

**Carleton University Health: Science, Technology, & Policy (HSTP) Program  
Proposed Research Pathway Projects, 2026-2028**

**PROJECT #1**

**Project Title: An Intergenerational Trauma- and Violence- Informed Physical Activity Approach to Prevent Child Maltreatment**

**Supervisor:** Dr. Francine Darroch, Carleton University

**Collaborators:** Ottawa Community Housing Foundation, St. Mary's Home, Dr. John Oliffe, UBC lead of Men's Health Research Team, Dr. Lyndsay Hayhurst, Dr. Paul Peters

**Overarching Project Objective:**

How can community-based trauma- and violence-informed physical activity programs be leveraged to support family well-being and prevent child maltreatment?

Through community-based participatory research, we propose a trauma-informed physical activity (TVIPA) intervention to prevent child maltreatment and equip service providers with skills to recognize and respond safely. This multi-level intervention addresses key risk factors and enhances protective elements at family and community levels. Parental mental health issues, stress, and economic hardship increase maltreatment risk, while social support and positive parenting protects children. TVIPA programs improve emotional regulation, social support, resilience, and can be a conduit to connect individuals to other community services. By integrating gender- and parent-specific TVIPA, the intervention offers parents structured respite, stress relief, and social network building, buffering stress and promoting well-being. Children and youth will concurrently participate in TVIPA programs tailored to their developmental needs. Service providers receive specialized training and resources to prevent, recognize, and respond to maltreatment. This comprehensive strategy strengthens health, safety, and community cohesion, reducing child maltreatment risk through enhanced family resilience and social connectedness.

1. To develop and implement tailored TVIPA interventions that integrate intergenerational and gender-specific approaches, while prioritizing community-specific needs and contexts. Using participatory mapping and critical Geographic Information System (GIS) analysis, we will explore how socio-spatial inequities affect access to physical activity and mental health supports across generations. By integrating lived experiences with spatial data, we will identify systemic barriers (e.g., safety concerns, gendered mobility constraints, culturally inaccessible spaces) that influence participation within our partner communities. This will help create programs that address structural violence and foster resilience, leading to culturally safe, place-specific interventions that are specifically informed and shaped by the needs and circumstances of our partner communities.
2. Strengthen the capacity of community organizations and service providers to implement and

deliver TVIPA interventions. While our team has developed and evaluated online TVIPA training for individuals, organizations, and agencies (including service providers, practitioners, instructors, researchers, and community leaders/organizations) who primarily support, work with, and/or deliver physical activity programs to women/mothers with histories of trauma and/or violence, through this current project, we will collaborate with specific communities to tailor and co-develop training modules that are designed for working with fathers and children/youth. Community engagement will ensure that training content is culturally safe and responsive to local needs, supporting physical activity and incorporating a child maltreatment prevention lens. This online TVIPA training will provide a holistic understanding of TVIPA, equipping participants with practical skills to support diverse populations through interactive learning and engagement. With an ultimate goal of providing participants with the knowledge and skills necessary to prevent, recognize, and respond safely to child maltreatment, the training will include a comprehensive examination of the neurological, psychological, and social impacts of child maltreatment; an overview of public health frameworks and evidence-based prevention strategies; and foundational elements of TVIPA service delivery. Participants will be introduced to practical approaches for implementing TVIPA programming that recognizes the significance of whole-family approaches in addressing intergenerational cycles of violence and will have the opportunity to apply their learning through real-world case studies.

**Proposed Team:** The student team will include one or two MSc HTSP students. Each student will have the opportunity to select specific aspects of the project in which they wish to participate. All team members will gain experience in data collection and analysis, contribute to manuscript preparation, and take part in additional knowledge mobilization activities.

**Duration:** The project will require 20 months to complete.

**Logistics:** Dr. Francine Darroch will be the direct supervisor. Please see <https://traumainformedmovement.ca/> for further examples of projects led by Dr. Darroch and the Health and Wellness Equity Research Group.

