

All Our Families

Understanding Development Across the Lifecourse

Fall 2024

Greetings, participants!



Fall marked another back-to-school season, we hope that you and your youth are settling into a routine and have enjoyed this school season thus far. Many of you will have enjoyed thanksgiving with your families by being together and creating new memories! This season brings both the excitement of new beginnings and a chance to reflect on what we are grateful for.

This summer brought concerns to homes with many water restrictions and, in some communities, a lack of clean water available. This was a frustrating time and I hope you were able to manage these concerns through leaning on your communities until service was restored.

We are excited to announce that the "3R Workbook; Cultivating Resilience and Flourishing in Everyday Life" will be available for you this Fall. For almost 20 years, your ongoing participation in AOF has enabled us to collect data that has contributed to a contemporary understanding of qualities that assist people in managing the challenges of life, including parenting, partnership, career development, and stress (eg. 2013 flood, Covid 19). This workbook offers you an opportunity to learn more about key concepts such as stress and is designed to allow you explore and reflect on aspects of daily life that support your resilience, flourishing, and well-being. This workbook is a synthesis of what we have learned from you, combined with other research, and we sincerely hope it provides material of value to you and your family. There is more about the 3R Workbook in the newsletter. In November, you will receive an email from AOF inviting you to download the workbook from our website. The link to download the workbook at no cost will be time limited, and is intended as a gift from AOF to you; our participants and stakeholders.

We heard your recent feedback as many of you told us that life is challenging parenting adolescent children, managing perimenopause, staying fully engaged in the work force, maintaining relationships, and perhaps caring for an aging parent. All of this in the midst of global crisis and uncertainty. It is my hope that the 3RWorkbook provides some material that encourages a moment of reflection, and perhaps some changes that reduce the impact of stress on your well being.

Further, in this newsletter, you will find updates on our 8-year and 12-14 reports that highlight the findings from these waves of data collection. We share these reports so you and your families are able to learn more about our findings. You will meet Roman Pabayo, a researcher who has used AOF data in his work. Lastly, we will profile some recent AOF publications share some exciting staff news.

I have said it before, and it is true every time. Thank you for your continued participation in All Our Families. We have been together since 2008, through many stages of the parenting journey, and it is a privilege to be with you still. Enjoy the newsletter all the best for a happy and safe fall.



Warmly,
Suzanne

Study Updates

While we are taking a pause from surveys, investigators have been actively using your data from the last surveys and considering the themes for the next wave of data collection. We will start planning for this in the next year.

Our team is currently working on our reports that summarize data collected from the 12-14 year survey. We are excited to release these reports within the next month!

Resilience and Flourishing Workbook

The AOF team has been busy creating a workbook for caregivers and adults to decrease stress and promote resilience and flourishing based on study findings and learnings. Stress is our body's primitive, automatic response that prepares us for "fight or flight" when facing threats, but prolonged exposure to stress can have harmful effects on our mental and physical health. With the right tools, we can learn to manage stress effectively. The workbook introduces the 3 R's—Routines, Resources, and Relationships. Whether it's establishing routines that simplify daily life, leveraging resources in your community to support your needs, or nurturing relationships that provide emotional and social support, these practices can help reduce stress and promote well-being. We encourage you to explore the workbook, reflect on its strategies, and apply them to your own life. We look forward to continuing this journey of discovery and growth with you! Keep an eye out for more details on how to access the workbook in the coming weeks.



Staff News

Welcome new team members! The All Our Families team would like to welcome two new members.



Stephanie Ebebare – Practicum Student

Stephanie Ebebare, a Master of Public Health student at Lakehead University, joined the All Our Families team for her final practicum in 2024. With a Bachelor of Science in Nursing, she has extensive experience as a pediatric travel nurse across Canada. She has volunteered with Healthy Start for Mom and Me in Manitoba to support children and families.



Kristine Pesigan – Volunteer

Kristine joined our team in 2024 as a volunteer research assistant. She completed her BHSc in Psychology at the University of Calgary in 2023. Alongside volunteering, Kristine currently works in the psych department's Trailblazing Research for Equitable Care Lab as a research coordinator. She hopes to gain more experience in epidemiological-focused research to gain a clearer understanding for her future studies.

Congratulations are in order for some All Our Families team members



Muci Wu—Research Program Manager

Many of you know Muci, who has been with the study since 2012. In August, she welcomed a baby girl, Willa. Join us in celebrating Muci and her new bundle of joy!



Jessica-Lynn Walsh – Interim Program Lead

Jessica has been with the AOF team since 2017, participating in numerous capacities. Recently, she was made Interim Program Lead.



