SOCIAL ACCOUNTABILITY AND PUBLIC ENGAGEMENT IN CENTRAL LABRADOR

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Highlights of initiatives by Memorial University’s Faculty of Medicine

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Social Accountability and Public Engagement in Central Labrador

HIGHLIGHTS OF INITIATIVES BY MEMORIAL UNIVERSITY’S FACULTY OF MEDICINE

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1. ACKNOWLEDGEMENTS

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- **Rachel Landy** (PhD candidate, Community Health and Humanities, Faculty of Medicine, Memorial University)
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2. INTRODUCTION: THE IMPETUS FOR ADDRESSING HEALTH NEEDS IN CENTRAL LABRADOR

“Social accountability forms the essential foundation for medical practice and medical education. Excellence, as demonstrated by engagement, actions and impact, should be the goal of both.”

Dr. James Rourke, Dean of Medicine

The mission. Memorial University’s Faculty of Medicine was created to serve the people of Newfoundland and Labrador through training doctors who would be able to practice in the province and by responding to the health and wellbeing of the province’s communities. The faculty has a long and proud tradition of taking this mandate seriously since it opened and has contributed significantly to the health care of Newfoundlanders and Labradors.

Social accountability. Today, the emerging concept of social accountability establishes such contributions as a pillar of medical education, research and service and provides a framework for medical schools around the world to assess their roles and responsibilities in society.

The World Health Organization coined the current definition of social accountability in 1995 as “...the obligation of medical schools to direct their education, research and service activities towards addressing the priority health needs of the community, region, and/or nation they have a mandate to serve. The priority health needs are to be identified jointly by governments, health care organizations, health professionals and the public.” The Global Consensus for the Social Accountability of Medical Schools later added to this definition the requirements that social accountability includes “a state of awareness of duties to respond to society’s needs” (social responsibility) and “a course of actions addressing society’s needs” (social responsiveness). Drawing from these sources and other contributions to the body of literature, the ASPIRE initiative (led by the Association for Medical Education in Europe (AMEE)), recently framed the four domains of social accountability action as:

- Organisation and function,
- Education of medical doctors,
- Research activities,
- Contribution to health services for the community/region.

Public engagement. In a similar vein, Memorial University has recently adopted a public engagement framework that affirms public engagement as a core aspect of the university’s mission. Public engagement draws on the knowledge and resources of collaborators from within and outside the university and involves mutual respect, mutual contributions and mutual benefits for all participants. Public engagement has much in common with the concept of social accountability, and overlaps with much of the university’s core academic activities of teaching and learning, research, and creative activity. (Figure 1)

2 C. Boelen and J. Heck, Defining and measuring the social accountability of medical schools, Geneva: World Health Organization (1995), 3. Note: To address a more explicit and modern terminology and to reflect an active process, AMEE’s ASPIRE working group on developing criteria for excellence in social accountability substituted “needs” as opposed to “concerns” within the above WHO definition.
Public engagement has also long been integral to the Faculty of Medicine’s way of serving the people of Newfoundland and Labrador, and the new university-wide emphasis on public engagement provides another lens for evaluating the success of the faculty in serving the people of the province.

![Figure 1. Integration of public engagement with teaching and learning and with research, scholarship and creative activity.](http://www.mun.ca/publicengagement/memorial/framework/PEF_descriptive.pdf)

**The relationship between social accountability and public engagement.** There is a high degree of overlap between the concepts of social accountability and public engagement. Both seek to address public needs and benefit the public good, and both demonstrate respect for the knowledge and experience offered by people outside of the university community. Many activities in the Faculty of Medicine meet the objectives of both social accountability and public engagement, and examples from work in Central Labrador that demonstrate this overlap are highlighted throughout this report. While public engagement can often enrich socially accountable activities, public engagement is not desirable or feasible for all socially accountable activities. Divergence between the two concepts therefore arises where activities that are socially accountable (seeking to address a public need) do not involve engagement from the public; for instance, training modules that have been developed without community participation and research that studies community issues but does not involve community members.

