



**DR. GILLES ARCAND**  
CENTRE FOR HEALTH EQUITY

ANNUAL REPORT  
JANUARY – DECEMBER 2025



**NOSM**  
UNIVERSITY

## Message from the Director

Dear friends, colleagues, neighbours,

This year marks an important moment in the life of NOSM University and the Dr. Gilles Arcand Centre for Health Equity, a moment defined by **renewal**. Renewal of vision. Renewal of commitment. Renewal of our shared responsibility to advance health equity across Northern Ontario.

Five years ago, the NOSM University Strategic Plan 2020–2025 called for one bold outcome: to *establish a multidisciplinary Centre for Social Accountability*. That vision has not only been realized; the Centre has flourished. Today, the Arcand Centre stands as a vibrant, thriving research home for researchers and research networks, strengthening alignment between medical education and community needs, and demonstrating what is possible when social accountability is lived rather than simply stated.

This **“special edition” annual report** not only reflects on the last year but also includes parts of the Centre’s 5-year renewal package submitted to NOSM University (as per the NOSM U Research Centre Policy). What began as a small, determined team in 2021 has grown into a networked ecosystem of researchers, partners, learners, and communities working collectively toward a healthier, more equitable Northern Ontario. From the creation of new research networks to the expansion of partnered community projects to international recognition in the field of socially accountable health research, the Arcand Centre’s impact continues to expand in meaningful and measurable ways.

**Renewal**, however, is not only about celebrating accomplishments, but also about **looking ahead**. As both the Centre and NOSM University prepare to launch new strategic plans (2026-3030), we find ourselves at the threshold of a new chapter. Our renewed focus emphasizes deeper community engagement, greater support for research networks, strengthened operational stability, and a continued commitment to conducting research in and for the North. The Centre’s “embedded, networked approach” mirrors NOSM University’s distributed, community-engaged learning model—each grounded in the belief that solutions come from partnership, reciprocity, and local leadership.

This year’s “special edition” annual report is **an invitation**: it not only reflects on where we have been over the last year (the typical focus of any annual report), but it also captures and acknowledges the grit and determination of the last five years that brought us here, and invites you to join us in shaping where we go next. Renewal is not a solitary act. It is a collective process—one that grows stronger as more voices, perspectives, and communities engage.

We extend deep gratitude to the many individuals, partners, students, clinicians, and community leaders who have helped build the Arcand Centre into what it is today. Their dedication has positioned the Centre as the first of its kind in Canada and as an emerging national and international leader in health equity research.



As we look to the future, we remain steadfast in our founding conviction: that health access and equity are rights, and that social accountability is the path to achieving them. With renewed purpose, strengthened partnerships, and a shared vision for the North, we enter the year ahead ready to continue this work—together.

*Sincerely,  
Erin Cameron*

# Our plan

The Dr. Gilles Arcand Centre for Health Equity's **2026–2030 Strategic Plan** outlines a bold, socially accountable approach to improving health equity across Northern Ontario. Rooted in a two-year relational visioning process, the plan positions the Centre as a unique, interdisciplinary leader dedicated to advancing research, partnerships, and education that address the region's health needs. Guided by its vision of a connected and healthy Northern Ontario and its north star of health equity created, the Centre will pursue four strategic objectives: (1) increasing research productivity through embedded research networks, (2) strengthening collaborative leadership and operational structures, (3) building system capacity through trainee development, and (4) establishing a baseline metric to evaluate health equity impact. Together, these efforts aim to create sustainable, community-aligned pathways that transform health outcomes locally while contributing to knowledge of national and global relevance.

## Our approach

Our embedded, networked approach to research emphasizes conducting inquiry with/in local communities, systems, and relationships, ensuring that knowledge is shaped by lived experience, local expertise, and ongoing collaboration. It is grounded in the belief that no single person or group can do this work alone, and that it requires early and continuous relational commitment, co-designed processes with partners, activation of existing networks, iterative feedback loops, shared ownership of insights, adaptive learning, and investment in long-term capacity. This approach brings together community members, practitioners, network connectors, researchers, decision-makers, and equity voices to create research that is contextually grounded, ethically informed, and actionable. We believe this will ultimately enable more responsive, relevant, and sustainable change.

### Our principles

- 1. Embed early and remain present** throughout the work to build long-term, trust-based relationships.
- 2. Co-design research** questions, methods, and success measures with partners, valuing lived and practitioner expertise equally.
- 3. Map and activate existing networks** to understand influence and intentionally connect people who don't usually collaborate.
- 4. Use continuous feedback loops** rather than one-time handoffs, sharing insights iteratively to shape next steps.
- 5. Build shared ownership of knowledge** by making data accessible, crediting contributors, and supporting partners in using findings.
- 6. Stay adaptive and reflexive**, adjusting methods as contexts change, examining power dynamics, and documenting learning in real time.
- 7. Invest in capacity-building** so networks gain tools, skills, and continuity that last beyond the project's end.

# Summary

## Overview of AC



Key activities and critical successes of the Arcand Centre over the past year:

- ▶▶ Supported the development and growth of 10 networks.
- ▶▶ Launched a new operational index with 12 SOPs
- ▶▶ Signed 8 new agreements
- ▶▶ Welcomed 10 new affiliates for a total of 29 affiliates
- ▶▶ Supported 36 non-peer reviewed publications and reports
- ▶▶ Delivered 18 courses and training sessions
- ▶▶ Supported 23 active research projects
- ▶▶ Submitted 11 new grant applications, \$1,119,639 in grant funds allocated in 2025.
- ▶▶ Authored 32 Peer-reviewed publications
- ▶▶ Delivered 52 academic presentations
- ▶▶ Led 34 invited presentations
- ▶▶ Supervised 24 learners and trainees
- ▶▶ Built 40+ Relationships in 2025

▶▶ Worked to advance health equity and social accountability through strategic activities and joint positions at different levels. These included:

▶▶ **Institutional**

- ▶ HEWIS (Health Education Workforce Impact Study) provided invaluable information on NOSM U students and graduates, supporting the education and health workforce in the North. To date it has 1840 participants.

▶▶ **Municipal**

- ▶ Supported the City of Thunder Bay in building connections between community organizations, municipal staff and academics through CityStudio Thunder Bay, and completed 52 community-campus engagement projects.

▶▶ **Northern Ontario**

- ▶ AI-NORTH supported AI capacity and community building across Northern Ontario as a voice and source of empowerment for community-embedded AI adoption across Northern Ontario. The network hosted 4 events and 3 presentations in 2025.
- ▶ NHEC (Nourishing Health Education Coalition) advanced conversations about Indigenous food sovereignty, food as medicine, prevention, and culturally responsive health systems through the hosting of a Food Rx Summit on Manitoulin Island.

▶▶ **National**

- ▶ Supported Obesity care in Canada through a project within MERLIN that aims to have a significant impact on obesity care education in Canadian medical schools, with 17 focus group participants and 194 survey respondents.

▶▶ **International**

- ▶ The Social Accountability Fellowship ran its second cohort with 16 learners, bringing together leaders in medical education and their teams from across the globe.
- ▶ Launched the Global Accreditation Survey and the creation of the Accreditation Database, bringing together 16 accreditation experts in medical education from 12 countries.
- ▶ Hosted the CREATE Gathering in Halifax, Nova Scotia and validated scoping review findings on Socially Accountable Research with a group of 18 global experts in the field.

