

Research Connects Us

**Connecting priorities, people and
evidence across the Maritimes**

REPORT TO COMMUNITY
2025-2026



A SHARED COMMITMENT TO BETTER HEALTH RESEARCH

Across the Maritimes, communities continue to face complex health challenges, from accessing care and navigating long wait times to supporting healthy aging, strengthening the health workforce and improving health and well-being.

Addressing these challenges requires more than evidence alone. It requires connection between researchers, health system leaders, healthcare providers, policymakers and people with lived and living experience. At the Maritime SPOR SUPPORT Unit (MSSU), we help build those connections, so research is relevant, meaningful and responsive to the priorities that matter most to Maritime communities.

The past year marked an important transition for MSSU. With continued funding secured through 2028 and new leadership in place, we are building on a strong foundation created through years of collaboration among researchers, health system leaders, partners and communities across the Maritimes.

As we reflect on the accomplishments of 2025–2026 and look ahead, we remain committed to connecting priorities, people and evidence in ways that strengthen research, inform decisions and improve health across the Maritimes.

We invite you to explore the stories throughout this report and discover how researchers, health system leaders, communities and people with lived and living experience are working together to create meaningful change.

***Because when we connect research with people,
we create healthier communities.***



Dr. Amy Grant, MSSU
Interim Executive Director

Dr. Ted McDonald, MSSU Nominated
Principal Investigator

“What brings me to the table is a desire to help others, a natural curiosity and a wish to help solve issues that sometimes don’t get seen until people live them. Partnering in research allows what was once invisible, or dismissed as not related, to become visible. Patient partners bring real experiences and often challenge people to think a little differently. You often cannot see what you are not looking for.”

—Amanda Doherty-Kirby, partner with lived and living experience

ABOUT US

Research begins with a
connection

The [Maritime SPOR SUPPORT Unit](#) is one of 11 SUPPORT Units across Canada, connecting researchers, health system partners and people with lived and living experience through [Canada's Strategy for Patient-Oriented Research](#) (SPOR). We are the only SUPPORT Unit serving more than one province, bringing the national vision to life across Nova Scotia, New Brunswick and Prince Edward Island.

HOW WE SUPPORT RESEARCH ACROSS THE MARITIMES

For many researchers and health system partners, their first connection with MSSU is through an expert consultation. Whether they are developing a research question, looking for people with lived and living experience or seeking specialized expertise, our team helps connect people with the knowledge, tools and partnerships they need to strengthen their work.

These consultations often become the starting point for stronger research, helping teams build meaningful partnerships, integrate patient-oriented approaches, and co-design research that is focused on patient need.



“As a new researcher, MSSU support proved invaluable – creating teachable moments throughout the process, in essence helping me to think like a researcher rather than a front-line clinician every step in the process.”

—Health care professional, New Brunswick



TOP SUPPORTS

Data Access 29%

Patient Engagement 20%

Research Methodology 17%

HEALTH PRIORITIES

Research connects to what matters

The projects we lead or support are anchored in provincial health priorities and other priorities that matter to our health system partners. These priority projects help ensure research addresses issues that matter to the people and communities we serve.

These priorities are informed through provincial health plans, research strategies and health system planning, alongside input from healthcare professionals, researchers, community organizations and people with lived and living experience.

82%

of active MSSU Priority Projects aligned with provincial health priorities in 2025–26

We recognize provincial health priorities as an important starting point. Patient-oriented research builds on these priorities by bringing lived and living experience, community perspectives and ongoing engagement throughout the research process.

The map highlights key health priorities across the Maritimes and how they were identified.

NEW BRUNSWICK

KEY HEALTH PRIORITIES

Primary care · mental health · aging · rural health · health human resources · improving health system performance

HOW WERE THEY IDENTIFIED?

New Brunswick's health research priorities are driven by [ResearchNB](#) and the Department of Health [Provincial Health Plan](#) informed by the voices of health-care professionals, community partners and broader New Brunswickers.