**Serving Central Labrador.** In Labrador, serving the needs of the people means striving to meet the challenges of serving rural areas spread out over a vast geographic area, aboriginal communities, and an aging population.

In Happy Valley-Goose Bay and surrounding areas, Memorial University’s Faculty of Medicine has developed a strong presence through initiatives and projects that fall within the four domains of social accountability and within Memorial’s definition of public engagement. Among these are the Northern Family Medicine (NorFam) program that immerses students in learning about northern and rural family medicine practice, an ever-increasing and evolving use of telemedicine technologies that increase the capacity of even the most remote communities to provide health care services, the creation of a faculty position based at the Labrador Institute, and the work of graduate students who research health and wellbeing issues that are important to the people. These activities are models of social accountability and public engagement, initiated in response to needs and opportunities in the region (often as identified by local people and organizations), and developed through partnerships with key stakeholders, including the Labrador-Grenfell Regional Health Authority and Aboriginal groups.

Thanks to the increasing emphasis placed on social accountability and public engagement, there is unprecedented opportunity to prioritize and value these initiatives and projects. This report builds on this opportunity by highlighting some of the major initiatives that represent the Faculty of Medicine’s social accountability and public engagement work in the Happy Valley-Goose Bay region through:

- teaching future medical doctors – including the Northern Family Medicine Education Program (Section 3) and the Pre-Med Summer Institute for First Nations/Inuit/Métis Students (Section 4),
3. THE NORTHERN FAMILY MEDICINE EDUCATION PROGRAM

Training future family doctors for rural and remote practice. The Northern Family Medicine Education (NorFam) program was established in 1991 to train residents for family medicine practice in rural and remote communities. Dr. Michael Jong, professor of family medicine, led the development of NorFam after doing a family medicine residency at Memorial. Originally from Malaysia, Dr. Jong graduated from the University of Malaya, trained in internal medicine in England, and then followed his sense of adventure to St. Anthony and Goose Bay. While doing a family medicine residency in St. John's, he identified a need for a family medicine program that would be based in, and respond to, the needs of Labrador. The Faculty of Medicine, the Newfoundland and Labrador Department of Health and the Labrador-Grenfell Regional Health Authority partnered to bring the idea to fruition. Over the years, NorFam has evolved into a flagship initiative of the Faculty of Medicine.

Based in the Labrador Health Centre in Happy Valley-Goose Bay, the program provides a combined four-month family medicine academic rotation and four-month rural family medicine rotation to six second-year residents per year. The program aims to encourage more family medicine residents to practice in the region after graduation, and has had great success in this. There is strong evidence that if residents are trained in rural areas, they are much more likely to return to those areas to work, and the results from NorFam are striking – since the program began, the number of physicians practicing in the region has tripled, with 80 percent having trained through NorFam. Also, while 50 percent of graduates from Memorial’s medical school and only 20 percent of graduates from all Canadian medical schools are practicing in rural areas two years after graduation, an impressive 80 percent of graduates who took part in NorFam are practicing in rural areas two years after graduation.

Residents in NorFam are immersed in the comprehensive nature of family medicine practice in rural and remote areas. A key aspect of attracting and retaining family doctors in Canada to rural areas are the opportunities for providing patients with more comprehensive care. The NorFam program introduces residents to these opportunities, offering training in a broad spectrum of activity and allowing them to follow patients as inpatients, outpatients and in their home communities. The longevity of the relationships strongly develops the ability of residents to provide comprehensive care.

Innovative training modules. Many of NorFam’s residents do rotations in other rural communities outside Happy Valley-Goose Bay, and NorFam has developed innovative training modules that contribute to improving care for rural populations. To help residents prepare for the occasional but very stressful event of looking after critically ill patients in rural areas with limited tertiary care support, NORFAM provides rural critical care simulations that are based on real-life cases. Through the simulations, residents gain confidence and prepare for the responsibility of being a family physician in rural and remote settings. The Rural Critical Care Simulation training developed by MUN faculty is being offered nationally at the annual Rural and Remote Medicine Conference and locally at venues across the province. NorFam also offers Aeromedical Evacuation and Wilderness training (which continues to be one of the highlights of the program) and training modules for point of care ultrasound.