Rowan Chetner – Summer Student

Our summer student, Rowan, completed her project investigating the differences in boys' and girls' internalizing behaviour (e.g., depression, anxiety, and social withdrawal) and their mothers' personality traits. She presented her work at this year's ACHRI/Owerko Summer Student Research Symposium.



Anjola Adebayo— MSc Student

Congratulations are in order for our MSc student, Anjola, who has completed her thesis entitled *A Cross-sectional Exploration of Proxy Usage in Historical Data Analysis*.

Research to Real Life

In this newsletter, we look at two publications written from the All Our Families Study data.

In the first, Dr. Amrita Roy looked at how pregnant Indigenous women, ethnic minority women, and White women compared on levels of depressive symptoms, possible clinical depression, and major risk and protective factors. Using data collected during pregnancy, results showed that compared to White women, racialized women were more likely to have higher levels of depressive symptoms and possible clinical depression. The study also found that social support was a protective factor as it helped to buffer the psychological stress on depressive symptoms. The full article can be found [here](#).

How Does Race Predict Depressive Symptoms During Pregnancy?

Roy et al., (2024)

DOI: [10.1080/13557858.2024.2312420](https://doi.org/10.1080/13557858.2024.2312420)

WHAT WE KNEW

- **Prenatal depression** (depression during pregnancy) is a serious maternal-child health concern that can impact the health and well-being of mother and baby.
- **Risk factors** for prenatal depression include:
 - Socioeconomic disadvantage
 - High levels of psychosocial stress
 - Low levels of social support
 - Poor physical health and diet
- **Risk factors and health impacts** of prenatal depression appear to be **more common** in **Indigenous communities** and **ethnic minority groups**.
- Research on these populations is **limited**.

Ethnicity: belonging to an identified group based on culture, geography, or language.

Race: reflects social hierarchies in access to power and resources in society. In Canada, racialized peoples face social and health inequities related to issues such as colonialism and systemic racism.

OUR METHODS

- Data were from pregnant women in the All Our Families cohort (n = 3134).
- Depressive symptoms were measured during pregnancy using the Edinburgh Postnatal Depression Scale.
- Possible **risk factors** (socioeconomics, health background, domestic violence, stress, discrimination), possible **protective factors** (social support, diet), and **potential confounders** (age, marital status, parity) were evaluated.

OUR GOALS

1. How do pregnant Indigenous women, ethnic minority women, and White women compare on:
 - levels of **depressive symptoms**
 - possible **clinical** depression
 - major **risk** factors
 - **protective** factors
2. What factors explain the relationship between race and depression?



WHAT WE LEARNED

Compared to White women, **racialized women** were **more likely** to have **higher levels of depressive symptoms** and possible clinical depression.



Socioeconomic factors and **psychosocial stress** **partially**, but not fully, explained the **relationship** between race and depressive symptoms.

Women were **less likely to be at-risk** for prenatal depression if they were:

- Married
- Had family income over \$80,000 per year
- Employed
- Had adequate social support

White women were **more likely** to be married, employed, have adequate income, and/or social support.

Social support was found to be **protective**.



It helped to buffer the effect of psychosocial stress on depressive symptoms.

WHY IS THIS IMPORTANT?

- **Strategies** to address socioeconomic status, stress, and social support among racialized women may **reduce the risk for prenatal depression**. This may include:
 - Social and health services and programs
 - Social and health policies.
- **More research is needed** to better understand the unique experiences of racialized pregnant and parenting women.



In the second, Dr. Audrey-Ann Deneault investigated the long-term association between perceived parental technofence and mental health difficulties in emerging adolescents. Technofence refers to interruptions in parent-child interactions due to technology use. Using data from surveys collected during the COVID-19 pandemic, results showed that children's perceptions of parental technofence were associated with increased risk of mental health difficulties and increases in hyperactivity and inattention. The full article can be found [here](#).



How Does Parental Technology Use Impact Mental Health in Youth?

(Deneault et al., 2024)

DOI: 10.1001/jamanetworkopen.2024.28261

WHAT WE KNEW

- **Excessive technology use** (e.g. texting, scrolling through social media) can **disrupt interactions** between parents and their children.
- In **childhood**, perceived parental **technofence** is associated with **higher levels** of **parent-child conflict** and **lower levels** of **parental emotional support** and warmth.
- When children's emotional and physical needs are **not responded to** or **consistently ignored**, they are **at risk** of developing **mental health difficulties**.

Technofence: refers to interruptions in parent-child interactions due to technology use.



OUR METHODS

All Our Families children (mean age: 9.7 years; $n = 1303$) completed questionnaires about their perception of parental technofence and their mental health symptoms (depression, anxiety, hyperactivity, and inattention) at three time points during the COVID-19 pandemic.

