



University of Manitoba: “What’s the Big Idea?”
Season 5, Episode 1: Leslie Roos

TITLE

Parenting is Public Health: Rethinking How We Support Families with Leslie Roos

OPENING

Announcer: In 2027, the University of Manitoba celebrates 150 Years of Big Ideas.

Media clip

<https://www.youtube.com/watch?v=Kw8VSnyJN54>

“Our proposal to the TRC to host the National Research Centre outlined our commitment to survivors and to raising awareness of the impact of the residential schools. With deep humility, we welcome the news the University of Manitoba had been selected as the home of the National Centre for Truth and Reconciliation.”

Media clip

https://youtu.be/jNvX6zWsK5U?si=3LFJYA0_QmtCJ4UiÀ

The Churchill Marine Observatory is a first-of-its-kind research hub dedicated to detection, impact and the mitigation of oil spills while also studying the best ways to support Arctic marine transportation and adaptation to climate change.”

Media clip

<https://www.producer.com/video/video-father-of-canola-leaves-legacy-of-green-and-gold/>

"Canola. Invented right here, at the University of Manitoba."

Announcer: The Next 150 Starts Here.

INTRO MUSIC FADES IN

INTRODUCTORY MONTAGE

LESLIE ROOS

“That guidance for parents and families is really missing from a science-based perspective. Over 90% of parents report getting their information about parenting on social media. So, we're talking Instagram, Facebook, TikTok. Those are not high quality evidence-based places to find your information.”

MEDIA CLIP

<https://www.youtube.com/watch?v=HmvLIMCEQJI>

“The Surgeon General says parental mental health has to be a priority and a culture shift needs to



take place to make that happen. We've got a real challenge and there's a lot driving it. Parents are not only contending with the usual stressors that come with being a parent, worrying about finances and safety but they're also worried about how to manage social media on their phones, for their kids."

LESLIE ROOS

"BEAM is an app-based program where parents receive high quality evidence-based mental health and parenting information, alongside connection to a peer coach, who they can text with, on a protected messaging service. I think this is a way to build our health system workforce to improve public health."

INTRODUCTION

MICHAEL: Welcome to Season 5 of *What's the Big Idea?* I'm your host, Michael Benarroch, President and Vice-Chancellor of the University of Manitoba.

This February, UM turns 150. That's one hundred and fifty years of big ideas and impact. As we celebrate that milestone, we're talking to researchers whose work is making a difference right now, whose impact is felt in public policy, in health systems, and in the everyday lives of people and families.

And today's guest is a perfect example. Dr. Leslie Roos is a psychologist and associate professor in UM's Faculty of Arts. She studies parenting, child development and family mental health, and she has turned that research into tools families can actually use. She's also a mom and co-host of the parenting podcast *You're Doing It Right*.

In this episode, we talk about why parenting is a public health issue and how evidence-based tools can help families thrive. If you're wondering how we support youth in the age of AI, pervasive screen use and social anxiety, listen in.

Season 5 is full of more big ideas— and it starts now.

MUSIC FADES OUT

MAIN INTERVIEW

MICHAEL: I'm really excited about today's conversation. I'm looking forward to learning from you because you're looking upstream at something that affects our society in complex ways: the mental health of children and families. I know you've worked with partners like the United Way, Family Dynamics, the Public Health Agency of Canada. And you've authored over a hundred peer reviewed papers on mental health and I've been listening to your podcast, recently also. So, I know you're out there trying to inform the public. It's not just your research. Before we talk about your big idea, can



you paint a picture for us of the current mental health situation of children and families? Are kids actually worse off today than in the past, or are we just hearing more about it?

LESLIE ROOS: It's a great question, and I think it's not a straightforward answer. It's probably both of those things. So, I think both families are under a lot more stress. Children and youth have a lot of pressures that they didn't historically, along with less support from their school, community, family environments. And we've gotten better about talking about mental health, which I think is a huge benefit to society. Mental health is less stigmatized, we see more people reaching out for help sooner. So, those are all good things, but it also means that we pick up on more mental health challenges. And there's a lot to learn from that, to figure out how do we support people, at every stage of needing support.

