Tailoring resources**

Young patients and their caregivers can offer insight into important elements of the physical environment for things like managing pain during procedures such as vaccinations.

Research shows that patients and caregivers, researchers, and health professionals all experience challenges accessing evidence related to children’s health. Each of these groups also need information to be presented in a way they can understand it and put it to use.

Tailoring information ensures that it is relevant to, and understood by, the target audience.

Consider the needle pain management example again. Patients and caregivers can help shape the type of information they need to manage pain (in this example, pain management for needle pokes as well as post-vaccination soreness, etc.), and the best language to use when sharing information. For example, patients or their caregivers can review language to ensure it is understandable.

Engaging the people whom information will be tailored to is the most meaningful approach to ensuring information is understandable.

**Increasing efficiency of information sharing**

Patients and caregivers are unlikely to read the academic journals that researchers and health professionals review. For valuable insight into where they are likely to seek information, and how best to present it, patients and parents or caregivers them-
Commentary: Patient and Caregiver Involvement

selves are the best source. This can inform where resources are physically made available, the best way to present that information, and when it is best presented.

For example, are needle pain management resources best made available in waiting rooms? Online? In parenting groups? Is the best format to present the information a social media post? A brochure? A website? What time of day, or day or week, or season is it best to release that information? Can it be linked to medical checkups, the start of school or the holidays?

Getting involved

Opportunities are growing for patients and caregivers to take part in sharing knowledge and evidence about children’s health.

Groups for supporting patient-oriented research (SPOR) exist in many provinces. Patients and caregivers, researchers and health professionals can contact SPOR groups to learn more about patient engagement opportunities. There are also several knowledge-sharing organizations in Canada that support patient engagement in specific health areas (for example, Solutions for Kids in Pain).

Generating evidence is critical, but equally so is ensuring that evidence is used. Patients and caregivers play an essential role in making sure that evidence impacts practice.

This story is part of a series produced by SKIP (Solutions for Kids in Pain), a national knowledge mobilization network whose mission is to improve children’s pain management by mobilizing evidence-based solutions through co-ordination and collaboration.

View original publication
By the Engage Study Team at the Toronto Metropolitan University

Why Did We Research This Topic?

• The human papillomavirus (HPV) vaccine is recommended for gay, bisexual and other men who have sex with men (GBM) to prevent cancers and warts linked to the HPV virus. A 3-dose vaccine that prevents cancers of the anus, cervix, head and neck as well as warts on the anus or genitals.
• In BC, Ontario and Quebec, the HPV vaccine has been free for GBM under 27 since 2016. For men 27 and older, it costs about $200 per dose (over $600 total) but is covered by some private health insurance plans.
• We wanted to understand what factors prevent GBM from getting the vaccine.

How Did We Research This?

• 2,433 cis and trans GBM from Montreal, Toronto and Vancouver answered questions on their knowledge of the HPV vaccine, whether they had received the vaccine, and their sexual health.
• We categorized guys based on the stage of vaccine uptake they were in, ranging across unawareness of the vaccine, unwillingness or willingness to get vaccinated, and having been vaccinated already.
• Then, we compared the characteristics of guys in earlier stages to guys who had already gotten their first dose of the HPV vaccine.

What Did We Learn?

• Across the three cities, 26–40% of guys didn’t know about the HPV vaccine, 7–14% were undecided or unwilling to get vaccinated, 33–39% were willing to get vaccinated, and 13–28% had gotten vaccinated.
• Compared to gay guys, bisexual guys and guys who kept their same-sex relationships private were less likely to be aware of the vaccine. Guys who identified as queer were more likely than gay guys to be vaccinated already.
• Compared to guys who were born in Canada, guys who immigrated to Canada were less likely to be aware of the vaccine.

...cont’d
By the Engage Study Team at the Toronto Metropolitan University

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• Compared to guys who were born in Canada, guys who immigrated to Canada were less likely to be aware of the vaccine.

• Guys who didn't have access to a healthcare provider or recent sexual health information were more likely to be undecided or unwilling to get vaccinated. Guys who didn't have access to recent sexual health information were also less likely to be aware of the vaccine.

