# Collaborating for Impact!

# CardioMetabolic Research Network (CMRN) Newsletter

#### August 15, 2021 Issue # 2

#### Welcome to our second newsletter

COVID is still dominating the news, and we are collectively learning to adjust. There are welcome discussions of the role of health literacy, different belief systems, the power of opinion leaders, and the value of evidence in managing health conditions. It is not hard to see alignment with our interest in lifestyle change to prevent and manage the cardiometabolic conditions!

Enjoy the last couple of weeks of summer! Please send suggestions, etc. to Paula Brauer <a href="mailto:pbrauer@uoguelph.ca">pbrauer@uoguelph.ca</a>

Webpage here <u>CLICK HERE</u> Learn about CMRN membership benefits <u>here</u> and our work to date <u>here</u>

## **Funding Opportunities**

Consider getting the CIHR Access newsletter if you do not already! Access highlights funding opportunities and decisions, program information, learning opportunities, and more in one quick monthly summary. <u>Access sign-up</u>

Good NEWS! Review of project grant results for Spring 2021 showed that early career researchers were funded in proportion to submissions. <u>Read here</u>

## **Upcoming Conferences (To Be Submitted by Members)**

14th Annual Conference on the Science of Dissemination and Implementation in Health. DATE & TIME December 14-16, 2021 LOCATION Online | Virtual. <u>https://academyhealth.org/events/site/14th-annual-conference-science-dissemination-and-implementation-health</u>

Canadian Society for Exercise Physiology annual scientific conference will be offered in a 100% virtual format. (October 13-16), please join us as we welcome researchers and practitioners in the field of

exercise science and personal training from around the globe. <u>https://csep.ca/2021/05/24/csep-2021-conference-zooming-into-the-future-exercise-science-in-the-virtual-age/</u>

## **Recent Publications of Interest**

Brown, M., Rosenthal, M., and Yeh, D.D. 2021. Implementation science and nutrition: From research to practice. Nutrition in Clinical Practice. Doi:10.1002/ncp.10677. <u>PubMed</u>

Golovaty, I., Wadhwa, S., Fisher, L., Lobach, I., Crowe, B., Levi, R., et al. 2021. Reach, engagement and effectiveness of in-person and online lifestyle change programs to prevent diabetes. BMC Public Health 21(1). Doi:10.1186/s12889-021-11378-4. <u>PubMed</u>

Peterman, J.E., Harber, M.P., Imboden, M.T., Whaley, M.H., Fleenor, B.S., Myers, J., et al. 2021. Accuracy of Exercise-based Equations for Estimating Cardiorespiratory Fitness. Medicine and science in sports and exercise 53(1): 74-82. Doi:10.1249/mss.0000000002435. <u>PubMed</u>

Weaver, C.M., Lichtenstein, A.H., and Kris-Etherton, P.M. 2021. Perspective: Guidelines Needed for the Conduct of Human Nutrition Randomized Controlled Trials. Advances in Nutrition 12(1): 1-3. Doi:10.1093/advances/nmaa083. PubMed

## **Interesting Links and Groups**

#### Health Systems Evidence https://www.healthsystemsevidence.org/

This site builds on previous work at McMaster University and is an initiative of the Health Forum. It is the world's most comprehensive, free access point for evidence to support policy makers, stakeholders and researchers interested in how to strengthen or reform health systems. Health Systems Evidence is a continuously updated repository of syntheses of research evidence about governance, financial and delivery arrangements within health systems, and about implementation strategies that can support change in health systems.

#### Social Determinants of Health Working Group

for Canada Health InfoWay is exploring how to incorporate Social Determinants of Health (SDoH) concepts into digital health systems across Canada. Annalijn Conklin welcomes those in the CMRN to share and/or join the monthly working group meeting on the first Wednesday of the month at 12 noon ET. Our next meeting will be in October as we have cancelled the September one. Link for details here: <a href="https://infocentral.infoway-inforoute.ca/en/collaboration/wg/sdoh">https://infocentral.infoway-inforoute.ca/en/collaboration/wg/sdoh</a>

**The iCare Project is the International COVID-19 Awareness and Responses Evaluation project.** The project is described in more detail below. If you are interested in contributing questions, please contact Katherine Séguin <katherine.seguin.icare@gmail.com>. Most questions stay the same, but there is room to add more.