## Summary



### Northern Ontario Research Towards Health Hub (NORTHH)

*Improving primary care practice through data improvements*



### CityStudio Thunder Bay

*Connecting future leaders and real-world problems*



### Northern Ontario Learning Health Systems (NOLHS)

*Supporting research lifecycles for health system transformation*



### Social Accountability as the Framework for Engagement (SAFE) for Health Institutions

*Accelerating social accountability through advocacy*



### Nourishing Health Education Coalition (NHEC)

*Empowering bold leadership for Indigenous food sovereignty*



### AI-NORTH

*Driving AI innovation through trust and capacity building efforts*



### Community-engaged Research in Education, Advocacy and system Transformation for advancing health Equity (CREATE)

*Convening research networks for health system transformation*



### ONE HEALTH ALLIANCE

*A forum for interprofessional collaboration to address complex planetary health challenges*



### Medical Education Research Lab in the North (MERLIN)

*Advancing evidence-based education and workforce decision making*



### International Social Accountability and Accreditation Steering Committee (ISAASC)

*Supporting social accountability in medical school accreditation standards*

## Introduction

The mission of the Dr. Gilles Arcand Centre for Health Equity (“Arcand Centre”) is to improve the health of Northern Ontarians, extending NOSM University’s commitment to being socially accountable in its education and research programs while advocating for health equity. We envision a connected and healthy Northern Ontario achieved through social accountability and health equity.

To ensure an integrated approach to addressing priority health needs and population health outcomes both inside and outside of the medical system, the Centre was built upon the four pillars of:

- ▶▶ Research Outputs and Innovation;
- ▶▶ Partnerships and Community Impact;
- ▶▶ Education, Capacity-Building, and Workforce Impact; and
- ▶▶ Policy, Leadership and Advocacy



This annual report details the achievement of the Centre’s research objectives and activities completed between January and December 2025. It aligns with NOSM University annual reporting and charts impacts and examples across the Centre’s four pillars. Notably, the research networks housed within the Centre work across all pillars and often have examples from different pillars to highlight. Together, these examples demonstrate how the embedded network model advances equity-focused impact cross-sectorally, aligning efforts under a shared mission to promote health equity and social accountability in Northern Ontario health systems and beyond. The report ends by highlighting challenges and lessons learned over the year and presents future directions for the Centre.

# Activities completed in 2025

## Research and Innovation

### In 2025, one project hit key milestones and one network focused on AI innovations!

In 2025, the **CREATE** (Community-engaged Research in Education, Advocacy and system Transformation for advancing health Equity) project hit a number of milestones, including the completion of Phase 1 with a Scoping Review aiming to understand what constitutes socially accountable research. The scoping review findings were validated with 18 global leaders and subject matter experts during the CREATE Gathering hosted in Halifax, Nova Scotia, in April 2025. With Phases 2 and 3 of the 7-year SSHRC-funded grant underway, five local sites and a global team of researchers continue to explore socially accountable approaches to partnered research in both local and global contexts.

In November 2025, the **CREATE** Project hosted a Partnership Table event, bringing together over 50 partners from local and global institutions and communities, fostering partnerships that advance embedded, socially accountable collective initiatives to complex and multi-level, multi-disciplinary health equity challenges. Mobilizing partners across geographic and institutional boundaries helps address knowledge and capacity gaps, such as the shortage of resources and structures required to support locally grounded and globally relevant research on social accountability. The event celebrated that the project has achieved 173 research activities (including papers, workshops, and presentations). The group also reflected on the challenges and identified opportunities for future CREATE project directions.



### Figure 1

*CREATE Gathering attendees in Halifax, Nova Scotia. Top left to right: Hoi Cheu, Alex Anawati, Gislaine Attema, Kerri Delaney, Tim Dubé, Jill Allison, Amy Clithero, Roger Strasser, Robyn Preston. Bottom left to right: David Marsh, Jessica Jurgutis, Cassandra Whymark, Jill Konkin, Erin Cameron, Joseph LeBlanc.*

### Figure 2

*Members of the CREATE project team engage in a workshop at the CREATE Gathering in April 2025.*

Digital healthcare technologies kept **NORTHH** busy in 2025. The network examined ethical applications of AI-technologies in Northern Ontario health systems. For example, in June 2025, Dr. Barb Zelek, Dr. Mike Cotterill, Dr. Brianne Wood, Amanda Bakke, and Tiana Bressan collaborated to publish “AI scribes in rural and remote primary care: an antidote to physician burnout or Pandora’s Box?” in the Rural and Remote Health journal and presented their findings at the Society of Rural Physicians of Canada (SRPC) conference (Figure 3).

Both disseminations elucidated the potential impacts of AI scribe adoption on health service delivery and access by exploring crucial considerations about how the technologies may reshape primary care interactions and rural and remote health systems. At the SRPC gathering in Winnipeg, co-author and NOSM U medical student Tiana Bressan won the conference's Student Leadership Award for her contribution to the project (Figure 4). Tiana and her **NORTHH** colleagues were able to engage clinicians, policymakers, and other researchers regarding the potential risks and realistic benefits of adopting AI-powered innovations, informing more equitable and contextualized implementation.

Importantly, three NOSM U medical students contributed to advancing artificial intelligence (AI) in healthcare through distinct but complementary research projects: Exploring AI scribes in rural and remote care (Tiana Bressan), AI scribes in medical education and the art of learning (Allison Jones), and AI applications in diabetes management (Maxwell Robinson).



**Figure 3**

*Attendees at the SRPC Conference. (From left-to-right) Dr. Barb Zelek, Amanda Bakke, Tiana Bressan, and Dr. Mike Cotterill at the SRPC conference in Winnipeg in April of 2025.*

**Figure 4**

*Tiana Bressan wins SRPC Conference Student Leadership Award.*

**NORTHH** has continued to support preventive care priorities within the All Nations Health Partners Ontario Health Team (OHT) through sustained, community-driven research in Kenora. Kenora and the surrounding areas face significant health inequities, barriers to preventive services, and fragmented access across sectors. Community partners identified gaps in coordination, culturally appropriate programming, and data-informed planning. Embedding a research assistant within the community to support the full research life cycle strengthened relationships, provided accountability to community partners, and ensured that preventive care priorities were defined by local voices and that findings were immediately relevant to decision-makers. This work has strengthened the OHT's capacity to plan and advocate for preventive care strategies grounded in community realities.



**Figure 5**  
 NORTHH Team delivers Executive Summary Report: Equity in Cancer Screening Quality Improvement Project with the All Nations Health Partners OHT



**Figure 6**  
 Medical Learner, Paige Stevenson, presents on Kenora Equity Cancer Screening project at NHRC in June 2025.

# Policy Leadership and Advocacy

**In 2025, two networks strengthened their impact with health systems partners, and one network advanced tools for understanding the role of social accountability in international accreditation standards!**

In 2025, the **NOHLS** team, led by Dr. Brianne Wood, furthered their health policy leadership efforts by renewing multiple contracts with health system partners and continued to serve as a policy-academic interface (Rapid Improvement Support and Exchange Northern Lead, funded by Ontario Health/Ministry of Health), and community partners (Cat Lake First Nation). These ongoing partnerships recognize NOHLS' supportive role in designing and executing rapid research and provisioning accessible education for partner staff.

Aligned with the embedded network approach, the greatest impact of **NOHLS** in 2025 was the genesis and consolidation of numerous partnered research structures. Yearly efforts centered on primary health care in Northern and rural settings, and particularly, on quality improvement for care delivery and implementation strategies, as well as conducting digital health evaluation models with First Nation communities. Furthermore, the team is advancing work in anti-racism by establishing a youth advisory board with participants from Northeastern Ontario and a corresponding evaluation committee. The team provided knowledge outputs to external partners such as ORNGE and the Regional Specialized Services Network (RSSN).

Co-Led by Drs. Alex Anawati and Erin Cameron, **SAFE for Health Institutions** (the Social Accountability as the Framework of Evaluation for Health Institutions) has garnered meaningful impacts on provincial health equity in 2025. The SAFE project is fully integrated within the Health Sciences North regional health services hub in Sudbury, Ontario, where it instills social accountability as an equity-focused institutional strategy. Currently, a SAFE-aligned health equity governance structure is helping guide hospital reform, substantiated by novel recruitment campaigns, corresponding hirings (E.g., EDIAA manager, Indigenous Health Director, French Language Services lead, VP social accountability), and internal policy reviews (i.e. accessibility and gender co-hosting) that are responsive to SAFE for HI tools and evaluations. In 2025, Health Sciences North announced its updated 5-year strategic plan, *'Together for YOU 2030'*, which incorporated its intention to achieve health equity through social accountability in recognition of Dr. Alex Anawati and SAFE for HI's advocacy efforts.