Encouraging community-focused care. The NorFam program strives to cultivate comprehensive approaches to health care provision by encouraging healthy lifestyles, particularly to address chronic illnesses like diabetes and heart
disease. The BEGIN program (Begin Exercise, Gradually Increasing Now) is a great example of this. BEGIN was originated by residents as a six month pilot and has now been going for two years. With an approach of “We'll walk with you, talk with you, and look after you as we go together,” residents volunteer to walk in groups with patients, discussing lifestyle changes while living the change. This provides modeling and motivation for patients who might otherwise feel that exercise was beyond their capacity, and encourages them to see the connection between physical activity, social connection and wellbeing. One of the member patients even joined a running program after taking part in BEGIN. The residents, meanwhile, gain appreciation for more holistic health care and learn to look to more than just medication for solutions.

**Fostering observation and responsive research.** During their time with NorFam, residents are also involved in short-term research projects, engaged in studies that are based on their work and involve collecting and analyzing information through their practice. For instance, residents have been involved in research with Innu and Inuit patients, developing growth parameters specific to Innu and Inuit children. These research activities serve to cultivate interest in residents for being alert to and investigating the health needs of the populations they work with.

**Introducing residents to life in the north.** The NorFam program seeks to introduce residents to the peoples and ways of life in Labrador. In addition, residents are encouraged to explore what life in rural areas has to offer. Through NorFam, residents can learn about fishing, trapping, snowshoeing, skiing, etc. They learn about indigenous health, values and culture in a wilderness camp by listening, living and being lead by the elders.

**Cultivating mutual respect, shared values and self-reflection.** During their immersion in communities, residents are given exercises to reflect on their experiences and learning. They reflect on the ways values intersect across cultures, and how they can modify their own attitudes and values to better meet the needs of the people they serve. The survival camping experience offered is of particular note, as it also increases resident’s understanding of Aboriginal people and cultures. It includes a workshop on indigenous health and is guided by Aboriginal elders. Residents must follow the teachings of the elders to learn how to survive on the land, so while they learn valuable skills they also experience being on the other side of the typical power imbalance between physician and patient.

4. **PRE-MED SUMMER INSTITUTE FOR FIRST NATIONS/INUIT/MÉTIS STUDENTS**

**Increasing accessibility of medical education for Aboriginal students.** The Pre-Med Summer Institute offered through the Faculty of Medicine’s Aboriginal Health Initiative (AHI) was launched in 2011. The institute is an intensive four-week program offered to pre-medical students from First Nations, Nunatsiavut and NunatuKavut communities in Newfoundland and Labrador. Successful candidates are selected through an application and interview process. The AHI, under the leadership of Dr. Carolyn Sturge Sparkes (AHI co-ordinator), aims to offer the institute bi-annually, and the second institute was held in June of 2013.

The overall goal of the institute is to provide the participants with skills and tools that will increase their chances of being successfully admitted into medical school. Subsequent to its first year of operation, three out of the five participants were accepted into a medical degree program.

**Experiential learning and mentoring.** Based out of the Labrador Health Centre, the institute provides the opportunity for participants to engage in experiential learning in a medical environment. Throughout the program, participants shadow medical practitioners and are exposed to clinical work including screening procedures such as blood pressure checks. The curriculum is further enhanced with sessions focusing on Aboriginal cultures and knowledge, and the importance to the medical profession of health promotion. Participants are also informed of the need for physicians in
rural and remote communities in Newfoundland and Labrador, and the benefits of health care professionals returning to their communities to practice. Personal skill-building includes being mentored on the admission process into medical school both in the preparation of the application and the interview.