## PROJECT #2

### **Project Title: A Framework for Wellbeing: Implementing Health-Promoting Environments in Healthcare Education and Practice**

Are you passionate about turning evidence into action? Do you want to help drive real, measurable change in how healthcare institutions support the wellbeing of their people? Join us in this next phase of our innovative research program that seeks to transform healthcare learning and working environments through implementation science.

We're seeking motivated MSc students from the **Health: Science, Technology, and Policy (HSTP)** Program to collaborate with the **Equity in Health Systems (EqHS) Lab** at the Bruyere Health Research Institute (BHRI) on this exciting initiative focused on **implementing and scaling** a wellbeing evaluation and improvement tool for healthcare organizations.

**Supervisors:** Dr. Jerry Maniate (Equity in Health Systems (EqHS) Lab, Bruyère Research Institute (BRI)), Dr. Victor Do (University of Alberta), Dr. Renate Ysseldyk (Department of Health Sciences, Carleton University).

**The Challenge:** Healthcare organizations across Canada and beyond recognize the importance of clinician and learner wellbeing, yet few have clear guidance or practical tools to help them evaluate and improve their environments. While our research has focused on developing a framework and prototype tool grounded in the **Okanagan Charter** and **equity-oriented approaches**, the next challenge is ensuring these innovations are **implemented effectively and sustainably** across diverse healthcare settings.

**Why This Matters:** Bridging the gap between research and real-world practice is critical. Implementation ensures that the principles of health promotion, equity, and inclusion move beyond policy statements and become **everyday realities** in hospitals, clinics, and training programs. By focusing on practical implementation and adaptation across multiple contexts, this project will help create a **culture of wellbeing** that supports learners, educators, and health professionals alike.

Successful implementation of this framework can:

- Strengthen workforce retention and engagement
- Reduce burnout and adverse events
- Improve patient care and organizational performance
- Foster environments of belonging, inclusion, and trust

**Your Role:** As part of this collaborative research team, you will:

- **Lead Implementation Research:** Work with multiple healthcare and academic sites to pilot the wellbeing evaluation tool, supporting local teams to adapt and apply it in their unique settings.

- **Evaluate Barriers and Facilitators:** Conduct interviews, focus groups, and document reviews to identify what enables or challenges successful implementation.
- **Co-Develop an Implementation Guide:** Synthesize findings into a practical, evidence-informed guide that supports widespread adoption and scale-up.
- **Contribute to Knowledge Translation:** Help produce academic outputs and knowledge products (e.g., toolkits, workshops, policy briefs) to mobilize findings nationally.

## Objectives

- Assess readiness, barriers, and facilitators for implementing the wellbeing evaluation framework across multiple healthcare education and practice settings.
- Refine and adapt the tool for local contexts based on user feedback and real-world testing.
- Develop a comprehensive **implementation and sustainability guide** to support institutions in embedding wellbeing principles into their culture and operations.
- Evaluate the early outcomes and perceived impacts of implementation on organizational learning and staff/learner wellbeing.

## Project Components

- **Implementation Planning:** Engage site partners to assess readiness, define context-specific goals, and establish implementation teams.
- **Pilot Implementation:** Support and document real-world use of the wellbeing evaluation tool at multiple clinical and academic sites.
- **Process Evaluation:** Use qualitative and quantitative methods to evaluate fidelity, feasibility, and acceptability of implementation.
- **Sustainability Planning:** Co-develop strategies for ongoing integration and evaluation post-implementation.
- **Knowledge Mobilization:** Create accessible guidance, training modules, and manuscripts to support future adopters.

**Who We're Looking For:** We're seeking an MSc HSTP student with:

- Interest in **implementation science, health systems improvement, or health promotion**
- Interest in **qualitative and/or mixed-methods research**
- Strong communication and collaboration skills
- Passion for advancing wellbeing, equity, and sustainability in healthcare

## Join Us in Making Change Happen!

If you're ready to take the next step from innovation to implementation, translating ideas into action and impact, we invite your interest. Together, we can help healthcare organizations build environments where **people and systems truly thrive**.