Amid increasing calls-to-action from frontline providers and patients for health equity strategies and metrics, SAFE for Health Institutions provides a practical means to support organizational transformation that re-orientes healthcare organizations around the priority needs of their constituencies. In 2025, SAFE for Health Institutions initiated partnerships with three different contexts (i.e., a Family Health Organization, a community-based rural hospital, and a youth mental health organization).

ISAASC (the International Social Accountability Accreditation Steering Committee), which is a 23-member international steering committee of thought leaders in social accountability and accreditation, launched the Global Accreditation Survey and supported the creation of an Accreditation Database to house information on social accountability in national accreditation standards. The Social Accountability Fellowship also ran for a second time this year. This cohort of learners brought together 16 leaders in medical education and their teams from across the globe and gave them the opportunity to learn more about social accountability, how to integrate it into medical education in their countries and communities, and to be part of and connected to, a global group of mentors and colleagues that they can continue to work with and learn from. The fellowship concluded with a **special issue in the Social Innovations Journal**, titled "Social Accountability for Medical and Allied Health Faculties in Action: Institutional Alignment, Accreditation Standards, and Access Models".

# Education

## **One network saw growth in innovative evaluation activities within NOSM University, to support NOSM University's social accountability mandate!**

In 2025, the **MERLIN** network (Medical Education Research Lab in the North), led by Dr. Erin Cameron, continued to support and advance emerging evidence-based practices in medical education and health professional education at NOSM University and across Northern Ontario, with a specific focus on practices that serve rural, Indigenous, and francophone patients and populations.

**MERLIN** continued to support NOSM Universities' longitudinal multicohort research study that has tracked graduates and evaluated NOSM U's distributed community-engaged learning model since 2005. To date the study includes 1840 participants and serves as a critical resource for NOSM University. The internationally renowned research study, known as **HEWIS (Health Education Workforce Impact Study)**, was cited in the 2025 Auditor General of Ontario as a gold-standard for medical school evaluation and health workforce planning in Ontario. An article authored by Brian Ross highlighted the impact of HEWIS and findings were presented at Northern Constellations and the Northern Health Research Conferences. In honor of NOSM U's 20th Anniversary, the HEWIS team led by Dr. Kerri Delaney is planning significant community engagement for 2026!

Evaluation activities were a major focus of 2025, where **MERLIN** partnered with different units across NOSM University on a variety of evaluation activities. MERLIN partnered with Learner Support Services on a 2-year project to support the deployment of the **Canadian Campus Well-being Survey** at NOSM U, a national survey guiding student wellness programs, policies, and supports at postsecondary institutions across Canada. MERLIN also partnered with the Equity and Inclusion Office on the evaluation activities for the **Mushkiki Miikan Initiative program** ("Medicine Path"), an admissions and support pathway for Indigenous students. Lastly, MERLIN partnered with the Physician Workforce Strategy Unit to help co-design and implement an evaluation framework for the **Rural Generalist Pathway Undergraduate Initiative**.

While evaluation activities were a focus, educational research remained at the heart of MERLIN's work. Two research projects came to completion in 2025, the **Rural Pedagogy Project**, a SSHRC funded project examining best practices for rural education and workforce training pathways, and the **Obesity Education project** led by Postdoctoral Fellow Kerri Delaney in partnership with Obesity Canada. Ongoing projects include: a study examining the development and evaluation of high-fidelity simulations to enhance the delivery of francophone care, evidence-based outcomes for socially accountable medical education, and an examination of promotion and tenure practices in medical education in Canada. A new exciting partnership established in 2025 was with **Magnus Theatre** and their Youth Playwright Program. The partnership focuses on sharing research findings with aspiring playwrights who learn from the findings and develop evidence-informed plays that focus on health access and equity. The partnership supports arts-based knowledge translation with high-impact learning for the youth and audiences alike.

# Community Impact

## Three networks expanded and deepened partnership engagement and the Arcand Centre hosted a successful annual Partnership Celebration in 2025!

On June 16<sup>th</sup>, 2025, the Arcand Centre hosted its annual **Partnership Celebration** in partnership with the Northern Health Research Conference (NHRC) in Thunder Bay. Open to all conference attendees and partners with over 100 people in attendance, the theme of this year's event was: Gathering in Gratitude. All were invited to gather in celebration and appreciation of each other, and the unique knowledge, skills and perspectives that have been contributed to the collaborative work and the success of the research networks. Speakers included partners Louisa Costanzo (City of Thunder Bay) and Jessica Logozzo (Thunder Bay Regional Health Science Centre), and Paige Stevenson, who spoke about the impacts of being involved in the Centre as a medical learner. The evening was full of energizing conversation and a feeling of possibility for the collaborative work to come.



**Figure 7**  
*NOSM University Vice President Dr. David Marsh delivers an introductory presentation at the Arcand Centre Partnership Celebration on June 16th, 2025.*



**Figure 8**  
*Arcand Centre Research Intern Dougie Newhouse greets multiple NOSMU learners at the Arcand Centre Partnership Celebration on June 16th, 2025.*



**Figure 9**  
*Keynote attendance for the Arcand Centre Partnership Celebration on June 16th, 2025.*



**Figure 10**  
*Arcand Centre partner Louisa Costanzo (City of Thunder Bay) speaking at the Arcand Centre Partnership Celebration on June 16th, 2025.*



**Figure 11**  
*(From left-to-right) CityStudio Thunder Bay Coordinator Karen Kerk at the Arcand Centre Partnership Celebration's gathering.*



**Figure 12**  
*(From left-to-right) Dr. David Savage, Dr. Robert Ohle, and Mark Facca at Arcand Centre Partnership Celebration on.*



**Figure 13**  
*(From left-to-right) Arcand Centre Staff Dr. Katie Hemsworth, Ghislaine Attema-Pilot, Dr. Kerri Delaney, and Dr. Jessica Jurgutis at the Arcand Centre Partnership Celebration.*



**Figure 14**  
*(From left-to-right) Arcand Centre partner Jessica Logozzo (Thunder Bay Regional Health Sciences Centre) alongside Centre leaders Dr. Erin Cameron and Dr. Brianne Wood at the Arcand Centre Partnership Celebration.*



**Figure 15**  
 (From left-to-right) Amanda Bakke, Dougie Newhouse, and Dr. Dominique Cava at the Arcand Centre Partnership Celebration.



**Figure 16**  
 (From left-to-right) Dr. T.C. Tai, Dr. Simon Lees, Dr. Neelam Khaper, and Dr. Douglas Boreham at the Arcand Centre Partnership Celebration.

NHEC (Nourishing Health Education Coalition) is a network that addresses the root causes affecting Indigenous food sovereignty and the peripheral role of food in healthcare. In 2025, NHEC focused on deepening collaborative research efforts and building a clearer understanding of how embedded network-based approaches support health equity by engaging multi-level leaders to maximize the potential of food as medicine and a foundational component of whole-community health. In October, NHEC gathered at Noojmowin Teg Health Centre on Manitoulin Island for the **Food Rx Summit**, “Where Indigenous Culinary Traditions Meet Community”. Here, participants championed connectedness and shared culture by cooking and eating together, sharing stories and knowledge, and engaging in workshop-style learning activities.



**Figure 17**  
 Manitoulin Island Northern Food Rx Summit poster: “Where Indigenous Culinary Traditions Meet Community.”



**Figure 18**  
 Noojmowin Teg Health Centre hosts Culinary Sessions and a community feast during the Northern Food Rx Summit



**Figure 19**  
 Participants at the Food Rx Summit come together on day two to share ideas and engage in meaningful discussions.