PRINCE EDWARD ISLAND

KEY HEALTH PRIORITIES

Keeping Islanders healthy · improving access to the right care at the right time · equitable access to services · supporting a healthy and sustainable workforce

HOW WERE THEY IDENTIFIED?

PEI [Provincial Health Plan](#) is influenced by feedback gathered from patients, families, and communities across PEI to ensure the health system meets the everyday needs of Islanders.

NOVA SCOTIA

KEY HEALTH PRIORITIES

Healthcare workforce recruitment and retention · access to people-centred care · innovative approaches to reducing wait times · improving health and well-being

HOW WERE THEY IDENTIFIED?

Nova Scotia [Action for Health](#) priorities were shaped by extensive direct consultations with healthcare workers, advocates, and the public during the "[Speak Up for Healthcare](#)" tour.

SOME CHALLENGES ARE SHARED. SO IS THE RESEARCH.

One of our greatest strengths is bringing partners together across provincial boundaries. By supporting interprovincial priority projects, we help researchers, health system leaders and people with lived and living experience collaborate on questions that matter across the Maritimes—sharing knowledge, expertise and solutions that benefit more than one province.



Explore all interprovincial priority projects

LEARNING TOGETHER

Research grows
through shared
learning

To help researchers build more inclusive studies, MSSU brought together researchers, health care professionals and people with lived and living experience to co-design practical resources around Equity, Diversity, Inclusion and Accessibility (EDIA), and sex and gender.

A Horizon Health team studying transgender patients' experiences with breast cancer screening worked with MSSU to rethink its eligibility criteria and recruitment materials, ensuring anyone who could benefit from screening could see themselves reflected.

"Our consultation was very valuable," said Samantha Fowler, a researcher at Horizon Health in Saint John, NB. "Their support strengthened our ability to design an inclusive and welcoming project for transgender and gender-diverse participants."

For research partner Marshall Gram, that intention carried through to the experience of participating.

"I found the research team to be genuinely interested in learning from the other participants and me. Open dialogue... and an environment that fostered us all learning and sharing made it easy to participate."

CO-DESIGNING RESOURCES

People with lived and living experience helped shape MSSU's resources. Em Jun Eng Mittertreiner, a PhD trainee and researcher, brought both community and research perspectives to the work.

"I'm somebody who knows what the community wants, but I also understand what academia can realistically do."

Mittertreiner's perspective helped challenge language suggesting EDIA or sex and gender might not be relevant to some studies, while other partners pushed for community engagement to become more central to the EDIA guidance.

For Mittertreiner, the goal isn't simply getting researchers to use another tool.



133

resource downloads

"When people use these resources, they're not just checking a box. They're making better decisions that lead to better science and research that reflects more people's experiences."

—Em Jun Eng Mittertreiner



**Explore our EDIA and
Sex and Gender resources**



TRAINEES

**Supporting the next
generation of researchers**

In 2025–26, MSSU awarded \$150,000 to 15 Master’s and Doctoral trainees conducting patient-oriented health research in Nova Scotia and New Brunswick.

Working alongside MSSU-affiliated scientists and engaging patients and communities, trainees are addressing provincial health priorities while building skills and experience in patient-oriented research.

Since 2014, MSSU’s Trainee Support Program has supported 139 trainees across the Maritimes.

**Meet the 2025-26
recipients**



MSSU CREATES NEW OPPORTUNITY TO CONNECT AROUND LEARNING HEALTH SYSTEMS

In 2025, MSSU launched the Maritime Learning Health System Collaborative, a new space for people across the region to connect, learn from one another and explore how Learning Health System approaches can be used in their own work.

Throughout the year, people continued to engage with MSSU's LHS work in different ways — joining the Collaborative, attending LHS in Action webinars, exploring LHS information online and downloading resources.

For Katie McDonald, manager with Maritime Child Health at IWK Health, those opportunities have helped her team begin to think differently about its own work.