**Duration:** This is a 2-year project (September 2026 to April 2028).

**Logistics:** Data collection will be conducted both online and in-person.

**References:**

Albayrak-Aydemir, N., & Gleibs, I. H. (2022). A social-psychological examination of academic precarity as an organizational practice and subjective experience. *Br J Soc Psychol.* 2023;62(Suppl. 1):95–110.

Do, V., Lewis, M., Goldstein, C. & Sonnenberg L. K. (2023). Fostering a Health-Promoting Learning Environment in Medical Education: Adapting the Okanagan Charter for Administrators and Medical Educators. *Acad Med.* 98(6):p 672-679.

Dyrbye L, Satele D, West C. (2021). A longitudinal national study exploring impact of the learning environment on medical student burnout, empathy, and career regret. *Acad Med.* 2021;96(11S):S204-S205.

Okanagan Charter: An International Charter for Health Promoting Universities and Colleges (2015). <https://bp-net.ca/wp-content/uploads/2019/03/Okanagan-Charter.pdf>

## PROJECT #3

### **Project Title: Effect of Increasing Sleep Duration on Health Outcomes in Short-Sleeping Adolescents**

**Supervisor / Organization:** Dr. Jean-Philippe Chaput, Children's Hospital of Eastern Ontario (CHEO) Research Institute

**Project Objective:** To determine if extending sleep duration improves health-related outcomes (e.g., mental health, mood, cognition, appetite) in adolescents with short sleep duration.

**Proposed Team:** Data collection is completed for this research project and only 1MSc HSTP student is needed. The main task will include writing a manuscript and presenting findings orally. The student will work in close collaboration with Dr. Chaput and will learn from his expertise and experience in the field.

**Duration:** The project will require 18-20 months to complete.

**Background:** Insufficient sleep has been shown to be associated with a wide range of adverse health outcomes. However, the influence of sleep extension on health outcomes in adolescents is largely unknown. This issue is of high relevance given the high prevalence of sleep deprivation in this population and the accumulating body of evidence indicating that having a good night's sleep is important for the prevention of chronic diseases. We hypothesize that compared with decreasing sleep duration, increasing sleep duration by 1.5 hours over 1 week will improve health outcomes. Using a randomized, counterbalanced, 2-condition crossover design, over 40 adolescents with obesity between 13 and 18 years of age completed the study. Participants slept their typical amount at home for 1 week and were randomized to either increase or decrease time in bed by 1.5 hours per night for 1 week, completing the alternate schedule on the fourth week. This procedure resulted in a targeted 3-hour time in bed difference between conditions. Sleep was objectively measured using actigraphy (Actiwatch) and sleep schedule adherence was promoted by providing fixed bedtimes and wake times during the experimental weeks, and was monitored through SMS with the participants. We will compare outcome measures between both sleep conditions (on day 8 of each study week). The primary outcome measure is insulin sensitivity, as measured by the homeostasis model assessment of insulin resistance (HOMA-IR; hepatic insulin sensitivity) and the Matsuda index (total body insulin sensitivity). Secondary outcomes include mood, mental health, reaction time, cognition, and energy balance (food intake and energy expenditure).

### **Research Project Components:**

1. Review the literature on a topic chosen by the student (in collaboration with Dr. Chaput)
2. Analyze data
3. Write a manuscript in collaboration with Dr. Chaput
4. Submit the manuscript for publication in a peer-reviewed journal
5. Present research findings orally

**Logistics:** Most of the work will be conducted from home (remotely). The student may also be exposed to other studies. Experience in academic writing and statistical analysis is needed. Independence is also required because the Principal Investigator (Dr. JP Chaput) works from home full time.

## PROJECT #4

### **Project Title: Knowledge Translation for Substance Use Health: Building Equity Through Experiential Evidence**

**Supervisor / Organization:** Dr. Kim Hellemans, Assistant Professor, Department of Neuroscience, Carleton University & Brianne Peters, Research Lead, CAPSA

**Summary:** This joint project between CAPSA and Carleton University combines academic and experiential expertise to build a robust, representative evidence base that dismantles systemic stigma and promotes Substance Use Health in Canada. The student will work with researchers and practitioners to produce accessible tools and knowledge products that inform policy, education, research, workplace health programming, and community engagement.