Engaging in consistent and intentional collaborative initiatives has allowed the **NHEC** to advance policy-facing conversations around Indigenous food sovereignty, food as medicine, prevention, and culturally responsive health systems in institutional and provincial spaces. Fostering meaningful partnerships, conducting coalition activities, and participating in knowledge-sharing engagements across Ontario extends the reach of the coalition's core messages around Indigenous food sovereignty, health equity, and systems change. The coalition also looks forward to continuing its collaboration with NOSM U's CEPD to lead the **Traditional Food Safety Handlers** course. This initiative reflects the coalition's commitment to education that is practical, culturally grounded, and responsive to community-identified needs. This course is expected to launch in 2026.

Funded through a CIHR Project Grant, **CityStudio Thunder Bay** was a 3-year pilot project that connected city priorities and academic collaborators from NOSM University, Lakehead University, and Confederation College. As an upstream workforce strategy, it paired motivated students with real-world city projects to generate applied learning experiences and improve city population health outcomes. Since its inception, the project facilitated 172 collaborative projects, engaged 1,191 students and 53 faculty members, and mobilized 55 community partnerships.

In 2025, its third and final year, the team focused on evaluating the outcomes of the strategy and its place-specific impacts in Thunder Bay and Ottawa.

**CityStudio Thunder Bay** partnerships have been building, empowering, and mobilizing local communities over the past year. They place learning directly within the community, rather than outside it, by facilitating deeper connections between community organizations, municipal staff, and academics. Moreover, CityStudio Thunder Bay projects have increased access to health knowledge, services, and resources. To further align research with community-oriented knowledge, CityStudio Thunder Bay also launched their Community Indicator Framework (CIF). The CIF enhances how community data is shared and utilized to support the planning of community safety and well-being initiatives. The framework fills a notable community-level gap; while many organizations collect valuable data, access to shared and reliable indicators limit community-oriented research and evidence-based decision-making. By providing a clear, operational roadmap for institutions and researchers to integrate local health and social indicators into their cross-disciplinary efforts, the CIF framework helps operationalize this valuable data. In action, the CIF process involved cross-sector consultations across community and academia, identified barriers to data access and collaboration, and outputs agreed-upon indicators, shared priorities, and recommendations to improve data governance and coordination. By bringing partners together and clarifying next steps, the project laid the groundwork for more informed decision-making and stronger collaboration into 2026.

In partnership with AMS Healthcare, **AI-NORTH** worked to expand the network's outreach efforts via social media in 2025. By creating a novel LinkedIn account, AI-NORTH was able to further platform ongoing network activities and increase exposure to potential partners. It also widened accessible communication channels for regional members and signaled to prosocial digital stakeholders to engage with the network. Since these efforts, AI-NORTH's following has grown to a diverse 160+ stakeholders from Northern Ontario and beyond, generating over 14,138 novel impressions (approximately 900 per post, 50 per day) between June and November 2025. Over the same period, AI-NORTH's summer and fall newsletters reached an average of 155 recipients. In July, AI-NORTH's first hybrid seminar "*Emerging Leaders in Northern AI Research*" reached a total of 38 attendees and this audience grew by 53% to 58 total attendees for AI-NORTH's ensuing seminar "*Leaders in Northern AI Research*" in September.

In November, **AI-NORTH** live-streamed an AMS Healthcare-hosted panel discussion from Ottawa to an audience of 28 Thunder Bay-based attendees, and network Coordinator Dr. Dominique Cava delivered two presentations on AI and medicine to Sudbury-based NOSM U learners. To ring in the holiday season in December, the network streamed the Royal College Professor-in-Residence Lecture “Your AI Prescription” by Dr. Bertalan Meskó. The increased engagement and visibility led to various partnership inquiries and tangibly strengthened the network’s ability to mobilize knowledge and foster participatory research relationships. This work enhanced AI-NORTH’s ongoing community-level impacts in serving as a voice and source of empowerment for community-embedded AI adoption across Northern Ontario.



**Figure 20**  
 (From left-to-right) Dougie Newhouse, Tanner Boyle, Maxwell Robinson, Amanda Bakke, and Dr. Dominique Cava at AI-NORTH’s “Emerging Leaders in Northern AI Research” Hybrid Seminar on July 7th, 2025.



**Figure 21**  
 (From left-to-right) Speakers Dr. Arnold Kim, James McCormack, and Dr. Brian Ross at AI-NORTH’s Hybrid Seminar “Leaders in Northern AI Research” on September 29th, 2025.



**Figure 22 & 23**  
 Attendees of AI-NORTH’s Hybrid Seminar “Leaders in Northern AI Research” on September 29th, 2025, and AI-NORTH’s Live Stream of “Health Data in the Age of AI”, a panel discussion by AMS Healthcare on November 6th, 2025.

## Challenges and lessons learned

**Establishing core operational foundations to support sustainable and scalable growth was a key focus in 2025.** The Centre launched the Standard Operating Procedures (SOP) Index and formalized core operational processes necessary for the Centre to thrive, and to align the Centre's long-term vision and backbone structures. The year ahead will see a refinement of these structures needed to support the embedded networked approach. The Centre sees this work as timely with an opportunity to inform the building of a socially accountable research infrastructure at NOSM U that supports collaborative and partnered research (as outlined in the NOSM U strategic plan 2026-2030). This work is necessary to support the **development of short-term and long-term governance structures** that are aligned with the Centre and NOSM U's values of health equity through social accountability.

**Creating Pathways to Support Cross-Institutional Collaborations** was and will continue to be a priority for the Centre. As the Centre has begun operationalizing the embedded networked approach, it has become apparent that continued challenges exist for cross-institutional research. Aligned with Objective #3 in our Strategic Plan (see Appendix A), the Centre will continue to support the exploration of partnered agreements that create diverse pathways and sustainable structures, especially for early career researchers who want to have an impact in the North. We see this as necessary to **support the long-term leadership of research networks and a thriving research ecosystem**. It is also an opportunity to identify shared research goals, build innovative interdisciplinary teams, and evolve our institutional structures to be an example of Northern excellence.

In a few short years, the Arcand Centre has grown to support 10 research networks. As our operational needs evolve, we understand that **financial stability and sustainability is integral** to the long-term success of the Arcand Centre. In our renewal package we provided a 5-year financial projection, including plans to diversify our funding, and support growing operational needs of the Centre and its networks. Priority areas continue to be: Identifying opportunities for Joint Research Chairs and Research Leads, Endowment Strategies for Network Building, Clinician Research Pathways, and fostering strong Financial Research Governance at the Centre and with NOSM U.

## Future Directions and Projected Activities

As outlined in the Director's message, with the completion of the Arcand Centre's Strategic Plan (2026–2030), the Centre formalized a bold and unifying vision: a connected, healthy Northern Ontario built on strong local relationships and world-class health equity data, research, and knowledge in action. Grounded in Northern priorities and guided by community voices, the Centre's mission affirms its commitment to advancing health equity across the region through evidence-informed action and meaningful partnership.