5. LABRADOR-BASED FACULTY MEMBER

Creation of the position. In 2006, the Labrador Aboriginal Health Research Committee (LAHRC) held a workshop for community members and researchers to consolidate existing research and identify priority research needs for the future. The workshop was a major milestone for health research partnerships between the Faculty of Medicine and communities in the region. Many partnerships and projects came out of the workshop and a solid foundation was set for moving forward together on improving ethics guidelines and reviews processes. Additionally, a recommendation was made during the workshop to establish a community health faculty position based in Labrador. This faculty member would serve as a link between the community and the Faculty of Medicine, developing sustained relationships with community organizations, conducting research and connecting graduate students working on community-based projects. Dr. James Rourke, dean of the Faculty of Medicine, was in attendance and agreed to begin work to establish the position. In 2011, Dr. Rebecca Schiff became the first to hold this position. Dr. Schiff is involved in both research and community development, helping out where she can in both leadership and support roles in areas relating to social determinants of health.

A resource to communities. Since starting in her position, based out of the Labrador Institute in Happy Valley-Goose Bay, Dr. Schiff has become a member on LAHRC and has developed connections with many community organizations to address important needs and issues. Community organizations often lack capacity to conduct research (including identifying information gaps, and collecting and analyzing data); as a health researcher, Dr. Schiff can bring capacity to work on those needs. For example, she conducted a research project to update the assessment, priorities and strategies of the local housing coalition’s strategic plan and she is now looking to collect baseline data about homelessness in the area.

Conducting responsive research. Dr. Schiff is leading or involved in a host of research projects that respond to community-identified needs. Many of the projects she pursues are driven by community interests and include: developing a baseline indicator to follow impacts of the Lower Churchill development; investigating whether there is radiation in Makkovik from uranium exploration; and researching the operations and impacts of community gardens in Lake Melville.

Connecting other researchers. In her role, Dr. Schiff also works to connect faculty and graduate students with community organizations and vice versa. She primarily works with faculty and graduate students from the Faculty of Medicine, but also works closely with researchers based at the Labrador Institute and assists researchers from other disciplines and even other universities.

Community leadership. Furthering her service to the community, Dr. Schiff has also taken on leadership roles in several organizations, including co-chairing the Mokami Status of Women Council, co-chairing the Happy Valley-Goose Bay Community Advisory Board on Housing and Homelessness, and sitting on the committee for the Lake Melville Community Food Hub.
6. RESPONSIVE RESEARCH

The Faculty of Medicine is committed to undertaking “research that makes a difference”™ to the lives of people in Newfoundland and Labrador, and its involvement in many research projects in Central Labrador that respond to community needs speaks volumes to this commitment. Research taking place in the region comes out of ideas that originated in the community or were developed with the community to examine and address pressing, real-world needs. Researchers work in partnership with community leaders, service providers and stakeholders to ensure research questions, processes and results serve the interests of the people. Dr. Rebecca Schiff (assistant professor of Aboriginal health in the Division of Community Health and Humanities [CHH], and the faculty member based in Labrador presented in Section 5), practitioners and practitioners-in-training in the region, and faculty members and students from CHH (with its aim to “improve the health of the community through education, research and service that is focused on the prevention of disease and the protection and promotion of health”4) are essential in the faculty’s research role with the communities of Central Labrador. This section highlights but a few examples of the many responsive research projects of which the Faculty of Medicine is part.

Research by faculty members. Faculty members, including those who are also practicing physicians in the region, have long been practitioners of socially accountable and publically engaged research. For instance:

- When Dr. Michael Jong (founder of the NorFam program highlighted in Section 3) first arrived in Happy Valley-Goose Bay, he noted a high prevalence of Hepatitis B in the region and began investigating possible sources and determinants. Since then, he and his collaborators conduct research on needs identified by them or by community partners. Several of these research initiatives have been highlighted in sections above, including developing growth parameters for Aboriginal children in Labrador, the recently undertaken international study on innovations for managing diabetes and a research report on the telemedicine work being done in the region.

