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## Advancing Women’s Health Through Genomics: Why Now is the Time to Act

**Author:** [Chen Wan](#), Director Research and Innovation Health, Genome BC

Despite decades of progress, persistent gaps in research design, data and care delivery continue to disadvantage women. While women live longer than men on average, they spend 25% more of their lives in poor health, experiencing higher rates of chronic illness and disability.

For example, heart disease is the leading cause of death for women worldwide and the top cause of premature death among Canadian women. Despite these high stakes, medical research has historically overlooked how heart disease differs between sexes. These differences occur in ‘presentation’ – how symptoms appear to the patient – and in pathophysiology, which is the study of how a disease actually functions and changes in the body’s internal systems. This oversight has a direct, negative impact on health outcomes, even though much of this disease burden is preventable. Similarly, many conditions that disproportionately or uniquely affect women remain under-researched, under-diagnosed and therefore poorly understood.

This is not simply a women’s issue. These are issues of population health, health system sustainability and equity. Addressing women’s health more deliberately and rigorously will improve outcomes not only for women,



but also for families, communities, health systems and society.

### **Women's Health Is Broader Than We Think**

For far too long, women's health has been narrowly framed around reproductive and maternal health. While these areas are critically important, they represent only part of the picture. Women's health considerations must span the entire course of life, from adolescence through reproductive years to perimenopause, menopause, post-menopause and healthy aging.

Many conditions disproportionately affect women, including autoimmune diseases, osteoporosis, migraine and Alzheimer's disease. Others, such as cardiovascular disease, remain the leading causes of death in women but have long been under-recognized and under-studied in female populations. Women also experience higher risk of adverse drug reactions, in part because drug trials often have more male than female participants. This has resulted in dosage standards that are calibrated to men, not women.

Importantly, women's health is shaped not only by biology, but by social, economic and structural factors. Caregiving responsibilities, access to care, socioeconomic status, race and geography all intersect to influence health outcomes. A meaningful women's health agenda must therefore be both biologically informed and socially grounded.

### **Why Genomics Can Help Change the Equation**

If the past was defined by exclusion, the future can be defined by precision and inclusion.

Genomics and multi-omics technologies allow us to understand biological variation at unprecedented resolution. Using genomics, we can explore how genetic architecture, transcription patterns and metabolism interact with hormonal transitions, aging, environmental exposures and social determinants of health – providing both a holistic view and a life-stage approach.

Globally, genomics has already reshaped rare disease diagnosis through whole genome and whole exome sequencing. Genomics has also changed how public health and population screening are approached, as demonstrated during COVID19 pandemic. Precision oncology initiatives are uncovering sex-specific tumour biology and treatment responses. Pharmacogenomics is improving medication safety by accounting for biological variation that influences drug metabolism.

Genomics innovation is transforming healthcare, and women's health must be part of that transformation, not as an afterthought but a priority.

### **The Power of Strategic Funding – A Shared Opportunity**

The persistent gaps and their urgency are clear, but the opportunity is equally compelling. A recently released [McKinsey report](#) estimates that closing the women's health gap in Canada by 2040 would provide an economic impact of \$37 billion. These results can be achieved by improving productivity, re

ducing the health system burden and accelerating innovation.

Political momentum is also building, with the introduction of Bill S-243, the [National Framework for Women's Health in Canada Act](#), to the Canadian Senate in December 2025. The last such national framework dates back to 1999.

To drive systemic change, research, funding, healthcare delivery and policy must align; without coordination, progress will remain fragmented. Funding must be carefully designed to prioritize and incentivize research that generates sex and gender informed evidence. Health systems must be prepared to implement new knowledge and interventions. Policy frameworks must enable coordination and accountability. This is where strategic, purposeful funding becomes essential.

### **Genome BC's Upcoming Women's Health Initiative**

Later this month, [Genome BC](#) will **launch a \$1.8M funding opportunity focused on advancing women's health and wellbeing through genomics across the life course**. Sign up to the mailing list [here](#) to be notified when it launches.