"This support is critical for those working in the health system trying to bridge the gap between clinical care and research," McDonald said. "MSSU helps clinical health leaders like myself integrate LHS approaches and patient-oriented research into our work."

"Through this support, we have been able to start to see ourselves as an LHS."

—Katie McDonald

MSSU provided consultation as the Maritime Child Health team planned an interprovincial conference for pediatric health-care professionals and health leaders across the Maritimes in fall 2025.

The team drew on MSSU's experience hosting events that bring research and health systems together, while MSSU Interim Executive Director Dr. Amy Grant facilitated a patient-oriented research session for approximately 40 conference participants.

Feedback from the conference was overwhelmingly positive, McDonald said, and the team has since submitted a manuscript about the event for publication.

McDonald's experience reflects what MSSU is hearing more broadly. Early evaluation of the Collaborative found three-quarters of respondents said hearing from others helped them understand how to adapt an LHS approach to their own setting.



 **147** attended Learning Health Systems in Action

 **75** joined our Maritime LHS Collaborative

 **106** visited the LHS resource landing page

 **192** downloads of the LHS interactive graphic

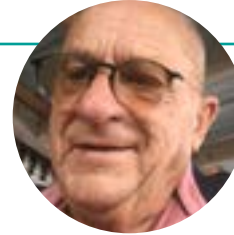
 **View our LHS in Action webinar series**

RESEARCH IN ACTION

Connections bring
research to life

Across the Maritimes, researchers, health system partners and people with lived and living experience are working together to ask different questions, challenge assumptions and find new ways to put evidence into action.

In this section, you will meet people who are helping shape research in ways that make care more responsive, inclusive and relevant to the communities we serve.



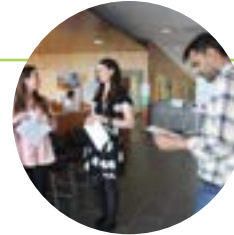
BETTER CONVERSATIONS →

Older adults reshape how sleeping medication risks are communicated.



BETTER MEASURES →

Patients help define what good pharmacist-led care looks like.



BETTER WAYS TO SHARE →

Islanders take climate research from maps to a book chapter.



BETTER DECISIONS →

Maritimers share what matters when their health data is used.

SENIORS HELPING SENIORS GET A BETTER SLEEP

RESEARCH TEAM CO-DESIGNS MAILOUT ON SEDATIVE DEPRESCRIBING

Thirty-five years ago, Georges Marcoux walked into his doctor’s office because he couldn’t sleep.

A few minutes later, he walked out with a prescription.

No one asked why he wasn’t sleeping. No one talked about alternatives. No one explained what could happen if he continued taking sleeping medication for years.