- Dr. Ian Feltham (Discipline of Family Medicine) undertook an innovative project in 2003 that transferred knowledge about crab asthma (a respiratory disease that was linked to work in crab plants) by writing a play about it. Dr. Feltham hoped that the play, titled Second Wind, would provide an accessible form of learning and help to raise awareness about the disease. He worked with a local theatre group and the play was performed in communities where crab asthma was prevalent.

Other examples of recent and ongoing research projects by faculty members include:

- In 2009, the NunatuKavut Community Council sought to develop a health needs assessment to help inform the delivery of health services in the region. They received funding through the Aboriginal Health Transition Fund and invited Dr. James Valcour (assistant professor of epidemiology, CHH) and Dr. Debbie Martin (an assistant professor from Dalhousie University) to develop the research tools and conduct research with the community researcher team, analyze the quantitative and qualitative data, and share the results with the community. The NunatuKavut Community Council saw building community capacity as an important aspect of the research process, so Drs. Valcour and Martin trained community members to conduct the research surveys. In addition, Dr. Valcour assisted community members with other issues wherever possible, such as setting up laptops for surveyors/interviewers, dealing with technical issues and concerns and providing quotes for press releases. Upon completion of the health needs assessment, the NunatuKavut Community Council commissioned Dr. Shree Mulay (associate dean, CHH) to conduct an evaluation of the processes used to undertake the health needs assessment,

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4 Home, Memorial University: Division of Community Health and Humanities, Faculty of Medicine, http://www.med.mun.ca/CommunityHealth/Home.aspx (2013).
assess the short-term outcomes of the initiative using a gender-based analysis approach, and develop a long-term evaluation plan for the project.\(^5\)

- **Dr. Fern Brunger** (associate professor of health care ethics, CHH) has been working with the NunatuKavut (southern Inuit) community of Labrador to implement the Canadian Institutes of Health Research guidelines for health research involving Aboriginal peoples, while simultaneously researching their process, to produce a case study on the challenges and strategies of implementing the guidelines. (More about this project below, under Principles and processes to guide responsive research.)

- **Dr. Atanu Sakar** (assistant professor of environmental and occupational health, CHH), is conducting interdisciplinary research in Makkovik along with Dr. Rebecca Schiff (Section 5), the Labrador Institute and Dr. Derek Wilton (a professor in Memorial’s Department of Earth Sciences) to investigate overall health issues around uranium mining development sites.

**Research by graduate students.** Graduate students in the Faculty of Medicine undertake leading-edge responsive research projects in the course of completing their degree. Many of these students base their entire thesis or dissertation around addressing a community need or opportunity, and several of them, including Rachel Landy, Melody Morton-Ninomyia and Nathaniel Pollack, are currently focusing on community-identified needs and opportunities in the Happy Valley-Goose Bay region:

- **Rachel Landy**’s master’s research looked at how hip hop music is used as an HIV prevention strategy in Aboriginal communities across Canada. As a current doctoral student in CHH, she found a great community partner for her doctoral research when she connected with the HIV/AIDS Labrador Project at the Labrador Friendship Centre in Happy Valley-Goose Bay, Labrador to develop arts-based HIV prevention programming.

  Adopting a community-based research approach, Rachel plans to work with community stakeholders, including youth, to develop, pilot and assess the arts-based prevention program. Within this framework community members will be involved in every aspect of the project – the approach is an iterative and participatory dialogue with community stakeholders. Rachel expects that the findings of this research project may have a direct and immediate impact on HIV/AIDS education in Labrador and will inform future arts-based HIV/AIDS education initiatives.

- **In Melody Morton Ninomiya**’s former work, Fetal Alcohol Spectrum Disorder (FASD) was coming up time and again as an issue that has an impact on access to secure housing, appropriate supports and services, and foster care homes. Melody wanted to investigate this further and, after talking with community organizations and committees involved with FASD about whether such research would be valuable to them and consulting with academic experts to learn about emerging areas of research, she undertook a PhD research program in CHH.