• Guys who were vaccinated against hepatitis A or B were more likely to be vaccinated against HPV already.

• In Vancouver and Montreal, guys under 27 were more likely to be aware of the vaccine compared to guys 27+.

What Are The Implications Of These Findings?

• To receive a free HPV vaccine in BC, Ontario and Quebec, GBM must be out to their healthcare provider. Healthcare providers can increase vaccine awareness by helping guys feel comfortable sharing their sexual orientation. This is especially important for bisexual and immigrant GBM, as well as guys who usually keep their same sex relationships private. These groups tend to be less aware of the vaccine.

• Making sure GBM have access to healthcare providers and sexual health information may increase their chances of getting vaccinated.

• Bundling vaccination with sexual health services has helped GBM access the HPV vaccine outside of Canada. Offering HPV vaccination while administering other vaccines can help healthcare providers better protect guys from HPV-related cancers.

• GBM 27 and older were less aware of the vaccine. The vaccine’s high cost may be preventing healthcare providers from discussing HPV vaccination with older guys.

View full article
Job Posting
Postdoctoral Fellowship at the University of Ottawa

The Cardiovascular Health Psychology and Behavioural Medicine Lab
Division of Cardia Prevention & Rehabilitation
University of Ottawa Heart Institute

The Cardiovascular Health Psychology and Behavioural Medicine Lab is seeking applications for a postdoctoral research fellow. The University of Ottawa Heart Institute is Canada's largest and foremost cardiovascular health centre dedicated to understanding, treating, and preventing heart disease. Investigators in the Division of Prevention & Rehabilitation have a unique array of initiatives and programmes with a particular emphasis on innovative approaches to prevention (primary and secondary) and treatment of cardiovascular disease.

This fellowship offers the opportunity to gain and contribute knowledge to the areas of health psychology, women's health, behavioural medicine, cardiac prevention and rehabilitation, social relationships, and clinical health outcomes. This postdoctoral fellowship is ideally suited to those who wish to pursue a career as a Scientist or Clinician-Scientist. For Clinical Psychology applicants, supervision for licensure with the College of Psychologists of Ontario is available in the following competency areas: Clinical, Health and Rehabilitation.

Current research projects include:
1. Cardiac Couples – research investigating the impact of couple relationships on the physical and mental health of cardiac couples, including an evaluation of the Healing Hearts Together intervention on clinical outcomes;
2. Psychological profile, clinical outcomes, and intervention needs of patients with Spontaneous Coronary Artery Dissection (SCAD);
3. Mental health and remote health services for patients with heart failure; and,
4. Various projects in behavioural medicine and mental health.

It is expected that the successful candidate will assume responsibility for the preparation and publication of manuscripts as well as assist in the submission of research grant applications. Opportunities to collaborate with highly respected clinicians and scientists at the local, national and international level are also available. The fellow may obtain additional support from our Research Services Department and Cardiovascular Methods Centre.

The position is a 2-year fellowship that may be renewed contingent on funding. The stipend is commensurate with experience and includes paid holidays and benefits.

The successful candidate will possess:
• Previous research experience within a team environment
• Excellent interpersonal and communication skills

...cont’d
Job Posting
Postdoctoral Fellowship at the University of Ottawa

A strong understanding of clinical research design, research methodology and data analysis
Previous experience analyzing datasets, including quantitative and qualitative data
Evidence of experience in preparation and publication of manuscripts; strong technical writing skills
Excellent computer skills (Microsoft Office, EndNote, SPSS)
Ability to take guided initiative and to work in an organized fashion within a fast-paced environment, including flexibility in shifting between independent and collaborative work
Demonstrated collegiality, professionalism and interpersonal skills
Previous experience in health psychology an asset

Accommodations will be provided in all parts of the hiring process relating to any specialty requirements. Applicants should make their needs known in advance.

The successful candidate will be required, prior to the start of employment, to complete mandatory organizational training available online, provide a satisfactory Criminal Record Check and provide an official piece of photo identification.