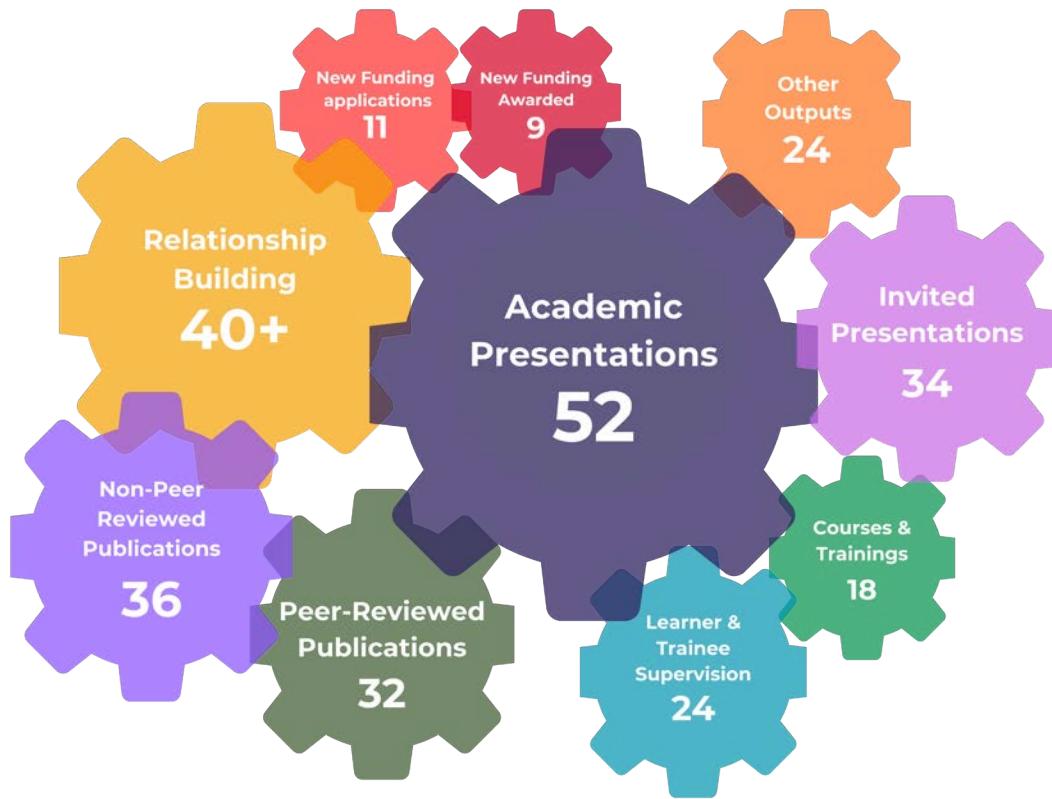
Central to this work is a partnered and embedded networked approach, recognizing that sustainable improvements in health equity cannot occur in isolation. By working alongside communities, health systems, policymakers, educators, and researchers, the Arcand Centre is working to strengthen collective capacity, deepen trust, and ensure that knowledge generated in the North translates into action for the North. Much of the Centre's success to date can be attributed to this relational, collaborative model.

**Our key objectives and outputs for the next 2 years are:**

<p><b>Objective 1</b> <i>Research Productivity</i></p>	<p>To increase research outputs through an embedded, networked approach.</p>
<p><b>Outcomes</b></p>	<p>a) Description of the Centre’s embedded, networked approach; b) increased research outputs by each research network; c) increased student and trainee supervision, d) launch of web-based research network map tool</p>
<p><b>Objective 2</b> <i>Strengthen Partnerships, Collaborative Leadership</i></p>	<p>To build the Centre’s structure to support and sustain the Embedded, Networked Approach.</p>
<p><b>Outcomes</b></p>	<p>a) Clear operational structure linked to NOSM U; b) increased SOP development and implementation supporting the Embedded, Networked Approach, c) implement tech stack to support the Centre; d) increased research technology literacy across Centre</p>
<p><b>Objective 3</b> <i>Increasing System Capacity</i></p>	<p>To build strategic trainee pathways to advance Embedded, Partnered Research Networks.</p>
<p><b>Outcomes</b></p>	<p>a) Description of a trainee pathway framework; b) implement a research operations training; c) implement social accountability training; d) execute strategic trainee partnership agreement.</p>
<p><b>Objective 4</b> <i>Application of Impact</i></p>	<p>To establish a baseline for health equity created in Northern Ontario.</p>
<p><b>Outcomes</b></p>	<p>a) Description of the AC metric; b) establish a baseline for the AC metric “health equity created in Northern Ontario”; c) implement AC metric-related training; d) establish AC evaluation advisory group.</p>

For a summary of the 2026-2030 Strategic Plan, see Appendix A.

# Research Productivity



# Development of Arcand Centre's Operations



# Appendix A: Arcand Centre Strategic Plan (2026-2030)

## II. Strategic Plan 2026-2030:

### 1. Vision, Mission, Approach, North Star

<b>VISION</b> <i>Why?</i>	A connected, healthy Northern Ontario built on local relationships, and world-class health equity data, research, and knowledge in action.
<b>MISSION</b> <i>What?</i>	To advance health equity in Northern Ontario by building socially accountable research networks.
<b>APPROACH</b> <i>How?</i>	We connect networks to enable research projects focused on health equity. We create new pathways and share learnings through a partnered, embedded approach, integrated across sectors, communities, and disciplines. Our work drives health equity interventions and socially accountable education.
<b>NORTH STAR</b> <i>How do we measure success?</i>	Health equity created in Northern Ontario.

### 2. Objectives and Outcomes 2025-2027:

<b>Objective 1</b> <i>Research Productivity</i>	To increase research outputs through an embedded, networked approach.
<b>Outcomes</b>	a) Description of the Centre’s embedded, networked approach; b) increased research outputs by each research network; c) increased student and trainee supervision, d) launch of web-based research network map tool
<b>Objective 2</b> <i>Strengthen Partnerships, Collaborative Leadership</i>	To build the Centre’s structure to support and sustain the Embedded, Networked Approach.
<b>Outcomes</b>	a) Clear operational structure linked to NOSM U; b) increased SOP development and implementation supporting the Embedded, Networked Approach, c) implement tech stack to support the Centre; d) increased research technology literacy across Centre
<b>Objective 3</b> <i>Increasing System Capacity</i>	To build strategic trainee pathways to advance Embedded, Partnered Research Networks.
<b>Outcomes</b>	a) Description of a trainee pathway framework; b) implement a research operations training; c) implement social accountability training; d) execute strategic trainee partnership agreement.
<b>Objective 4</b> <i>Application of Impact</i>	To establish a baseline for health equity created in Northern Ontario.
<b>Outcomes</b>	a) Description of the AC metric; b) establish a baseline for the AC metric “health equity created in Northern Ontario”; c) implement AC metric-related training; d) establish AC evaluation advisory group.

# Health access and equity are rights, social accountability is the process for getting there.

To ground our collective understandings, we start with a few definitions and concepts.

**"The obligation to direct education, research and service activities to address priority health concerns of the community, region and/or nation mandated to serve. Priority health concerns are to be identified jointly by governments, health care organizations, health professionals and the public."**

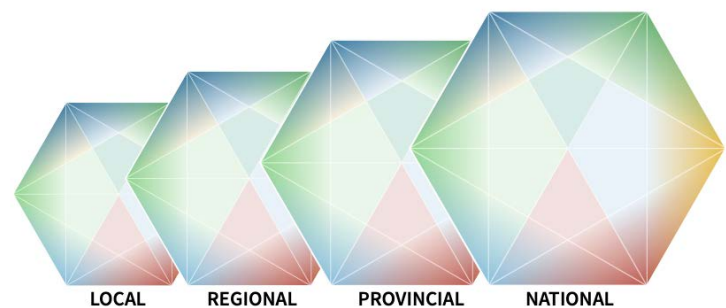
– World Health Organization (Boelen & Heck, 1995)<sup>1</sup>

Social Accountability not only directs the three key activities of a university (education, research, service) towards serving local, regional, and national contexts, but it articulates the need to do so in partnership with key interest holders of and for health. One framework that is often used in the context of Social Accountability, is the **Partnership Pentagram Plus**. This framework, as seen in the image below, identifies the importance of bringing essential partner perspectives together for working together to advance socially accountable health system transformation.<sup>2</sup>



#### Adaptable to Different Levels

The PPP can be applied at local, regional, provincial, or national levels. Local tables focus on immediate community needs, while regional, provincial and national tables address broader priorities. Across all levels, partners balance system-wide objectives with community centered perspectives, creating cohesive, sustainable change.