  Melody has developed partnerships with the FASD co-ordinator, the social health director and others from the Sheshatshiu Innu First Nations community (including the school, health clinic, community health programs and families with youth who have a diagnosis of FASD). Together they have defined a project that seeks to examine how communication, supports and services are coordinated between individuals, families and organizations.

  The project aims to provide evidence that will be the basis for (a) highlighting what is working well and (b) identifying practical and pragmatic recommendations for areas of improvement. To ensure the results are meaningful and accessible to the community, Melody will work with community and institutional representatives to: produce summaries that are in Innu-aimun; create one and three-page research result summaries; present to interested community members; and work closely with key stakeholders about next steps.

- **When Nathaniel Pollock** arrived in Happy Valley-Goose Bay as a social worker in 2009, he became keenly aware that suicide is one of the biggest health concerns in the region. After deciding to go back to graduate

school, he chose to focus his doctoral research on mental health service and suicide. He hoped his research could provide evidence to communities and the health system in Labrador, and support local capacity to prevent suicide. As a doctoral student in CHH, Nathaniel works closely with four communities in the region where suicide is prevalent. His work is community-specific, treating the needs and issues of each community distinctly and identifying target populations within each community.

During the initial consultation phase of his research, Nathaniel developed partnerships with Labrador Grenfell Health and Aboriginal groups. Over the first year, he spent time talking to key stakeholders in central and northern Labrador. This included government representatives, Aboriginal organizations, frontline service providers, elders and youths. Nathaniel and his research partners felt beginning with formal and informal conversations allowed him to build relationships with people in Labrador and to understand local issues. Nathaniel developed two studies to address questions that come up during the consultations. These projects examine: 1) the patterns of health care use by in the year prior to suicide and 2) follow-up care for people who visit the emergency department with suicide-related behaviour.

Nathaniel plans to continue the iterative and collaborative process throughout his project. Following data collection, he will seek feedback from partners about the emerging results and plan the dissemination strategy; this will likely include community presentations, reports for partners, and meetings with local and governmental decision makers. Nathaniel hopes the data from his project can be used to improve mental health care for people in Labrador and prevent suicide. He is also working on developing a network with other regions (e.g., Nunavut) to share information and implement solutions in the hopes of seeing results faster when shared across regions.

**Principles and processes to guide responsive research.** Researchers are guided by established principles for working with communities on research. These include respect for community interests and knowledge, transparency in processes and products, and equity in partnerships. With respect to research that involves Aboriginal communities, the acronym OCAP is a leading concept, encompassing four important principles — *ownership, control, access, possession* — to ensure that Aboriginal community partners determine how their information is collected, stored and used.

Health-related research projects in the region go through a variety of research review processes, including those of the NL Health Research Ethics Authority (HREA), the Labrador-Grenfell Health Authority, and review committees of any Aboriginal communities involved in the research. National regulatory ethics codes and review processes for conducting research that involves Aboriginal people are outlined in the Tri council Policy Statement (TCPS2 2010). With respect to research involving Aboriginal people, receiving ethics clearance from the appropriate Aboriginal communities is a key part of social accountability, to ensure that they are able to exercise autonomy in determining what research will be done in their communities, that research is not conducted that will negatively impact the community, and that research methods are respectful of the needs of the Aboriginal participants and communities involved.

The 2006 LAHRC workshop that led to the creation of a faculty member position based in Labrador (referenced in Section 5) was a milestone for health research partnerships between the Faculty of Medicine and communities in the region. Many partnerships and projects came out of the workshop, and many of the relationships formed continue today. One of these was the partnership between the NunatuKavut community and Dr. Fern Brunger and colleagues to implement the guidelines of the Canadian Institutes of Health Research (CIHR) for health research involving Aboriginal peoples. As the team worked to “set up an improved review process, [they] were conducting research on [their] work of setting up the system.”6 This research resulted in concrete recommendations to assist with implementation of the guidelines. In recognition to the principles of respecting community knowledge and contributions, the university-community-led team decided to include the community partners as co-authors on the project. Through the partnership, the team has also developed an online database for NunatuKavut to house and analyze information about research.