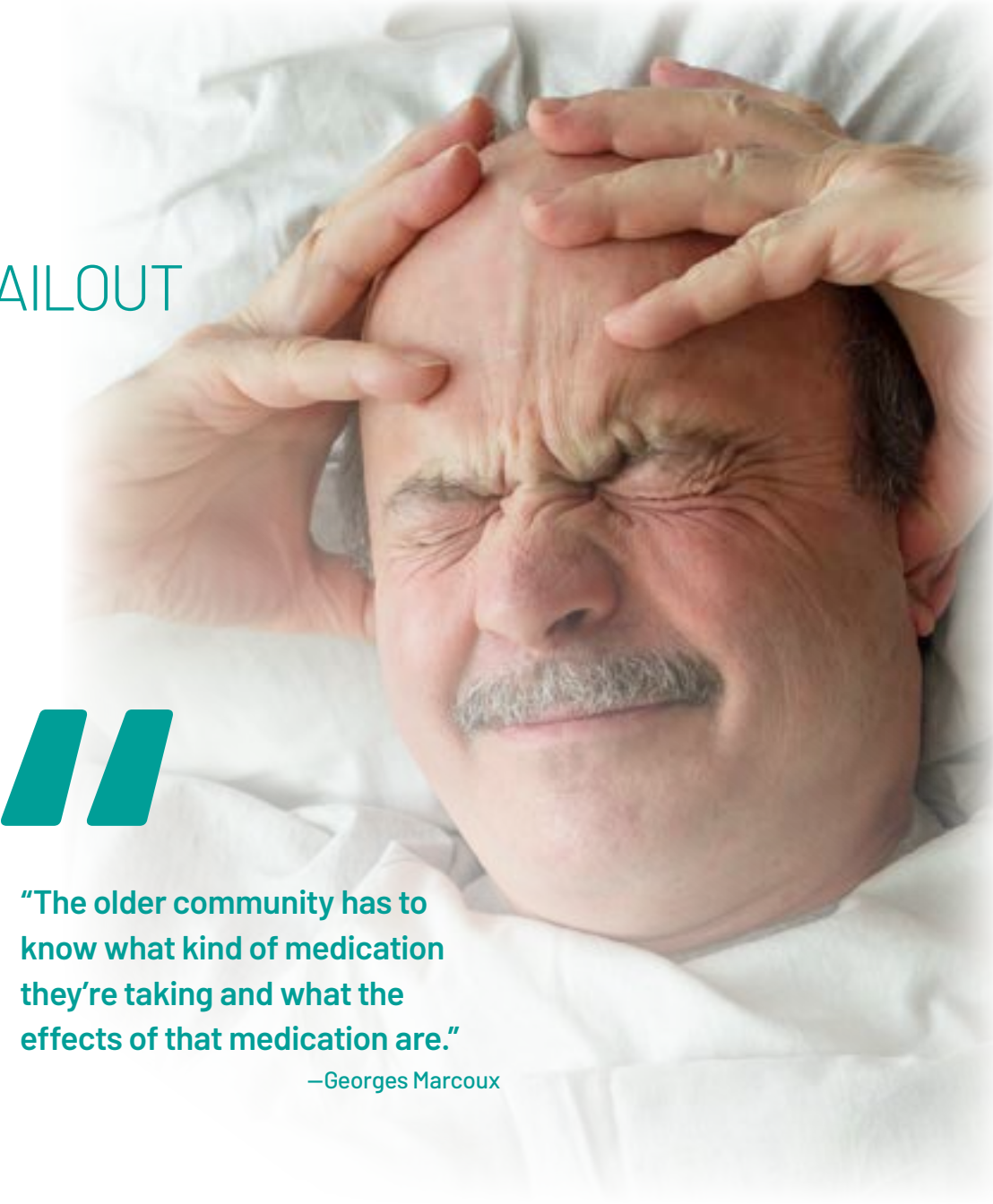
For decades, Marcoux never questioned it. And he wasn’t alone.

Nearly one in four older adults in New Brunswick use sedative-hypnotic medications to help them sleep.

While sleeping pills can be helpful in the short term, long-term use comes with increased risks for older adults, such as falls and memory issues.

A WAKE-UP CALL

One experience stands out for Marcoux. While driving his 40-foot motorhome home from Florida, Marcoux noticed his vision was affected. He had taken a sleeping pill late the night before but didn’t connect the two at the time.



“The older community has to know what kind of medication they’re taking and what the effects of that medication are.”

—Georges Marcoux

Years later, after learning more about the effects of sleeping medication, he realized the medication may have played a role.

“The older community has to know what kind of medication they’re taking and what the effects of that medication are,” said Marcoux.

Today, at 81, Marcoux no longer takes sleeping medication. He says he sleeps better than he has in years.

Now he wants to help others avoid the experience he went through.

PUTTING EXPERIENCE TO WORK

Marcoux joined a research team studying sedative deprescribing in New Brunswick. Supported by MSSU Saint John site and funded by ResearchNB, the project is led by Dr. Carole Goodine and aims to co-design a bilingual education mailout for older adults about long-term sedative use.