While full program details will be shared at the official launch, our intent is clear: to close critical gaps in women's health through deliberate investment and thoughtful design. The program is structured to support work that is not only scientifically rigorous but also positioned to translate into meaningful health impact. We have heard clearly from our community that purposeful investments – even at modest levels – can catalyze

teams, validate promising approaches, and unlock follow-on partnerships. This initiative is designed to do exactly that.

This is also an invitation – to researchers, clinicians, social scientists, innovators, policymakers, and people with lived experience – to align research, funding, advocacy, systems and policy toward a shared goal. Women's health can no longer be a niche or a peripheral consideration; it is central to scientific excellence, health equity and economic prosperity.

Genomics gives us the means. Through coordinated action, we can truly move the needle and deliver long-awaited, transformative change.

### **Promoting quality seniors' care through moral empowerment**

**Author: Esther Alonso Prieto, Lead Ethics Service - NH**

As Canada's population ages, more seniors are choosing to remain at home for as long as possible. For many, home is where independence, dignity, and a sense of control are best preserved. But behind the scenes, the growing demand for home-based health care is placing increasing pressure on care providers who support seniors and their families every day.

### **The pressure on care providers**

Home and community care providers often support people with complicated medical needs as well as other issues such as social isolation, financial strain, and family conflict. They work in unpredictable environments, sometimes

with limited time, resources, or support. Over time, these pressures can lead to moral distress and burnout, which affects the sustainability of teams who support seniors and families.

### **Introducing the Moral Empowerment System**

To respond to these challenges, Northern Health is implementing the Moral Empowerment System for Healthcare (MESH). MESH is an evidence-informed approach that helps community care teams build skills, confidence, and shared language, for working through ethical challenges. This system strengthens ethical practice at both individual and team levels, and builds long-term supports within the organization.

MESH gives care providers practical tools and offers structured learning, opportunities for reflection, and space for teams to problem solve together. It encourages collaboration and helps reduce the isolation that can come with facing difficult situations alone. MESH also creates lasting supports that help teams apply ethical practices consistently in their daily work.

### **What this means for seniors and families**

By supporting care providers, MESH helps improve the quality and consistency of care people receive at home. Teams are better equipped to make decisions that reflect what matters most to patients and families. This leads to care that feels more compassionate, more coordinated, and more aligned with people's values.

### **Research making a real difference**

Additionally MESH, and initiatives like MESH, highlight the important role of research within Northern Health. By embedding research into everyday practice, the organization is strengthening its capacity for learning, evaluation, and innovation. This ensures that evidence leads to real improvements in care for communities across the North.

### **The team behind the work**

This work is led by a dedicated team of Northern Health staff, UNBC researchers, and community partners. The project team includes:

- Esther Alonso-Prieto (NH Regional Lead, Ethics Service) - Principal Investigator
- Angela De Smit (NH VP Professional Practice/Chief Nursing & Allied Health Executive) - Executive Sponsor
- Kelly Gunn (NH VP Primary & Community Care) - Executive Sponsor
- Caroline Sanders (UNBC - Nursing Faculty) - Evaluation Co-lead

The project is delivered in collaboration with academic and community partners, helping ensure that the approach reflects real-world needs in rural and remote northern contexts. The team also acknowledges the early contributions of Viva Swanson (NH ED, Nursing - MNPR Implementation) and Vanessa Mueller-Prevost (NH Instructional Designer), whose support helped shape this work.

## Looking ahead

By strengthening moral empowerment across care teams, Northern Health is investing in the people who support seniors every day. This work helps create a healthier, more supported workforce, leading to more consistent and compassionate care for the people who rely on home and community health services.