For further information, please contact Dr. Heather Tulloch (hetulloch@ottawaheart.ca). Please send a cover letter and curriculum vitae to Dr. Tulloch. Start date is negotiable.
Job Posting
Postdoctoral Position - Clinical and Health Psychology

Department of Psychology
The University of British Columbia | Okanagan Campus
Kelowna, BC, Canada
Job Type: Full-time

Job Description
The University of British Columbia's Okanagan campus invites applications for a full-time postdoctoral position in clinical health psychology, with a specialization in chronic pain. This position is being offered in close collaboration with Pain BC, a registered charity with the mission to enhance the well-being of all people living with pain through empowerment, care, education and innovation. The focus of this position will be to support the national rollout of Making Sense of Pain, a self-management program for people living with pain who experience stigma and marginalization. Approximately 60% of the role will be dedicated to research and implementation activities, including: developing training and education materials for facilitators, developing evaluation protocols and testing intervention outcomes from both the patient and facilitator perspective. Research opportunities are also available through a close collaboration with the Bill Nelems Pain and Research Centre (BNPRC) in Kelowna, BC. Approximately 40% of the role will involve direct clinical service and supervision, including: intake assessments, triage, and group interventions for adults with chronic pain (e.g., psychoeducation, cognitive behavioural therapy, acceptance and commitment therapy). A critical role of the postdoctoral associate will be to provide training and supervision to UBCO clinical psychology graduate students, with the potential to expand to other allied health professionals and trainees.

Setting
UBCO is home to a CPA-accredited clinical psychology graduate training program. Within this training program is a specialized senior-level practicum that focuses on the psychological assessment and treatment of people living with chronic pain and comorbid mental health conditions. We utilize evidence-based therapeutic approaches with a focus on acceptance and commitment therapy (ACT) and cognitive-behavioural therapy (CBT). Patients are seen in person and virtually through our on-campus Interprofessional Clinic. Many of our referrals come from the BNPRC, a large specialty outpatient clinic offering procedural, medical, and rehabilitation interventions for chronic pain.

Pain BC is an internationally renowned chronic pain charity, and an active participant in both British Columbian and Canadian pain initiatives. It engages people living with pain at all levels in the organization: in governance, in program planning and evaluation, and in the delivery of programs. Pain BC is the lead partner in Pain Canada, a national, multi-stakeholder action network comprised of numerous pain and pain-related partner organizations and representing the interests of the eight million people in Canada living with chronic pain. Through Pain Canada, many of Pain BC's programs will be spread across Canada.

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Job Posting
Postdoctoral Position - Clinical and Health Psychology

About UBCO and Kelowna, B.C.
The UBCO clinical psychology program is based on the scientist-practitioner model, with an emphasis on evidence-based assessment and therapeutic techniques. Clinical faculty have a passion for promoting access to mental and behavioural health services for racialized, marginalized, rural and Indigenous populations. UBC ranks as one of the top 20 public universities in the world. The Okanagan campus offers an intimate, highly interdisciplinary, and community engaged teaching, learning, practice and research environment. We acknowledge that the land on which UBCO is situated on is the unceded territory of the Syilx (Okanagan) Peoples. Kelowna boasts relatively mild winters and warm summers. The city of Kelowna is one of Canada's best ‘four season playgrounds’ surrounded by mountains, lakes, forests, orchards, and vineyards. It is home to world class wineries, restaurants, golf courses, skiing, and many outdoor activities to enjoy. View information about the surrounding community.

Qualifications
The ideal candidate will have obtained a doctoral degree from an APA- or CPA-approved graduate program in Clinical Psychology, as well as completed an APA- or CPA-approved internship. Successful candidates will have training in the area of health psychology, including the provision of empirically-supported assessments and treatments for people with chronic illness. The ideal candidate will have research and/or clinical experience in the area of chronic pain.

Compensation and Benefits
The annual stipend for a full-time postdoctoral position (1.0 FTE) is $64,000 (including benefits).