**CAPSA/Carleton University Partnership:** CAPSA's team members are researchers, clinicians, educators, policy professionals, and sector leaders whose work is informed by direct experience of substance use disorder, demonstrating that professional and experiential expertise are mutually reinforcing. Through ongoing partnership with the Department of Neuroscience and Health Sciences at Carleton University, CAPSA supports research and student collaboration to evaluate and expand public engagement initiatives, including Carleton's Stigma Ends with Me Campaign, and original research on systemic stigma and Substance Use Health.

**Background / Problem:** In Canada, 79% of people reported using alcohol, tobacco and other substances<sup>1</sup>. Despite this majority prevalence, 83% have never discussed their substance use with a healthcare provider, and 62% have never been asked by one<sup>2</sup>. Public and political discourse continues to prioritize substance use disorder (addiction) and crises, with health promotion and population-level health often on the periphery.<sup>3</sup>

This approach strips substance use of its broader health context, leaving most people living in Canada unrepresented and unsupported, and leaving people who need help with more shame and fear<sup>4</sup>. Addressing substance use as a shared health issue, not a separate crisis, is critical to reducing stigma and improving the health outcomes of more people in Canada.

In 2020, CAPSA developed the Substance Use Health spectrum to define a more inclusive and accurate way to talk about substance use and health<sup>56</sup>. The spectrum spans non-use, low-risk use, high-risk use, and substance use disorder, and includes all wellness pathways. In tandem, CAPSA has built one of Canada's largest and most diverse Substance Use Health evidence bases to build more inclusive practices and policies, integrating empirical and experiential knowledge through national surveys, qualitative studies, and service evaluations with more than 15,000 people<sup>2-4,7-10</sup>.

**Objectives:** Our current focus is on knowledge translation: turning evidence into accessible public health tools that inform programs, policy, and public discourse. This project contributes to this goal by producing plain language- materials, media content, and educational products that increase public understanding and institutional responsiveness.



The student will co-develop materials with CAPSA and Carleton teams, evaluate the StigmaEndsAtCU campaign's reach and engagement, and support CAPSA's broader efforts to document how Substance Use Health principles are being applied across sectors.

**Project Components:**

1. **Literature Review:** Conduct targeted evidence scans to inform briefs and campaigns.
2. **Data Collection:** Assist in recruitment, consent, ethics submissions, data collection, analysis, and secure data handling.
3. **Framework and Production:** Prepare one-pagers, media backgrounders, policy briefs, slide decks, and web text. Develop infographics and accessible PDFs using Canva or Adobe and maintain detailed source files.
4. **Knowledge Mobilization:** Craft short bilingual social media series (Instagram, Facebook, LinkedIn). Coordinate approvals, publication schedules, and compile brief engagement summaries.
5. **Evaluation and Application:** Contribute to major CAPSA campaigns and events such as the Working on Wellness (WOW) Festival, the National Substance Use Health Week of Action, and Carleton's StigmaEndsAtCU communications and evaluations. Develop campaign reports, sponsorship decks, toolkits, and post-event analyses.

**WHO WE ARE LOOKING FOR:** One master's-level student in the HSTP program with:

- Experience in qualitative or quantitative research
- Strong plain-language writing for mixed audiences in a compelling and provocative style
- Knowledge of the Substance Use Health spectrum and non-stigmatizing communication
- Skill in Canva or Adobe Suite
- Cross-sector collaboration experience
- Bilingualism in English and French (asset)
- Lived/living experience with substance use stigma and/or accessing care for Substance Use Health needs (an asset)

**DURATION:** September 2026 to April 2028

**FORMAT:** In-person, Ottawa-based, hybrid options available

**BACKGROUND MATERIALS:**

CAPSA Research and Knowledge Products: <https://capsa.ca/resources/>

Stigma Ends at CU. *Stigma Ends at CU*. Ottawa, ON: Carleton University; 2023. Available at: <https://stigmaendsatcu.com>.