## Putting Patients First 2026: Changing the Landscape of Patient Partner Participation in BC

**Author: Marcelo Bravo, Lead Patient Oriented Research & Knowledge Translation Capacity Building – Northern Health**

Putting Patients First (PPF), BC's premier conference on patient-oriented research, took place on March 3, 2026, in Vancouver, BC, with both in-person and online participation. The conference continued the conversation on "learning communities" in BC's health research landscape. Its central aim was to explore how diverse voices —especially those with lived and living experience can meaningfully shape health research and drive actionable change across the healthcare ecosystem.



*Credit: Michael Smith Health Research BC*

Now in its eighth year, PPF2026 brought together more than 600 participants. Highlights from the program included:

- Two keynote presentations including Dr. [Antoine Boivin](#), Canada Research Chair in Partnership with Patients and Communities and Co-founder of the Center of Excellence for Partnership with Patients and the Public; and Dr. [Sarah Greene](#), Advisor, Consultant, Researcher, Patient Advocate, and Associate Editor of the Learning Health System [Journal](#). Their talks emphasized community-centred collaborations, ground-up innovations, and the human side of health research.
- A showcase of 32 provincial projects funded and supported by the BC SUPPORT Unit.
- A roundtable dialogue session focused on generating ideas and solutions for pressing health system challenges.
- A Patient Partner Gathering to advance the work of the Patient Partner Network, supported by the BC SUPPORT Unit.

## Participant comments:

- "Spaces like this are powerful because lived and living experience is not only heard, it's recognised as essential in improving health research and strengthening health systems."

- “What if the patient voices weren’t just included, but valued as essential expertise?”
- “When patients, researchers and clinicians learn together, we create solutions that truly center people.”



*Credit: Michael Smith Health Research BC*

Attendees also expressed gratitude to the [BC SUPPORT Unit](#) and [Michael Smith Health Research BC](#) for creating such an inspiring conference and to keynote speakers Dr. Boivin and Sarah Greene, and patient-partners for their unique contributions.

### What’s Next:

Conference videos will be posted in the [Putting Patients First webpage](#) soon.

### NH Library Corner

The [NH library](#) subscribes to a wide range of journals to support the diverse information needs of NH staff in every department and specialty across the region. Use the new [Publication Finder tool](#) to search and browse for journals and databases by title or subject. Subjects include specialized clinical areas, healthcare administration, implementation science, and leadership.

You’ll also find access to popular publications such as:

- New England Journal of Medicine
- JAMA: Journal of the American Medical Association
- Cochrane Database of Systematic Reviews

To stay current with emerging research and trends, visit our [Staying Current subject guide](#). It provides instructions for setting up alerts when your favourite journals publish new content. If the library doesn’t subscribe to a journal, or the article you need is behind a paywall, fill out the [interlibrary loan request form](#). Library staff can borrow the material from another library at no cost to you. Questions? Email [library@northernhealth.ca](mailto:library@northernhealth.ca).

### Opportunities and Funding

The National Collaborating Centre for Methods and Tools offers: Custom-Tailored Back-to-Basics Workshops. Refresh your team’s foundational evidence-informed decision making (EIDM) skills in a focused session built around a popular workshop. Workshops will reintroduce key concepts, tools and resources, grounded in real-world context. More information [here](#).

### [CIHR Healthy Youths team grant](#)

The purpose of this funding opportunity is to support youth-engaged research teams to generate evidence for at least two of the six priorities of [Canada's Youth Policy](#) with the ultimate goal of improving youth health and well-being.

- Value: \$300,000 per year for up to five years, for a total of \$1.5 million per grant
- Registration deadline: April 28, 2026
- Application deadline: June 16, 2026

**CIHR Research excellence, diversity and independence early career transition award 2025**

To promote research independence and academic research career readiness of highly qualified trainees, such as post-doctoral researchers, clinicians and PhD-holding research associates, belonging to underrepresented groups.

- Value: \$660,000 for up to six years
- Application deadline: June 16, 2026

**Upcoming Events**

**April 13, 20, 27, 28, 2026 at 9.30 am | Virtual**

UBC School of Public Policy and Public Health Presents: Empowering Indigenous Futures - A Health Research Presentation Series. Topics, presenters and registration [here](#).