“When you’ve lived it, you notice things researchers can’t,” Marcoux said. “Being part of the team meant our experiences helped shape something that will hopefully help other older adults have better conversations with their healthcare providers.”

The partnership challenged key assumptions about how to communicate with older adults, leading to changes in the mailout’s messaging, imagery and content that researchers say made it more relevant and useful.

The mailout is still in development and builds on earlier New Brunswick research that found mailed information could help older adults reduce their use of sleeping medications. The findings led to a recommendation to the Government of New Brunswick for a provincial sleep-health promotion campaign.



Explore the project page

Participants said they wanted clear statistics about sleeping pills to help them understand the risks and make informed decisions — despite previous research suggesting risk-focused messaging should be avoided. They recommended images that reflect the reality of poor sleep rather than only showing healthy, well-rested older adults. They also wanted the mailout to clearly identify a trusted health-care source, recognizing that older adults may be cautious about unsolicited health information because of scams.

“Our study protocol was built around the principle that people with lived experience are experts in their own experiences,” said Goodine. “By involving older adults throughout the design process, we aimed to create a mailout that is relevant, understandable, acceptable and engaging, while avoiding messages that could feel judgmental, overwhelming or dismissive.”

A MODEL FOR FUTURE RESEARCH

Looking ahead, Goodine hopes the project serves as a model for future research — demonstrating the value of involving people with lived and living experience from the beginning and ensuring researchers have the time and resources to do that meaningfully.

For Marcoux, he just wants other older adults to ask the questions he didn’t know to ask 35 years ago.

**“Do I still need that pill?
How can I get off that pill?”**

—Georges Marcoux



WHAT DOES GOOD CARE FROM A PHARMACIST LOOK LIKE?

ASK A PATIENT

For years, Noel Guscott didn't have a primary care provider. Instead, he relied on the knowledge and expertise of pharmacists as an important part of the care he needed to manage his health conditions.

That experience was a key reason he partnered with Nova Scotia researcher Dr. Jennifer Isenor and her team, whose research found the patient perspective was largely missing from evaluations of expanded pharmacist-led primary care.

"I joined this project because I believed patients should have a meaningful voice in defining what good care looks like," said Guscott, a partner with lived and living experience. "I really wanted to talk about what was working, and what could be improved in the patient journey as the scope of care pharmacists provide continues to grow."

With a background in health policy, Guscott also saw the project as an opportunity to help bridge the gap between health policy, research and lived experience.

"Too often, health systems measure what is easy to quantify, rather than qualifying care," he said.



"My background in health policy has shown me that what we choose to measure often shapes what we prioritize. Seeing patient perspectives move closer to being embedded in routine evaluation is encouraging because it helps ensure that improvement efforts are grounded in what matters most to the people receiving care."

—Noel Guscott



13

partners brought together

5

immediately interested in using the measures

5

wanted to learn more

Last year, the research team went directly to patients through focus groups, interviews and a survey. What they heard informed a set of questions to measure patients' experiences and outcomes, known as patient-reported experience measures (PREMs) and patient-reported outcome measures (PROMs).

The team then brought together pharmacy regulators, advocacy organizations, government representatives and educators from across the Maritimes and nationally to explore how those measures could be used. The 13 participants represented government, advocacy organizations and regulators from across the Maritimes. A representative from the

National Association of Pharmacy Regulatory Authorities also shared the foundational scoping review and a research snapshot with pharmacy regulators across Canada.

"The Nova Scotia Pharmacy Regulator exists to ensure Nova Scotians receive high-quality care from pharmacy professionals. Partnering to create patient-reported outcome and experience measures allows us to directly evaluate if we are fulfilling that promise," said Dr. Andrea Bishop, Director of Research Engagement with the Nova Scotia Pharmacy Regulator and a member of the research team. "It's a powerful example of turning research into action, because when patient care is the priority, everyone wins."