*Established as the NOSM University Centre for Social Accountability in 2021, the Centre was born of an immutable conviction: that everyone, regardless of circumstance or geography, deserves the dignity of equal access to health-care practitioners who are culturally competent, understand the realities of living in the rural and remote North, and lead with compassion and integrity.*

<sup>1</sup> Boelen, C., Heck, J., (1995) *Defining and measuring the social accountability of medical schools*. WHO website- Technical Document. Retrieved from [https://drive.google.com/drive/u/0/folders/17HU\\_yJD4JiALfdERF-AM00ab2zbb8VmR](https://drive.google.com/drive/u/0/folders/17HU_yJD4JiALfdERF-AM00ab2zbb8VmR)

<sup>2</sup> RCCbc (2026). RCCbc Website: Our Story. Retrieved from: <https://rccbc.ca/about-us/our-story/>

The Dr. Gilles Arcand Centre for Health Equity is the only one of its kind in Canada. It is a visionary, multidisciplinary venture, dedicated to the improvement of health and wellness in Northern Ontario. Through policy leadership and advocacy, research and innovation, and education that better aligns medical training with community needs, the Arcand Centre is already becoming a frontrunner in the improvement of sustainable equity, access, and population health outcomes. Its impact derives from regional focus yet is unbounded in its scope. The national and international relevance of its work will become recognized as the Centre's results are dispersed among practitioners, policy makers, and advocates in similarly challenged regions.

# 1. The Story of NOSM University's Research Centre

Rooted in NOSM's founding aspiration of Social Accountability (SA), the Dr. Gilles Arcand Centre for Health Equity was created on the principle that Social Accountability should guide not only medical education but also research. Since its launch in 2021, the Arcand Centre has emerged as a respected international research leader and a local research hub for scholars and research networks committed to cultivating a thriving research ecosystem.



**2021** ➤ The Centre for Social Accountability at the Northern Ontario School of Medicine (NOSM) was established in 2021 to improve health and wellness in Northern Ontario by addressing social determinants of health and influencing policy, education, and research. Its work was organized around four pillars: community impact, policy leadership and advocacy, research and innovation, and education, all aimed at enhancing equity, access, and population health outcomes. Governed by an interdisciplinary committee and supported by partnerships locally and globally, the Centre hired its **inaugural Academic Director, Dr. Erin Cameron**, and achieved its **initial funding goal** of securing \$250,000 for three years to help the Centre get started thanks to the generous support of Dr. Hugh Robertson.

# CENTRE FOR SOCIAL ACCOUNTABILITY



Once established, the Centre drew upon the four pillars of the NOSM U 5-year Strategic Plan (2020-2025) and identified key objectives for advancing health equity. These objectives formed the Centre's first strategic plan and core activities between 2021-2025. Key activities have included:

- **Community Impact:** Tracking NOSM graduates' contributions through the HEWIS study (NOSM U's Health Education and Workforce Impact Study) and advocating for local health interventions (i.e., CityStudio, Onehealth).
- **Policy Leadership and Advocacy:** Establishing standards, disseminating evidence, and leading transformative change in social accountability (i.e., SAFE for Health Institution Toolkit).
- **Research and Innovation:** Conducting research on social determinants of health, sharing expertise, and leveraging data for broader impact (i.e., primary care research network, AI-North).
- **Education:** Strengthening evidence and alignment between NOSM U's social accountability mandate and its educational programs and policies.

In addition to the above highlights between 2021-2025, the Arcand Centre has been supporting many partnered research activities. For more details, see the Centre's **annual reports** are available online.

**2022** > In its second year, the Centre focused on establishing initial **governance structures, hiring staff**, and achieving milestones such as launching a visual identity, and initiating new partnerships. It became clearer on its approach, a **network of networks structure, supporting** three key initial networks (i.e., MERLIN, NORTHH, SAFE for Health Institutions). It also became the home for the **International Steering Committee on Social Accountability and Accreditation**. To celebrate the Centre's first anniversary, the Centre hosted a Partnership Celebration event that aligned with the Northern Health Research Conference and invited broader community engagement.

**2023** > In its third year, the Centre got a new name and a new home! The Centre was **renamed the Dr. Gilles Arcand Centre for Health Equity** following a \$3 million endowed gift from the Temerty Foundation. This renaming also led to the building and launch of a beautiful research collaborative space on the Sudbury Campus. The Centre experienced significant growth, **expanding its staff, launching new research networks, securing nearly \$3 million in grants, and contributing to 12 peer-reviewed publications**. Key achievements included hosting several community events, mentoring learners, strengthening partnerships locally and globally, and leading key initiatives across its four pillars: community impact, education and capacity-building, research and innovation, and policy leadership. Despite challenges in sustainability and recruitment, the Centre fostered a dynamic workplace culture and initiated strategic planning to clarify priorities.

**2024** > In its fourth year, the Centre grew to support **ten research networks, 23 active research projects, 18 published papers, and \$391,000 in new research funding**. Key initiatives included launching the CREATE Project to study socially accountable research networks, expanding the Health Education Workforce Impact Study (formerly the NOSM U tracking study), and strengthening partnerships with regional health teams and organizations. The Centre led efforts in AI innovation, Indigenous food sovereignty, and socially accountable health policy through programs like AI-NORTH, CityStudio Thunder Bay, and SAFE for Health Institutions. Despite rapid growth and notable achievements, the Centre identified the need for scalable organizational structures and deeper community engagement as priorities for the coming years.

**2025** > In its fifth year, and with the **renewal of its Director, Dr. Erin Cameron**, the leadership team focused its efforts on **formalizing operational structures and strategic planning** to coincide with NOSM University's strategic planning. The Arcand Centre is now at a critical stage in its growth and development where the Vision and Mission will be validated by NOSM University leadership to ensure alignment with the university's new strategic directions and vision, and to ensure continued growth and success of the Centre for many years to come.

## Appendix C: 2025 Financial Report

NOSM University - Dr. Gilles Arcand Centre for Health Equity: January - December 2025

Financial Contributions (Revenues)	2025	Description of Expenses
<i>Research Project Grant Earnings</i>	<b>\$754,639</b>	Staff salaries & benefits - Research Assistants, Research Associates, Physician Lead, Lead Scientist, Data Analyst; research project expenses
<i>Other Funding Earnings</i>	<b>\$365,000</b>	Staff salaries & benefits - Research Associates, Physician Lead, Lead Scientist (Sources: Temerty, OSSU, NOHFC)
<i>NOSM University In-Kind Contributions</i>	<b>\$20,000</b>	Finance, HR, Communications, Research Office, and IT support
<b>Total</b>	<b>\$1,139,639</b>	

## Appendix D: Centre Researchers, Affiliates, Staff

### 2025 Leadership Team:

(Initial titles noted with \*)

- ▶▶ Erin Cameron (Director) (\*Education Pillar Lead)
- ▶▶ Jessica Jurgutis (Manager)
- ▶▶ Brianne Wood, Social Accountability & Learning Health System Associate Scientist
- ▶▶ Barb Zelek, Physician Lead, Research and Data (\*Research Pillar Lead)
- ▶▶ Alex Anawati, Physician Lead Policy and Advocacy (\*Policy & Advocacy Pillar Lead)
- ▶▶ Emily Groot, Physician Lead, Education and Training
- ▶▶ Joseph Leblanc, AVP Equity & Inclusion (\*Community Pillar Lead)





## 2025 Staff:

*Medical students noted with an \**

*Graduate students noted with an \*\**

- ▶▶ \*\*Ghislaine Attema, Research Associate
- ▶▶ Amanda Bakke, Research Associate
- ▶▶ Kirsty Bourret, Research Associate (TBRHRI)
- ▶▶ Maxine Britto, Research Associate
- ▶▶ \*Madyson Campbell, Student Assistant
- ▶▶ Dominique Cava, Research Associate (TBRHRI)
- ▶▶ \*\*Alyssa Cicigoi, Student Intern
- ▶▶ Kerri Delaney, Postdoctoral Fellow
- ▶▶ Mirna Diab, Research Associate
- ▶▶ Katie Hemsworth, Research Associate
- ▶▶ \*Allison Jones, Student Assistant
- ▶▶ Douglas Newhouse, Research Assistant Intern
- ▶▶ Hilary Mettam, Research Associate
- ▶▶ \*Megan Mertz, Research Assistant
- ▶▶ \*\*Eloho Ologan, Research Associate (TBRHRI)
- ▶▶ Jinfan Qiang, Research Associate (TBRHRI)
- ▶▶ \*Maxwell Robinson, Research Assistant & Student Assistant
- ▶▶ \*\*Lucy Shrestha, Research Assistant
- ▶▶ \*Paige Stevenson, Research Assistant & Student Assistant
- ▶▶ \*\*Hafsa Siddiqui, Research Associate
- ▶▶ \*Kelvi Toskovich, Research Assistant
- ▶▶ Wei Zhao, Research Assistant Intern