OUR AIM

To explore whether there was an association between **children's perceptions** of **parental technofence** and **children's mental health symptoms** (anxiety, depression, inattention, and hyperactivity).



WHAT WE LEARNED

Perceived parental technofence was associated with **increased risk** of mental health difficulties among children.



Higher levels of child anxiety were associated with **later increases** in **parent technofence**.

Higher parental technofence scores were associated with **later increases** in **children's hyperactivity** and **inattention**.



WHY IS THIS IMPORTANT?

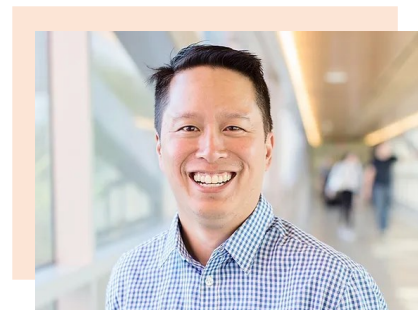
- These findings highlight to the need to **discuss digital technology use and mental health** with parents and children as a part of routine care.
- This study emphasizes the need to **address parental technology use** when considering **child well-being**.
- Results highlight the need for **parents** to consider their technology use around their children.



Researcher Profile—Dr. Roman Pabayo

Roman is an epidemiologist at the University of Alberta whose interests focus on social determinants of health, particularly among adolescents, youth, and infants. He studies the relationships between social and economic factors within countries, neighbourhoods and schools, examining issues such as income inequality and social divide.

Among other areas of interest, Roman has used All Our Families data to publish on the impact of neighbourhood factors on maternal and child outcomes. We conducted an interview with Roman to learn more about his career journey and research findings.



Can you describe the lens of epidemiology and population health and what brought you to this area of research?

When I think of epidemiology, I think of using quantitative analytical techniques to describe associations between risk factors or exposures and health outcomes. I apply the epidemiologic lens to answer my research questions to address population health. For example, on average, what is the average risk for health outcomes when exposed to certain determinants. I became an epidemiologist because I was attracted to the quantification of associations between exposures and health outcomes. I understand that epidemiology does not describe the entire picture of our population health issues, but adds a piece to the puzzle.

You have a number of publications using All Our Families data. You have looked at community engagement and maternal mental health, income inequality and maternal mental health, income inequality and its impact on child behaviour, and more. Why are these findings important?

We looked at how where we live, in particular neighborhood characteristics influence the maternal health and child behavior. This is important because, as described above, where we live can influence our health. And when we focus on where we live, it becomes difficult to “blame” individuals on their health.

You have published work on social cohesion using American data. Broadly, what are your findings? Do they relate to anything you have found in Calgary and/or Alberta?

Social cohesion is the glue or feelings of trust between members of society, which is often measured within a community, and among individuals. We identified social cohesion as a potential determinant for health behaviors, such as physical activity, and mental health conditions such as depression. We have also identified how income inequality, or the gap between rich and poor between members of society, can lead to an erosion of social cohesion, which has further upstream health behaviors and outcomes. In other words, social cohesion is a potential mechanism in which income inequality leads to adverse health outcomes.

Tell us a little bit about the focus of your lab at University of Alberta - what are some other ‘hot topics’ right now?

We have been looking at how social inequities, such as income inequality, structural racism, and gender inequity, are associated with adverse health outcomes, such as mental health conditions, such as depression and anxiety, deaths attributed to suicide, drug use, and alcohol liver disease, and infant mortality risk. We have also looked at how policies and laws at all levels of governments, can either increase or decrease health inequities. Examples of laws that can increase health inequities include barriers to voting, restrictions to abortion services, restrictions to health care insurance. Examples of laws and policies that can decrease inequities include raises in minimum wage, public health funding, staffing, and programming.

Do you have any interesting projects coming up using the All Our Families data?

We are now looking at social fragmentation, which is a sociology concept that is defined as the absence or underdevelopment of connections between members of a society. In previous research, mostly in Europe, social fragmentation is a significant risk factor for mental health conditions, such as depression and for suicide. Not much work has been conducted looking at the relationship between social fragmentation and mental health among mothers. So, we will take this opportunity to study this relationship using AOF.

Anything you would like to share with our participants about your experience using their data?

AOF is an important study because of the focus on mothers and their infants/young children. Data from such cohorts are extremely rare. Thus, researchers can attempt to answer research questions on the social determinants of health among mothers and their children. Results from such studies can help shape policy and interventions that can alleviate the burden of mental health condition among this mothers and children.

Let's Connect!

If you have any questions about this newsletter or want to connect about something else, we would love to hear from you!

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