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done in the community. Finally, the team’s work has generated a series of papers around authority, representation and risk in health research ethics.

**Recognizing the products of responsive research.** When researchers work with community partners on real world problems, the goal is to get results for communities. Many researchers work closely with community partners, share findings with them, assist in implementing the lessons learned, and then move on to investigating the next pressing problem in need of research. It can be difficult to turn this kind of research into articles for peer-reviewed journals – sometimes because the research methods or results do not easily translate into an article and often because researchers who devote time to developing and maintaining collaborative research processes have less time to write journal articles – which has been the primary means of recognizing research success. Through the increasing emphasis on social accountability and public engagement, there is opportunity to increase recognition of the processes and products of responsive research.

7. **TELEMEDICINE**

**Immediate access to health care for rural communities.** Telemedicine is emerging as a great asset in health care provision in the rural and remote areas of Labrador. Telemedicine provides immediate access to health care for patients by bringing physicians in virtually from other locations. The technologies available are constantly evolving and improving, and includes satellite technology, video conferencing capacity through SmartLabrador, and even Rosie the robot, who is used in Nain to allow physicians to be active participants in health care from remote locations. Telemedicine has been primarily used for responding to emergencies – for instance, a physician can direct a local practitioner in performing resuscitation.

**Managing chronic illnesses.** As use of telemedicine evolves, practitioners are now looking at using it to manage chronic illnesses as well. Researchers recently received funding from CIHR for a five-year, international study on community-based primary health care innovation. One of the projects will look at using telemedicine to manage diabetes for patients living in remote communities.

**Sharing results for global benefits.** The use of telemedicine in Labrador is something that physicians see as important to share with the world, as the technologies can be useful in any rural region. A case study about the practice of telemedicine in Black Tickle was published in the *Canadian Journal of Rural Medicine* (see: M. Jong et al, “A model for remote communities using store and forward telemedicine to reduce health care costs”, *Canadian Journal of Rural Medicine* (Winter 2001), 6(1):15-20.) Other papers include:


8. **SUMMARY OF REPORT**
Working collaboratively with communities to meet the health needs of the province’s people has been at the heart of the Faculty of Medicine’s activities since its inception. Initiatives pre-date concepts and terminology like social accountability and public engagement. But these emerging concepts provide further impetus to set priorities, guide activities and value results around the faculty’s contributions to communities. This report has highlighted some of the major initiatives and highlights several projects that the Faculty and its practitioners and researchers have undertaken in Central Labrador in collaboration with communities to address community health needs.

The faculty has established the Northern Family Medicine Education Program and the Pre-Med Summer Institute for First Nations/Inuit/Métis Students to train future doctors who will serve the communities of Central Labrador (with each of these initiatives also including research elements). The faculty has based a full-time faculty member position in the region to establish a continuous faculty presence in the region, and practitioners, faculty members and students from the Faculty of Medicine undertake a host of research projects that respond to community needs. While all of these initiatives contribute to improving health care services in the region, initiatives like the innovative work in telemedicine directly bring innovative services to rural and remote areas.

To all these initiatives, the practitioners, teachers and researchers involved from the Faculty of Medicine bring their expertise and service to communities through partnership and leadership. They convey a commitment to service through willingness to respond and assist where needed. Moreover, the people of the Faculty of Medicine included in this report bring sincere respect for community knowledge and capacity, and they seek to establish themselves within communities (through residence and/or through deep connection with community issues). In doing so, they lay the foundation for truly successful community-university partnerships, which are built on mutual trust, respect and understanding, and many of the relationships last beyond the completion of a project.