**April 13, 2026 at 6.30 pm | Virtual**

UBC CPD: Youth Suicide Prevention in Primary Care: Navigating Risk, Relationships, and Community Supports. A webinar on supporting youth experiencing the spirit of suicide and suicidal ideation through culturally-safe, trauma-informed care. Information and registration [here](#).

**April 15, 2026 at 5.30 pm | In person**

Life Sciences BC presents Showcase series Prince George. This event highlights the latest innovations in the growing regional life sciences sector. Information and registration [here](#).

**April 22, 2026 at 1 pm – 2 pm | Online**

A Copilot for Web course geared to persons who want to learn the basics of using copilot for Web (NH staff event). Registration [here](#).

**May 1, 8, 15, 22, and 29 Various times (morning and lunch time) | Virtual**

Join us online every Friday in Five Days in May (FDIM) to learn how research is transforming health and care across the province. Info and registration [here](#).

**May 28, 2026 at 10 am | Virtual**

Webinar: Indigenous methodologies, Data & Community Governance by Dr. Amanda Fowler-Woods [here](#).

**May 28, 2026 at 4 - 7 pm | In person**

Made in the North: Health research and innovation gathering. An evening that brings Northern BC's health research community together. Discover how local research and innovation are transforming care across Northern BC. Info [here](#).

**May 29-31, 2026 All day | In-person Prince George**

The **BC Rural Health Conference**, hosted by the Rural Coordination Centre of BC, will take place at the Prince George Conference and Civic Centre on May 29-31, 2026. Information and registration [here](#).

## New Approved Research Studies in Northern Health in February and March 2026

NH continues to expand its research supports that contribute to relevant research and scientific discoveries strengthening Northern and provincial research capacity.

#	Principal Investigator	Institution	NH Affiliated Team Member	Study Title	HDSA/ Area	Facilities
1	Sabrina Wong	UBC, School of Nursing	N/A	Optimizing Primary and Team-Based Care (OpTIC-PHC): A Longitudinal Study of Interprofessional Primary Care Teams	Haida Gwaii	Haida Gwaii Hospital and Health Centre, Daajing Giids
2	Gregory Michael Legal	UBC, Pharmaceutical Sciences	N/A	Pharmacist-to-Patient Ratios: Perspectives from Clinical Pharmacists in British Columbia	All	All
3	Gary Misselbrook	NH & UBC	Gary Misselbrook	Project -1 Critical Care Recovery Program: Analysing Outcomes of Critical Care Survivors in Northern Communities	Prince George	UHNBC
4	Gary Misselbrook	NH & UBC	Gary Misselbrook	Project -2 Critical Care Recovery Program: Implementation of critical care follow up in Northern BC: facilitators and barriers of change	Prince George	UHNBC
5	Jennifer Hawkes	UBC, Pharmaceutical Sciences	Alicia Rahier	Bridging the Gap: Evaluating Syphilis Management and Care Pathways in an Acute Care Facility in Northern British Columbia	Prince George	UHNBC

6	David Moore	BC Centre for Excellence in HIV/AIDS	Rakel Kling	The STOP HIV/AIDS Program Evaluation (SHAPE) Study 2.0	Prince George	PG AIDS prevention program/needle exchange
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## Recordings of Previous Events

- 2025 Northern BC Research & Quality Conference  
[Access the recordings here](#)
- Michael Smith Health Research BC Knowledge Translation Recorded Seminars  
[Access the recordings here](#)
- Engaging Values, Shifting Culture: Evidence-Based Approaches to Frame Messages that Inspire Enduring Change  
[Access the recording here](#)
- BC Children's Hospital Research Institute Recorded Seminars  
[Access the recordings here](#)
- Women's Health Research Institute Recorded Seminars  
[Access the recordings here](#)

Interested to share information with us for our April edition?

Contact: [KT@northernhealth.ca](mailto:KT@northernhealth.ca)

To read previous editions of the Newsletter? Access here [earlier editions](#).