## Affiliates (new in 2025):

- ▶▶ Rida Alzahrán (Laurentian University Student)
- ▶▶ Yash Amethiya (Aurora Constellations)
- ▶▶ Suchita Bali (HSN)
- ▶▶ Jen Bertoni (Queen's University)
- ▶▶ Asma Bilgásem (University of Toronto Medical Student)
- ▶▶ Tiana Bressan (NOSM University Medical Student)
- ▶▶ Karla Gharthey (Cambrian College)
- ▶▶ Aseel Hashim (Ottawa Hospital Research Institute)
- ▶▶ Dr. Maxwell Kennel (CREATE)
- ▶▶ Cynthia Larche (NOSM University Medical Student)
- ▶▶ Michael Longeway (Ornge)
- ▶▶ Taylor Lougheed (North Bay Regional Health Centre)
- ▶▶ Karin Maiwald (The University of British Columbia)
- ▶▶ David Marsh (NOSM University)
- ▶▶ Emma Mensour (NOSM University Medical Student)
- ▶▶ Kristen Morin (NOSM University, HSNRI, ICES North)
- ▶▶ Erin Mulroney (Algoma OHT)
- ▶▶ Nusha Ramsoondar (NOSM University Medical Student)
- ▶▶ Lee Rysdale (NOSM University)
- ▶▶ Andrea Raynak (TBRHSC)
- ▶▶ Rylee Restoule (Master of Health Studies Student)
- ▶▶ Holly Sarvas (HSN Simulation Lab)
- ▶▶ David Savage (NOSM University, TBRHSC, ICES North)
- ▶▶ Becky Shorrocks (Lakehead University)
- ▶▶ Hom Shrethsa (Laurentian University)
- ▶▶ Meagan Slack (Ornge)
- ▶▶ Dr. Melanie Squarzólo (NOSM University, HSN)
- ▶▶ Kyle Vader (NOSM University)
- ▶▶ Jane Zhao (University of Toronto)

## Friends:

We do not publish the names of all our individual and organizational friends, but we wanted to recognize their interest and support. This group continues to grow and is an important part of our engagement strategy. As a Friend of the Centre, members receive our newsletters and communications about upcoming events and activities.

## Appendix E: All Active Grants

Note: \$1,119,639 in Grant Funds Allocated in 2025

Principal Investigator/s	Agency	Program	Total Awarded Amount (\$)	Project Title
Cameron Erin	Canadian Institute of Health Research (Bruyere Research Institute SubAward)	Project Grant	\$393,509.46	The population health impact of community-campus engagement: CityStudio
Cameron, Erin	Social Sciences and Humanities Research Council of Canada	Partnership Grant	\$2,426,000.00	Community-engaged Research in Education, Advocacy, & system Transformation for advancing health Equity (CREATE): Exploring the Transformative Potential of Socially Accountable Research Networks Locally and Globally (Stage 2)
Cameron, Erin	Northern Ontario Academic Medicine Association	Ontario SPOR Support Unit	\$195,000.00	Supporting Partnered Clinical Research Across Northern Ontario: A Vital Infrastructure
Cameron, Erin	Associate Medical Services	AMS Project Grant	\$30,000	A Uniquely Different Approach: Amplifying AMS Healthcare's Impact in Northern Ontario
Cameron, Erin	Northern Ontario Heritage Fund Corporation	Northern Ontario Internship Program (Research Intern)	\$35,000	Digital Health Research Intern
Cameron, Erin	Northern Ontario Heritage Fund Corporation	Northern Ontario Internship Program (Research Intern)	\$35,000	Equity and Education Research Intern
Cameron, Erin Cheng, Chi	Associate Medical Services (SickKids Hospital Sub Award)	Phoenix Project - Fellowship	\$5,000.00	Patient Engagement in medical trainee selection for admission
Cameron, Erin Delaney, Kerri	Obesity Canada	Canadian Obesity Fellowship Program	\$40,000	Advancing Obesity Education: An integrated knowledge translation approach (Kerri Delaney Fellowship Award)

Cameron, Erin Jennifer Turcotte-Russak	Ministry of Colleges and Universities	Mental Health Action Plan Grant	\$40,000	Canadian Campus Wellbeing Survey
Cameron, Erin Wood, Brianne	Ontario Health (Ministry of Health Ontario) (McMaster University Sub Award)	Research Grant	\$271,000.00	Rapid-Improvement Support and Exchange (RISE) Program
Leblanc, Joseph	Mushkiki Miikan Initiative	Indigenous Targeted Initiatives Fund	\$248,695.60	Enhancing Support for Indigenous Students in Medical School Pathways
Wood, Brianne	Ornge	Research Grant	\$50,000	Barriers and Facilitators to Recruitment and Retention of Paramedics for Ambulance Service Employment in Rural and Remote Locations
Zelek, Barb	Northern Ontario Academic Medicine Association	AFP Innovation Fund	\$49,811.00	Prevalence of Metabolic Syndrome and assessing the existing facilitators and barriers in promoting healthy lifestyles in patients with Metabolic Syndrome in Northern Ontario
Zelek, Barb	Ministry of Health and Long-Term Care (Queen's University SubAward)	Research Grant	\$175,857.00	"POPLAR" formerly Ontario pRimAry Care Learning (ORACLE) Network
Zelek, Barb	Northern Ontario Academic Medicine Association	Clinical Innovation Opportunities Fund	\$50,000.00	Collaborative Quality Improvement in Adolescent Mental Health During the COVID-19 Pandemic: A Geographic Analysis of Administrative Health Data (C-23-26)
Zelek, Barb	Northern Ontario Academic Medicine Association	Clinical Innovation Opportunities Fund	\$58,670.00	Integrating Artificial Intelligence in Primary Care: Assessing Needs and Enhancing Education for Family Physicians in Northern Ontario
Zelek, Barb	Northern Ontario Academic Medicine Association	Grant Match Funding	\$112,500.00	Supporting Partnered Clinical Research Across Northern Ontario: A Vital Infrastructure

# Appendix F: Peer-Reviewed Publications

## Arcand Centre Publications:

Petras, T., Woollard, R., Pitama, S., Klamen, D., **Anawati, A.**, Amaral Mendes, R., Patrício, M. (2025). ASPIRE to excellence: Making health systems socially accountable. *Medical Teacher*, 1–8. <https://doi.org/10.1080/0142159X.2025.2582647>

Kennel, M., **Attema, G.**, Rimal, J., Santoso Utomo, P., Torres, N. (2025). *Social Accountability of Medical Schools: Empowering the Future of Medical Education and Healthcare. Systems*. Chapter: Empowering Faculty in Socially Accountable Medical Schools. (pp73–89) [https://link.springer.com/chapter/10.1007/978-3-031-94435-2\\_5](https://link.springer.com/chapter/10.1007/978-3-031-94435-2_5)

**Attema, G.**, Torres, N., Fellows, S.A. (2025). Special Edition of the Social Innovations Journal: Social Accountability Fellowship 2024-2025. *Social Innovations Journal*. <https://socialinnovationsjournal.com/index.php/sij/issue/view/750>

**Attema, G., Mertz, M., Anawati, A.**, Austin, A., Bertrand, J., Jewett, R., **Cameron, E.** (2025). Artificial intelligence funding in Canada 2011-2022: An equity-focused environmental scan. *Journal of Rural and Community Development*. <https://www.biorxiv.org/content/10.1101/2025.01.31.635792.full>

Dubé, T., Molinaro, M., Strasser, R., Razack, S., & **Cameron, E.** (2025). Drawing insights: exploring how participants experience rich picture interviews for studying complex issues in health professions education. *Advances in Health Sciences Education*, 1-14. <https://link.springer.com/article/10.1007/s10459-025-10473-0>

