

## Abstracts

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#### ASSESSING HEALTHCARE NEEDS AND RESEARCH BARRIERS FOR COMMUNITY FOCUSED INTERDISCIPLINARY HEALTH RESEARCH CAPACITY BUILDING USING A MICRORESEARCH MODEL IN EAST AFRICA

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**BACKGROUND:** With barely 3% of health care workers (HCW) and over 25% of the global health burden, Sub-Saharan African nations saw an urgent need to build capacity in community focused research in 2008 (WHO Bamako 'Call for Action'). Borrowing from principles of microfinance, MicroResearch (MR) provides training, coaching and small grants for community focused interdisciplinary research (CFIR) and knowledge translation.

**OBJECTIVES:** To assess if MicroResearch addresses the local need for CFIR in East Africa (EA).

**DESIGN/METHODS:** We used targeted on-line surveys to assess health challenges and barriers for EA HCW researchers. In phase 1, questionnaires to assess health care challenges were sent to senior researchers (deans, department heads) and junior HCW engaged in CFIR. In phase 2, we assessed an on-line focus group of community researchers from five academic sites in EA using qualitative analysis of responses to prompted questions.

**RESULTS:** In phase 1, 68 questionnaires were distributed, and 40 (59%) responded, 17 from senior and 23 junior HCW researchers. The two groups were pooled since response differences were <3% to most questions. Access to healthcare (36%), social determinants (33%) and health service infrastructure (21%) were the most common healthcare needs identified. Lack of research skills (design, analytic methods, training programs), capacity (coaching, mentoring), and funding were identified, as common research capacity needs. Both groups recommended research funding be directed to community (33%), health system (25%) or epidemiologic research. In phase 2, a focus group of 10 multidisciplinary participants (five female, five male) was formed. There were 16 valid comments with 21 points raised for saturation to be reached. Thematic content analysis and summaries were made at stages of the analysis. The four main thematic areas identified as barriers to health research, listed in order of frequency, were; Knowledge, Finance, Mentorship/Coaching, and Ethical Regulation/clearance, Incentives.

**CONCLUSIONS:** Healthcare needs and barriers to research for CFIR in EA were identified in surveys of senior and junior East African HCW. Strategies, like MR, are addressing these capacity building issues.

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#### CAPACITY BUILDING FOR COMMUNITY DIRECTED RESEARCH IN EAST AFRICA (EA): 5 YEAR MICRORESEARCH (MR) OUTCOMES

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**BACKGROUND:** Sub-Saharan African countries have urged grassroots input to improve research capacity (WHO 2008) including in community directed research. In Uganda, Tanzania and Kenya, MR is building capacity to find local, sustainable, community solutions for local health problems.

**OBJECTIVES:** After five years of MR in EA, we report outcomes.

**DESIGN/METHODS:** MR training occurred during intensive two-week workshops (WS) where 20 to 30 health workers (HW) were introduced to principles of research, community engagement, knowledge translation, health policy. In small interdisciplinary teams (six to eight HW)

self-identified community directed research outlines were created. Post WS, each team developed a full proposal supported by MR coaches (one EA, one NA) and submitted for international MR peer review. Following local ethics approval, successful projects were funded (up to \$2,000). Projects were implemented, results reported and knowledge translated, including written report and extended abstract published in peer-reviewed PubMed journal. MR evaluation at five years consisted of review of WS participant and proposal data, standardized questions post each WS, input from attendees at two EA MR Forums held in March and November 2013.

**RESULTS:** Between 2008 and mid-November 2013, 14 workshops were conducted at five EA training sites with 366 participants (43% female); 32% MD, 18% RN or Midwife, 50% other HW. By 2012, 27 projects approved for funding (74% in Uganda); seven completed, four published or accepted, 20 ongoing. Three projects helped change health policy/practice and four lead to career advancement. 37% focused on child health, 37% maternal health, 26% both. MR fostered gender equity in team PIs, funding success, EA coaches, MR local teachers. MR principles now in EA undergrad curriculum at two EA sites. Post WS, 90% participants rated WS positively; 20% noted MR changed culture of inquiry at work. Post MR 2013 Forums, an online MR network, MR alumni network and an EA MR site leaders consortium formed to grow MR.

**CONCLUSIONS:** MR builds capacity for EA community directed interdisciplinary team research at modest cost. MR projects lead to local health care changes, enhance culture of inquiry. EA MR successes, with EA MR leadership will support growth beyond the five EA sites if resources become available.

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#### THE MENTAL HEALTH AND WELLBEING OF REFUGEE CHILDREN IN DETENTION IN CANADA: A PILOT STUDY

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**BACKGROUND:** In Canada asylum seekers may be detained in prison-like institutions. This includes children. The official statistics of the CBSA suggest that between 2005 and 2010, >650 children were detained each year. While international studies acknowledge the negative health consequences of detention on children, until now there has been no research on the detention of children in Canada.

**OBJECTIVES:** This study aimed to generate an understanding of the well-being, health and experiences of migrant children who have been detained in Canada by documenting their perspectives during or after detention.

**DESIGN/METHODS:** This was a qualitative study anchored in an ethnographic methodology. Data was collected using two methods: 1) in-depth interviews with 18 families, who had been detained or were detained at the time of interview; and 2) participatory observation in the field (at the detention centres in Montreal and Toronto). Detention impacts on children mental health, well-being and sense of identity was documented.

**RESULTS:** Results suggest that even very brief periods of detention are distressing for children, with potentially longstanding sequelae. During detention, children are often separated from one or both parents, which appears to compound suffering. Children's narratives show that detention may negatively impact their sense of self and safety in Canada.

**CONCLUSIONS:** Children experience detention as highly stressful, frightening and even, in some cases, traumatizing. Our findings suggest that detention may be significant determinant of health for this subgroup of children and that future policy and advocacy efforts should address this.