Explore the project page

A NEW CHAPTER FOR CLIMATE RESEARCH



Explore the project page

From maps and data to art installations and now a book, a Prince Edward Island research team is finding new ways to bring climate change research into the community. In 2024–25, we shared how public partners worked alongside researchers from the University of Prince Edward Island's Centre for Health and Community Research to map how factors such as income, housing, health and access to services can make some PEI communities more vulnerable to the impacts of climate change.

Now, two partners with lived and living experience on the project's Research Advisory Council have co-authored a book chapter for the second volume of Turning the Tide, a collection of essays exploring island experiences from around the world.

"Not everyone connects with research through a report, a set of numbers or a map," said Tim Bernard, one of the chapter's co-authors. "The art installation gave people a chance to respond personally and talk about what they were seeing, while the book chapter gives us another way to carry those conversations forward."

The team may soon take those conversations on the road, with a potential Turning the Tide book tour across PEI.



"If we want research to reflect what communities are actually experiencing, the people living those realities need to help shape the questions, interpret the information and decide how the story is shared."

—Tim Bernard

WHEN YOUR HEALTH DATA IS USED FOR RESEARCH, WHAT MATTERS TO YOU?

32 people joined community conversations

Everyone generates health data, but how often do members of the public have an opportunity to be part of conversations about how that information is used and under what conditions?

Last year, MSSU staff and members of the public who were part of the research team, headed out to communities across the Maritimes, with a particular focus on rural areas, to start conversations about the use of health data for research.

What staff heard will help Maritime health data centres better understand what the public expects when health data is used and strengthen how they communicate with communities about its use.

Before taking the conversation into communities, the project team invited people with lived and living experience (PWLLE) to review the information that would be shared with participants and provide input into aspects of how the conversations would take place.

For Brian Cho, a person with lived and living experience, partnering on this project was



“I wanted to ensure that the public had an avenue to understand how this data landscape functions and be provided with an opportunity to have their concerns heard.”

an opportunity to help bring the public perspective into a complex conversation about health data.

Cho said his own experience on the project left him feeling that his contributions were valued.

“Public engagement didn’t feel like a ‘checkbox’... contributions and opinions felt like they actually mattered.”

Community conversations were held in Nova Scotia and New Brunswick. They were presented with different scenarios for how health data might be used and asked how strongly they supported each one. After discussing their perspectives with others, they were asked again.

What they found was support was strongest when people saw a clear public benefit, trusted who was using the data and felt their privacy was protected. Participants had concerns about commercial interests, data safety and whether benefits would be shared equitably. People’s views also sometimes shifted through discussion, highlighting the value of ongoing public conversations about health data.

The conversations will continue in 2026–27 with a French-language session before shifting the project’s focus toward sharing what was learned.

This area of research is sometimes referred to as *social licence*.



Explore the project page



**MSSU
SCIENTISTS**

Our scientific community is growing!

Sixteen scientists joined MSSU in 2025-26, bringing our scientific membership to 236.

MSSU Scientists include researchers, clinicians, administrators and research leaders across the Maritimes who are committed to advancing patient-oriented research and improving health care through partnership.

See what MSSU Scientists have been working on in 2025-26.

**Explore our
Scientists Spotlights**



NEW DATA REPOSITORY ENSURES ISLANDERS AREN'T LEFT OUT OF HEALTH RESEARCH

Every interaction with the health system creates information — from hospital visits and prescriptions to diagnoses and health services used. When that information is securely brought together and de-identified to protect people's privacy, researchers can use it to see patterns that would otherwise be difficult to spot.



But Prince Edward Island has often been left out of research using administrative health data because its data wasn't as accessible. That means researchers can't always be sure findings from Maritime and national studies reflect the realities and needs of Islanders.

A new secure health data platform is helping change that. Launched in fall 2025, the [Secure Island Data Repository](#) (SIDR) provides a secure, centralized way for researchers to access de-identified administrative health data and include PEI in research across the Maritimes and Canada.