The **<u>iCARE</u>** Study is a Canadian-led, ongoing, multi-wave international study involving the collaboration of more than 200 international researchers from over 40 countries, that was launched on March 27, 2020 by Drs. Simon L. Bacon and Kim L. Lavoie (Montreal Behavioural Medicine Centre: MBMC). The study utilises a multiple cross-sectional survey design (each approximately six weeks apart) to capture self-reported information on a variety of COVID-19 related variables from individuals around the globe,

which is linked to other data sources. The overall objective of the iCARE Study is to assess public awareness, attitudes, concerns, and behavioural responses to COVID-19 public health policies, and their impacts, on people around the world.

The <u>survey</u> includes questions on: awareness of local health authority prevention measures; attitudes and perceived concerns about the virus; adherence to prevention measures instituted in their country/region; COVID-19-related impacts (health, psychosocial, behavioural, occupational, economic); general health behaviours; socio-demographics; and health status. The core content of the survey stays consistent across releases with some elements adapting as a function of the changing nature of the pandemic. However, the survey does not take more than 20 minutes to complete.

The survey is aggregated with publicly available information on COVID-19-related cases and deaths (Johns Hopkins website), COVID-19 governmental policies (Oxford Policy Tracker website) and Google community mobility reports (Google mobility website). This aggregation occurs at the level of country or region (depending on our ability to be able to obtain data at the smallest population level) and linked by time.

To be able to efficiently address the study objectives, we utilise three different sampling methods: national representative samples in targeted countries; a Canadian longitudinal sample; and a global convenience sample (which includes Canadians).

- Representative samples in targeted countries: Participants in each representative sample are balanced according to age, sex, province/region, education level, and income to ensure representation across these relevant variables. Representative sampling in targeted countries ensures global coverage of various geographical locations and socioeconomic gradients. To date, we have completed representative samples in the following countries: Canada (N = 15,019, 5 rounds); Australia (N = 3,056, 3 rounds); Ireland (N = 2,000, 2 rounds); United Kingdom (N = 1,841, 1 round); Italy (N = 1,000, 1 round), and Israel (N = 1,010, 1 round). We also plan to do representative sampling in Colombia, France, and Brazil as well as continue sampling in Canada, Australia and Ireland.
- 2) Canadian longitudinal sample: Since January 2021, all individuals who complete the English and French versions of the convenience sample questionnaire and identify themselves as living in Canada are invited to participate in a Canadian longitudinal iCARE survey (N = 881). Participants are sent future versions of the iCARE survey directly.
- 3) Global convenience sample: Survey participants are being recruited using online snowball sampling by all global collaborators. The online survey (LimeSurvey©) is distributed through various channels to reach as many people around the world as possible. To date (mid May 2021), nearly 70,000 responses have been received from individuals in 190 countries.

This study provides valuable information on current ('real-time') public awareness of public health announcements and directives, resultant attitudes and perceived concerns, and reported adherence to local prevention measures. Study data has been used by the governments of: Canada, Ontario, Ireland, Australia, and the State of Victoria. In addition, a number of public facing, multi-language <u>infographics</u>, as well as a variety of <u>publications and presentations</u> have been produced.

## **Members Section**

#### **Member Profile – Sophie Desroches**



Sophie Desroches, PhD, RD, is Professor at the School of Nutrition at Université Laval. She is also a research scientist at the Centre NUTRISS (Nutrition, santé et société) of INAF. Her research program aims to identify, develop and evaluate knowledge translation strategies that will optimize adherence to dietary recommendations. Her more recently funded research projects have explored the use of social media as knowledge translation strategies to enhance adherence to evidence-based dietary recommendations for preventing and managing chronic diseases.

#### **Member Publications and Grants**

Mozaffari, H., Hosseini, Z., Lafrenière, J., and Conklin, A.I. 2021. Is eating a mixed diet better for health and survival? A systematic review and meta-analysis of longitudinal observational studies. Critical reviews in food science and nutrition: 1-17. doi:10.1080/10408398.2021.1925630. <u>PubMed</u>

Park, J.W., Hamoda, M.M., Almeida, F.R., Wang, Z., Wensley, D., Alalola, B., et al. 2021. Socioeconomic inequalities in pediatric obstructive sleep apnea. J Clin Sleep Med. doi:10.5664/jcsm.9494.<u>PubMed</u>

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