## **PROJECT #5**

**Project Title: Why Won't my Wound Heal? Understanding Chronic Wound Healing and Access to Wound Care in Ottawa**

**Supervisors at Carleton University:** Dr. Edana Cassol, Dr. Utkarsh Dang, Dr. Joerg Overhage

**Supervisors at Saint Vincent Hospital:** Dr. Jonah Marek and Dr. Katrina DeZeeuw

**Background:** Ageing and diabetic individuals are at high risk for developing non-healing wounds. These chronic wounds reduce quality of life, and increase pain levels, risk for infection and hospitalization rates. Further, they are very difficult to treat and create a significant financial burden on the healthcare system (\$3.9 billion annually).

Saint Vincent Hospital's Wound Management Program was established to address increasing demand for specialized wound care, develop clinical expertise in Complex Continuing Care, and support the implementation of best practices. Together, we developed a comprehensive wound database that allows us to characterize patient populations within the wound management program, compare the incidence of DFU and non-DFU wound types, and assess healing outcomes.

**Goals:** This project seeks to improve our understanding of chronic wound healing outcomes and how patients access wound care services in the Ottawa region. The goals of this project are:

1. **Wound Database Analysis:** We have spent several years constructing a wound database in collaboration with clinical partners from Saint Vincent Hospital. The HSTP students working on this project will help analyse the available data to determine differences in healing trajectories and clinical factors associated with outcomes across wound types.
2. **Mapping Wound Care Programs and Care Pathways:** To document and evaluate the availability, organization, and accessibility of wound care services in the Ottawa region by mapping existing programs and referral pathways and conducting interviews with health care providers, patient advocates, and patients to identify barriers to accessing wound care and navigating the system.

Together, these findings will inform strategies to improve wound care delivery and support patients in navigating available resources.

**Proposed Team:** The student team will include 2-3 students from the MSc HSTP program. Ideally students will have some statistical training and experience with R. An interest in health services research is also an asset. Project could be divided into two parts, depending on the interests and experience of the students involved.

**Duration:** The project will take 18-20 months to complete.

## **PROJECT #6**

### **Project Title: Effects of Social Media Reduction on Mental Health in Youth: A Randomized Controlled Trial**

Are you interested in researching a scalable behavioural approach to support youth mental health by reducing social media use? Join a team evaluating a family-based social-media reduction program that combines objective monitoring with weekly group sessions and individual support to help youth adopt healthier digital habits.

**Supervisor:** Dr. Gary Goldfield (Children's Hospital of Eastern Ontario (CHEO) / Dept of Psychology, Carleton University / University of Ottawa)

**Co-Principal Investigator:** Dr. Chris Davis (Dept of Psychology, Carleton University),

**Collaborators/Co-supervisors:** Drs. Mark Tremblay, Jean-Philippe Chaput, Marjorie Robb, Clare Gray, Andrée-Anne Ledoux, Paula Cloutier, Patricia Longmuir.

**Background:** Up to 70% of mental illness onset occurs before age 18; anxiety and depressive symptoms are common, and waitlists far exceed service capacity. High social media use (SMU) is associated with worse mental health (depression, anxiety, loneliness, FOMO), and experimental evidence suggests restricting SMU can reduce anxiety and depression. However, but few rigorous RCTs exist in youth with clinical symptoms, and current interventions have been proof-of-concept studies lasting only a few weeks, which is not long enough to sustain changes in social media required for optimal mental health benefits. This project adapts evidence-based family behavioural therapy and self-monitoring to reduce SMU and reinforce offline alternatives that are personalized.

**Why This Matters:** Youth facing mental health challenges often wait long periods for care, increasing their risk of symptom deterioration. Social media use is widespread among adolescents and linked to anxiety, depression, loneliness, and sleep and attention problems. Therefore, low-cost, scalable interventions are needed. SMU reduction may free time for sleep, physical activity, and in-person socializing, which are pathways that are linked to better mental health and neurocognition.