"It gives researchers, health system partners, and communities new opportunities to work together, learn from PEI's data, and generate evidence that can make life better for people across the province," says Mary-Ann Standing, Director of SIDR.

One project used health data from all three Maritime provinces to better understand children with complex medical needs and how they use health-care services. For some PEI families, that care means travelling to the IWK Health Centre in Nova Scotia for specialized care. Another project will examine access to abortion care across the Maritimes.

But access to data is only part of the picture, says Standing.

"Through its connection with MSSU, SIDR's work is also supported by approaches to patient, public and partner engagement, equity, diversity, inclusion and accessibility, and Indigenous data sovereignty — helping ensure research questions and evidence reflect the people and communities the data represents."

The MSSU supported the development of SIDR by funding core staff and connecting the PEI team with established provincial data centres in Nova Scotia and New Brunswick.



DATANB

**Advancing Indigenous
Data Partnerships**

Recognizing the importance of Indigenous Data Sovereignty, DataNB supported First Nations communities in leading the development of a data-sharing agreement template that incorporates Indigenous Data Sovereignty requirements.

Unlike standard data-sharing agreements, the template recognizes an Indigenous community as the owner of its data, even when that data is shared with DataNB to steward. It also addresses how data may be accessed and used, what controls are required, how long DataNB will hold the data and what happens at the end of the agreement.

These terms are determined by the community sharing the data, helping ensure it maintains sovereignty over its data. The template serves as a starting point and can be adapted to reflect each community's requirements and preferences.

The approach has already been used to share one project-specific dataset with DataNB.

EXPANDING HEALTH DATA RESOURCES ACROSS THE MARITIMES

Across the Maritimes, data centres continued to expand and connect the information available for research, helping researchers better understand people's health-care needs and how well health systems are meeting them.



NEW BRUNSWICK

[DataNB](#) added 9 new datasets to its holdings, including data from the Nurses Association of New Brunswick and New Brunswick Community College, while continuing to update existing datasets.



NOVA SCOTIA

[Health Data Nova Scotia](#) (HDNS) continued to update its data holdings and supported projects linking health data with other sources, including the Nova Scotia Atlee Perinatal Database, VirtualCareNS and the Need a Family Practice Registry.



IMPACT SNAPSHOT

Our year
by numbers



EXTENDING OUR REACH

 **1725**
views on our Patient Engagement Opportunities page (45 shared)

 **7,777**
visits through online search (Google)

 **42%**
open rate on our quarterly newsletter ([sign up here!](#))

 **1,821**
Newsletter subscribers (183 new)

RESEARCH OUTPUTS

 **23** Peer-reviewed publications
21% co-authored by PWLLE

 **73** knowledge translation products

 **76** knowledge exchange events

 **25** evidence syntheses completed

 **29** reports to government

PERFORMANCE SURVEY

 **90%**
said MSSU brings people together in collaborative research partnerships

 **95%**
were satisfied with the quality of MSSU services

 **100%**
of people with lived and living experience felt valued for their knowledge, skills and expertise



94

participants trained in
our patient-oriented
research practicum

“Over the past year, I’ve had the opportunity to work alongside researchers who are genuinely interested in learning how to engage patients as partners. What encourages me most is seeing people move from asking why patient engagement matters to asking how they can do it well.”

—Linda Verlinden, PWLLE
co-facilitator of POR Practicum

FINANCIALS

\$19.1M

in grants awarded to MSSU-
supported projects in the
Maritimes.

These investments support research that improves health systems and outcomes in the Maritimes.

FINANCIALS 2025-2026 (CAD)

EXPENSES		
Salaries	3,239,687	\$
Operations	171,160	\$
TOTAL EXPENSES	3,410,847	\$

Our work is made possible through funding from the Canadian Institutes of Health Research (CIHR), the governments of New Brunswick, Nova Scotia and Prince Edward Island, and ResearchNB.



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