Taha, M. H., Abdalla, M. E., **Cameron, E.**, Dharamasi, S., Strasser, R., Taylor, D., & Green-Thompson, L. (2025). Leadership as a catalyst for advancing social accountability in health professions education: AMEE Guide No. 187. *Medical Teacher*, 1-13. <https://www.tandfonline.com/doi/full/10.1080/0142159X.2025.2534074>

Darani, J., **Cameron, E.**, & Ross, B. M. (2025). A Case Study of Student Wellness during a Longitudinal Integrated Clerkship Affected by System-Level Disruption. *Higher Education Studies*, 15(3), 364-374. <https://ccsenet.org/journal/index.php/hes/article/view/0/52078>

Darani, J., **Cameron, E.**, & Ross, B. (2025). Getting the job done: educational robustness of a multi-campus Longitudinal Integrated Clerkship during the COVID-19 pandemic. *Journal of Regional Medical Campuses*, 8(2). <https://pubs.lib.umn.edu/index.php/jrnc/article/view/6760>

Ross, B. M., Newbery, S., **Cameron, E.**, & French, M. (2025). Rurally focussed undergraduate medical education at the Northern Ontario School of Medicine University. *Canadian Journal of Rural Medicine*, 30(2), 101-102. [https://journals.lww.com/cjrm/fulltext/2025/04000/rurally\\_focussed\\_undergraduate\\_medical\\_education.10.aspx](https://journals.lww.com/cjrm/fulltext/2025/04000/rurally_focussed_undergraduate_medical_education.10.aspx)

Larche, C., Kennel, M., Tackett, S., Marsh, D., **Cameron E.**, (2025). Enhancing social accountability in medical education and accreditation: A meeting report. *Advances in Medical Education and Practice*, 471-476. <https://www.dovepress.com/enhancing-social-accountability-in-medical-education-and-accreditation-peer-reviewed-fulltext-article-AMEP>

**Mertz, M., Toskovich, K., Shields, G., Attema, G., Dumond, J., Cameron, E.** (2025). Exploring Trust Factors in AI-Healthcare Integration: A Rapid Review. *Frontiers in Education*. <https://doi.org/10.3389/frai.2025.1658510>

Zaccagnini, M., **Cameron, E.**, Strasser, R., Razack, S., Molinaro, M., Dubé, T. (2025). Unpacking educational approaches for social accountability in health professions education: a scoping review. *Advances in Health Sciences Education*. <https://link.springer.com/article/10.1007/s10459-025-10494-9>

**Kennel, M., Delaney, K. Z., Jurgutis, J., LeBlanc, J., Larkins, S., Johnston, K., Cameron, E.** (2025). *Social Accountability of Medical Schools: Empowering the future of medical education and healthcare systems*. Chapter: Socially Accountable Research: An Emerging Framework (pp 227-242 ) [https://link.springer.com/chapter/10.1007/978-3-031-94435-2\\_12](https://link.springer.com/chapter/10.1007/978-3-031-94435-2_12)

Kennel, M., **Delaney, K. Z., Dumond, J., Jurgutis, J., Anawati, A., LeBlanc, J., Marsh, D., Cameron, E.** (2025). Characterizing Socially Accountable Research: A Scoping Review Protocol Paper. *BMJ Open*. <https://doi.org/10.1136/bmjopen-2024-093101>

**Wood, B., Attema, G., Cameron, E.** (2025). "I don't want to read about it; I want to do it.": Perspectives on being and doing Social Accountability in Medical Education. *Advances in Medical Education and Practice*. <https://doi.org/10.2147/AMEP.S543029>

Bethune, C., Fleming, H., **Ologan, E., Attema, G., Cameron, E.** (2025). A rolodex of skills and roles: Listening and learning from northern physician recruiters. *Canadian Journal of Rural Medicine*. [https://doi.org/10.4103/cjrm.cjrm\\_58\\_24](https://doi.org/10.4103/cjrm.cjrm_58_24)

Myles, S., Mensour, C., **Delaney, K. Z., Cameron, E.** (2025). Applying quality and equity lenses to advance social accountability in medical education. *Education for Health*. <https://doi.org/10.62694/efh.2025.294>

**Siddiqui, H., Nearing, G., Regalado, S.M., Delaney, K.Z., Cameron, E.** (2025). A Review of Obesity Educational Interventions in Medical Education. *Obesity Reviews*. <https://onlinelibrary.wiley.com/doi/10.1111/obr.13938>

**Groot, E., Pelley, J., Boylan, A.-M., Nunan, D.** (2025). Interventions to enable or improve evidence-informed decision-making in public health and preventive medicine: A scoping review. *AJPM Focus*. <https://www.sciencedirect.com/science/article/pii/S2773065425001610>

Owusu-Bempah, A., Lamberti, N., Croxford, R., Osei, B., Butler, A., Elwood Martin, R., **Jurgutis, J., McLeod, K., Paynter, M., Sapers, H., Semeniuk, R., Kouyoumdjian, F.G.** (2025). COVID-19 impacts on decarceration for Indigenous, Black, and other racialized people in Ontario, Canada: an interrupted time series study. *The Lancet Regional Health - Americas*. [https://www.thelancet.com/journals/lanam/article/PIIS2667-193X\(25\)00098-5/fulltext](https://www.thelancet.com/journals/lanam/article/PIIS2667-193X(25)00098-5/fulltext)

**Jurgutis, J., Wang, C., Cavanagh, A., Cheng, B., Kouyoumdjian, F.G., Leason, J.** (2025). Reproductive and maternal child health experiences of Indigenous women in prison: A scoping review. *Social Science & Medicine*. <https://www.sciencedirect.com/science/article/abs/pii/S0277953625008470?via%3Dihub>

**Cava, D., Wood, B.** (2025). Workforce Investments to Accelerate Learning Health Systems With Artificial Intelligence in Northern and Rural Settings. *Healthcare Papers (Longwoods Publishing)*. <https://pubmed.ncbi.nlm.nih.gov/40391482/>

Bressan, T., **Bakke, A., Zelek, B., Cotterill, M., Wood, B.** (2025). AI scribes in rural and remote primary care: an antidote to physician burnout or Pandora's Box? *Rural and Remote Health*. [https://www.rrh.org.au/assets/article\\_documents/article\\_print\\_9430.pdf](https://www.rrh.org.au/assets/article_documents/article_print_9430.pdf)

**Abejirinde, I-OO., Wood, B.** (2025). Navigating and reframing tensions within equity-centered learning health systems. *Learning Health Systems*. <https://doi.org/10.1002/lrh2.70040>

Welton, S., Wilson, **M., Zelek, B.**, Pontin, D., Perez, G., Oelke, N.D., Johnston, A., Konkin, J. (2025). Research in place: the critical role of rural health research in Canada. *Frontiers in Medicine*. <https://doi.org/10.3389/fmed.2025.1600660>

### **Submitted Network Publications:**

**(AI-NORTH)** Ross, B. (2025). Leveraging psychedelic neuroscience to boost human creativity using artificial intelligence. *Frontiers in Artificial Intelligence*. <https://www.frontiersin.org/journals/artificial-intelligence/articles/10.3389/frai.2025.1589086/full>

**(AI-NORTH)** Zhang, Y., Newbery, S., Savage, D., Ross, B. (2025). Artificial Intelligence and Rural Health Equity: Perspectives from Northern Ontario. *Journal of Rural and Community Development*. <https://journals.brandonu.ca/jrcd/article/view/2876>

**(AI-NORTH)** Waghmode, P., Kanumuri, M., El-Ocla, H., Boyle, T. (2025). Intrusion detection system based on machine learning using least square support vector machine. *Scientific Reports*. <https://www.nature.com/articles/s41598-025-95621-7>

**(CREATE)** Holt, A.-M., Sahay, A., Vaughan, G., Newton, W., Carson, D., Preston, R. (2025). How does 'connectivity' support the proposed 'Support at Home Program' for rural-dwelling older adults in Australia? A policy evaluation. *Journal of Health Services & Research Policy*

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