#### **Objectives:**

1. Evaluate the effect of SMU-reduction intervention on symptoms of anxiety in youth ages 12-17 versus psychoeducation/ self-monitoring control.
2. Assess intervention effects on depression, FOMO, loneliness, body image, disordered-eating behaviours, social media disorder symptoms, mindfulness, impulsivity, and well-being; and explore neural and cognitive correlated (MRI + NIH Toolbox).
3. Explore moderators of treatment response (e.g., gender, socioeconomic factors, baseline symptom severity, social media disorder symptoms, and intervention adherence).

4. Examine potential mediators of treatment effects, including displacement-related factors (sleep, physical activity, in-person social activity, hobbies) and reduced negative social comparison, consistent with displacement and social comparison theory.

**Who We're looking for:** We're excited to recruit 2-3 MSc HSTP students. Ideal candidates will have experience in quantitative and/or qualitative data collection and analysis and a keen interest in youth SMU and improving mental health outcomes.

### **Join Us in Making a Difference!**

If you're ready to take on the challenge of enhancing wellbeing in healthcare education and want to play a pivotal role in shaping the future of our health systems, we invite you to apply. Together, we can create environments that help everyone.

### **Research Project Components:**

1. **Day to Day Research Operations:** consent, data collection, data maintenance and quality control, participant interaction, etc.
2. **Data Collection:** Conduct surveys and interviews to gather data identifying barriers and facilitators for the project. Daily app-based behavioural monitoring (SMU screenshots + EMA)
3. **Framework Development:** Review models of digital wellbeing and behaviour change.
4. **Knowledge Mobilization:** Assist with knowledge translation via preparing manuscripts and develop educational content to share our findings with the wider community.

**Duration:** The project will span 20 months to complete (Sept 2026-April 2028).

**Logistics:** We will recruit approximately 100 youth ages 12–17 who are waitlisted for mental health services at CHEO. After baseline assessments, participants will be randomly assigned to either the SMU-reduction intervention or an app-based psychoeducation/self-monitoring control condition (50 participants per group).

Youth will participate in a 13-week protocol that includes three online repeated-measures assessments via CHEO REDCap at baseline, week 7, and week 13. During baseline, youth will report primary and secondary outcomes and track daily screen and social media use. Weekly 30-minute group sessions will begin after baseline and continue through week 13, delivered in person at CHEO or online via MS Teams, with youth and caregivers attending separate groups.

Throughout the intervention, youth in the SMU-reduction group will be asked to reduce social media use to 50% of baseline levels, while controls receive psychoeducation and self-monitoring only. All youth will submit daily screenshots of SMU and complete brief surveys about sleep, alternate activities, non-captured SMU, and non-social-media screen time. A final repeated-measures assessment will be completed after week 13.

**Expected Results:** This project is expected to lead to meaningful improvements in youth mental health, including reduced compulsive social media use, enhanced emotion regulation, and improved neurocognition and brain health outcomes. We anticipate strong feasibility and acceptability among adolescents awaiting clinical services for mental health.

**References:**

1. Davis, C.G. & Goldfield, G. S. (2024). Limiting social media use decreases depression, anxiety, and fear of missing out in youth with emotional distress: A randomized controlled trial. *Psychology of Popular Media*.
2. Thai, H., Davis, C. G., Mahboob, W., Perry, S., Adams, A., & Goldfield, G. S. (2023). Reducing social media use improves appearance and weight esteem in youth with emotional distress. *Psychology of Popular Media*. Advance online publication. <https://doi.org/10.1037/ppm0000460>

## PROJECT #7

### **Project Title: Effects of Mindfulness-based Eating Awareness Training delivered via Application for Disordered Eating and Mental Health in Youth with Obesity: The MB-EAT Smart Teen Double-Blind, Randomized Controlled Study**

Are you passionate about empowering young people to develop healthier relationships with food and their bodies? Join us in this emerging research study that aims to provide a compassionate, accessible, and scalable approach to improving eating behaviours, weight regulation, and mental health among adolescents with obesity.