Start Date, Location, and Duration of Appointment
Start Date: as soon as possible
Location: Kelowna, BC (remote may be considered)
Duration: 12 to 18 months

Applications Materials
Please submit a cover letter, CV, and 2 letters of recommendation to Dr. Susan Holtzman susan.holtzman@ubc.ca
Job Posting
Research Coordinator - Alberts Lab - Montréal, QC - Hybrid

About the Alberts Lab:
The Alberts Lab is an academic research laboratory focused on improving behavioural health and psychological outcomes across the lifespan, with a focus on those impacted by childhood cancer. The Alberts Lab is led by Dr. Nicole Alberts, who is a Canada Research Chair (Tier 2) in Behavioural Health Intervention and Associate Professor in the Department of Psychology at Concordia University (Montréal, QC). Our work aims to better characterize pain among those completing childhood cancer treatment and surviving childhood cancer and to identify biopsychosocial risk factors for the development of pain in childhood cancer and other health populations. We also use digital health approaches to answer key research questions and to develop and test innovative interventions targeting pain and psychological outcomes.

The Alberts Lab is an ideal environment for anyone looking to work with a friendly, diverse, and dynamic team. We value each member of our team and welcome our differences, as we believe that embracing our diverse experiences and perspectives is crucial to advancing our mission and making a positive impact on the lives of those with a chronic and catastrophic illness.

About the Position:
Under the supervision of Dr. Nicole Alberts (Concordia University) and in collaboration with Dr. Lindsay Jibb (The Hospital for Sick Children), the selected candidate will oversee and coordinate the Beyond Study, a pan-Canadian and CIHR-funded study that aims to better understand the impact of the COVID-19 pandemic on the wellbeing of pediatric cancer patients, survivors, and their family caregivers. The Research Coordinator will oversee the overall and day-to-day management of the study, including coordinating participant recruitment, data collection and analysis, study administration, and supporting research staff.

The selected candidate will also work closely with Dr. Alberts to strengthen all aspects of the Alberts Lab scientific operations and will take on lab coordinating responsibilities, such as:
- Monitoring ongoing research studies and projects.
- Assisting with various administrative tasks associated with the day-to-day operations of the lab and of conducting research studies including paying participant incentives, completing expense reports, keeping record of payments and fund transfers, etc.
- Coordinating and facilitating study meetings, including preparation of meeting agendas, meeting minutes and distribution of meeting materials.
- Providing orientation and training of new research staff.
- Developing study-related documents, including informed consent documents, case report forms and/or questionnaires and interview guides based on institutional requirements.
- Development of knowledge mobilization materials including presentations, flyers, posters, reports, etc.

*** Opportunities to assist on manuscripts and presentations/posters are also available.
**Job Posting**

**Research Coordinator - Alberts Lab - Montréal, QC - Hybrid**

The selected candidate will need to demonstrate skills/knowledge in the following areas:

- Project management
- Ability to organize and perform multiple tasks
- Ability to meet deadlines with minimal supervision
- Ability to work collaboratively with a variety of partners, including patients, clinicians, researchers, and community partners

**Minimum required qualifications:**

- Completed university Honours degree in Psychology or relevant field (e.g., Health Sciences, Epidemiology)
- Minimum 1 year of experience in a research setting
- Proficient research skills pertaining to data collection, analysis, grant budget administration, academic writing (e.g., research reports or papers), conducting literature reviews, etc.
- Advanced communication skills (verbal and written) in English and intermediate communication skills (verbal and written) in French
- Advanced skills in using MS Office Suite (e.g., Word, Excel, PowerPoint, Teams) and business tools (e.g., Zoom)

**Desired qualifications:**

- Graduate Degree in Psychology or a relevant health-related field (e.g., Health Sciences, Epidemiology)
- Minimum 1 year experience in research project management

**Terms of this position:**

- 35 hours per week (Monday to Friday & occasional evenings/weekends)
- One-year contract, with possibility of long-term contract (>2 years) and growth opportunities
- Salary in accordance with qualifications
- Workplace: Hybrid (remote and Concordia University - Loyola Campus)
- Union: Concordia Association of Research Employees (CARE)
- Starting date: August 2023

**To apply:**

Submit a cover letter, CV, and contact information for 3 references to:
Dr. Nicole Alberts nicole.alberts@concordia.ca

Applications should be submitted by **Monday, July 5th, 2023**, and will be assessed on a rolling basis. Only shortlisted candidates will be contacted.