**Supervisor:** Dr. Gary Goldfield (Children's Hospital of Eastern Ontario (CHEO) / Dept of Psychology, Carleton University / University of Ottawa)

**Collaborators/Co-supervisors:** Drs. Mary Jiang (CHEO), Megan Harrison (CHEO), Andree Anne Ledoux (CHEO), Nicole Obeid (CHEO), Jean Kristeller (Indiana University), Wendy Spettigue (CHEO), Mark Norris (CHEO), Corien Peters (CHEO).

**Background:** Pediatric obesity is a major global health issue. It is highly prevalent, tends to persist into adulthood, and is linked to greater risk of physical health issues as well as emotional and social difficulties. Traditional family-based treatment programs, which focus on balancing calories in and out, have shown limited long-term success. These approaches can also have unintended negative effects, such as increasing food preoccupation, disordered eating, and cycles weight loss and regain. In addition, many youths report feeling judged or ashamed when they do not lose weight, which can worsen mental health. Family-based programs are also time-consuming, costly, and difficult to scale, making them insufficient to meet the growing demand for pediatric obesity care.

**Why This Matters:** Mindfulness-based eating awareness training (MB-EAT) delivered through a smartphone app, offers a promising new alternative. Nearly all young people already have access to smartphone technology, which makes app-based delivery convenient and accessible. MB-EAT focuses on improving awareness of hunger and fullness cues, reducing emotional and impulsive eating, and supporting healthier relationship with food instead of dieting or weight restriction. In adults, this approach has shown sustained improvements in both weight-related and mental health outcomes. However, no studies have tested a digital version of MB-EAT in youth accessing obesity treatment services. This study aims to address that gap.

#### **Objectives:**

1. Examine whether delivering MB-EAT training via app (MB-EAT Smart Teen) in adolescents with obesity, reduces disinhibited eating at 12 weeks more than psychoeducation controls.
2. To compare youth in the MB-EAT Smart Teen intervention with those in the psychoeducation control group on a range of outcomes. These include disordered eating, food impulsivity, food reward, EEG-based markers of reward-drive, BMI,

mindful awareness, mindful eating, body image, anxiety, depression, and health-related quality of life

**Who We're looking for:** We're excited to recruit 1-2 MSc HSTP students. Ideal candidates will have experience in quantitative and/or qualitative data collection and analysis and a keen interest in improving healthcare outcomes.

### **Join Us in Making a Difference!**

If you're ready to take on the challenge of enhancing wellbeing in healthcare education and want to play a pivotal role in shaping the future of our health systems, we invite you to apply. Together, we can create environments that help everyone.

### **Research Project Components:**

1. **Day to Day Research Operations:** consent, data collection, data maintenance and quality control, participant interaction, etc.
2. **Data Collection:** Conduct surveys and interviews to gather data identifying barriers and facilitators for the project.
3. **Framework Development:** Review models for wellbeing and design workable solutions tailored to our findings.
4. **Knowledge Mobilization:** Assist with knowledge translation via manuscripts and development of educational content to share our findings with the wider community.

**Duration:** The project will require 20 months to complete (Sept 2026-April 2028).

**Logistics:** This study will use a mixed-methods, single-blind randomized controlled trial with embedded qualitative interviews. We will recruit 100 youth aged 12–17 with obesity who are waitlisted for care at the Children's Hospital of Eastern Ontario's Centre for Healthy Activity Living. Participants will be randomly assigned to either the MB-EAT Smart Teen app-based intervention or an app-based psychoeducation control (50 participants per group). After baseline assessments, all participants will receive one motivational interviewing session to support program engagement.

Study assessments will take place at baseline, 6 weeks, and 12 weeks in-person in the laboratory. The 24-week follow-up assessment will be completed virtually through REDCap, a secure online platform. At the 12-week post-intervention point, a subset of participants will complete qualitative interviews to explore experiences, and to identify barriers and facilitators to engagement.

**Expected Results:** This project is expected to demonstrate strong feasibility and acceptability for a scalable digital intervention that supports healthier eating behaviours, weight management, and mental health among youth with obesity in a high-risk clinical population.

## PROJECT #8

### Proposed Project: Spirituality in an Ageing Society: Mapping Contradictions for Health

**Supervisor:** Dr. Renate Ysseldyk (Department of Health Sciences, Carleton University)

**Collaborators/Co-supervisors:** Dr. Albert Banerjee (St. Thomas University, New Brunswick); Dr. Susan Braedley (School of Social Work, Carleton University); supported by the *Social Sciences and Humanities Research Council of Canada (SSHRC)*

**Background:** Canada (and other high-income countries) is ageing, thus having far-reaching implications at social, cultural, and economic levels (World Health Organization; WHO, 2022). In particular, numerous large-scale surveys in the United States and Europe suggest a steady generational decline in religiosity and religious social participation, with visible shifts from one cohort to the next (Idler, 2022). And yet, research considering the secularization of society has largely ignored age and aging as important points of inquiry (Idler, 2021). Likewise, although the WHO (2007) has developed an “age-friendly” framework to help older adults maintain health and well-being, important social identity factors entailing gender and (non)religion have not been directly addressed, despite the propensity for older adults (and older women in particular) to be more religious (Idler, 2021). Much research links religiosity to better health outcomes in general (Pargament et al., 1998; Park et al., 2018); however, there is also evidence that religious beliefs are often tied to suboptimal health behaviours (e.g., vaccine hesitancy) and skepticism of the healthcare community more generally (Tippins, Ysseldyk, et al., 2023). The proposed research will examine the complexities of this tension between religion (and spirituality) and health among older adults in an increasingly secular society, adding to age-friendly policy conversations ranging from community to international levels.

**Objectives:** To achieve these aims, *our main objectives are* to: (1) examine whether older adults from a broad array of (non)religious backgrounds vary in the extent to which they experience good health and well-being, and participate in (both religious and non-religious) social life, (2) determine whether (and which) forms of social inclusion might be effective in maintaining well-being (e.g., greater life satisfaction, fewer symptoms of depression) as well as impacting older adults’ healthcare choices (e.g., vaccinations, end-of-life care), and 3) determine whether these associations are gendered. The proposed research will therefore help to put Canada at the forefront of attaining the WHO’s (2007) goal of ensuring that cities and communities are inclusive and promote health among *all* older adults.

#### Research Project Components:

1. Review the research literature on the topic
2. Recruit participants, collect and analyze quantitative and/or qualitative data
3. Assist with manuscript preparation and other knowledge mobilization outputs

**Proposed Team:** The student team for this research project will include 1-2 MSc HTSP students. Ideally, students will have experience with quantitative and/or qualitative data collection and



analysis. Experience and interest in gerontology, psychology, and/or the social determinants of health is an asset.

**Duration:** The project will require 20 months to complete (Sept 2026-April 2028).

**Logistics:** Data collection is being conducted both online and in-person.

## References:

- Idler, E. L. (2021). Religion and aging in the global context of secularization: Patterns, processes, consequences. In K. F. Ferraro, & D. Carr (Eds.), *Handbook of aging and the social sciences* (9th ed., pp. 255–268). Academic Press.
- Idler E. (2022). Is secularization an age-related process? *The International Journal of Aging and Human Development*, 94(1), 8-22. doi:10.1177/00914150211027547
- Pargament, K. I., Smith, B. W., Koenig, H. G., & Perez, L. (1998). Patterns of positive and negative religious coping with major life stressors. *Journal for the Scientific Study of Religion*, 37(4), 710–724. <https://doi.org/10.2307/1388152>
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- Tippins, E., Ysseldyk, R., Peneycad, C., & Anisman, H. (2023). Believing in science: Linking religious identity and beliefs with vaccination intentions and trust in science during the COVID-19 pandemic. *Public Understanding of Science*.  
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