MICHAEL: So, your big idea is that parenting is a public health issue and that if we want to improve children's mental health, we need to invest in families, the way we invest in other public health priorities. What have you seen, in your research that convinced you that this is the right way to think about this issue?

LESLIE ROOS: Kids have a lot of focus. Everyone appreciates that kids are the foundation of our society. We want to help them grow into flourishing adults. There's lots of research that the first thousand days of one's life establish critical brain architecture. But I think, actually, sometimes the more attention we put on kids, the more pressure we put on parents. That's sort of the wrong way to think about it. Kids really thrive when they are supported by parents, supported by families, supported by community. And we don't think about investing in families the same way we do public infrastructure. Things like roads, hospitals, institutes of higher education. Parents are expected to figure this thing out with kids themselves, to raise healthy kids. And if something goes wrong, it's sort of our societal narrative that it might be the parents' fault. And all of our research suggests that that's not the case, that kids thrive when parents do well and when parents are supported. So, we really want to think about supporting parents and families more broadly, in order to support kids, and the next generation of Canadians.

MICHAEL: So, what would an investment in family look like?

LESLIE ROOS: It's a great question. Lots of different things can support families. And so, early childhood education, ten dollars a day daycare, that's a great example of something that supports families, that is at a more public investment level. But there's also lots of things like publicly funded mental health services, starting at the earliest stage of a child's life, like when people are pregnant. I think there's a twenty two times higher risk of being hospitalized for mental health issues in the first year, postpartum, than prior to pregnancy, and there's very little preventative care that happens there. What we tend to do, in terms of mental health, is we invest when people end up in emergency rooms and cost a lot of money to the public health system. But there's much less that's being done, in the earlier years, to help parents feel confident, give them high-quality information that they need about how to care for themselves and their family, and to connect people to community resources early. By and large, people would prefer to go to peers, to people in their community to get that support. They don't want to engage in the health system unless they need to, but we very rarely invest in communities.



MICHAEL: I remember before we had our first child. We would do what academics would do. We went down to the bookstore, we got a bunch of books, we read a bunch of things, right? We realized we could never parent our kid this way. It was, like, we were trying to learn about it, even though we had family. And at the time, we didn't even have AI. My kids weren't born in the computer age, but appeared very soon afterwards, right? So, I know, now, there's a lot of panic around AI and how it can harm education, how it can harm relationships, and the well-being of children and youth.

Our provincial government here, and it's not just here in Manitoba, we've seen it in Australia and in other countries, is considering how to ban youth from using AI. How do you suggest we should approach this?

LESLIE ROOS: So, when we think about AI and technology in our kids, it's not an all or nothing consideration and, sort of, we can't put the cat back in the box. So, if we are working in a province or a country where it's possible for kids to access AI and social media or technology more generally, I think our job, as parents and community members, becomes how do we help our kids learn how to use this wisely? How do we provide them with supervision and with coaching and with check-ins, the same way that we would when we used to let our kids go to the mall and go see a movie unsupervised and scaffold that for them. At the point at which there's a policy level, like I'd have no problem with policy that removes these as options for kids and youth. But at the point at which they can access them and also knowing that these policies are really hard to officiate, we should really be thinking about, critical thinking, critical use of media and going beyond just trusting our kids to trusting and supervising our kids to engage safely and effectively online.

MICHAEL: They were interviewing some kids on CBC Radio around the time of this policy and the kids were saying, well, we're pretty sure we can get around it.

LESLIE ROOS: Absolutely. Yeah, they're smart, right?

MICHAEL: Exactly. And that's how they were thinking right at the beginning.

LESLIE ROOS: Okay.

MICHAEL: Like how are we gonna get around this, right?

LESLIE ROOS: Yeah.

MICHAEL: So, that idea of really giving them the skills and the tools to navigate, not just AI, which is something we're gonna have to do, but just social media. It's something that we have to teach our kids. Back to your point about investing in families, it's investing in how to navigate social media and AI in the future. We probably haven't done enough of that for families.

LESLIE ROOS: For sure. And I think that gap, that public health information, that guidance for parents and families is really missing from a science-based perspective. Over 90% of parents report getting their information about parenting on social media. So, we're talking Instagram, Facebook, TikTok. Those are not high quality evidence-based places to find your information.



MEDIA CLIP

<https://www.tiktok.com/@living.in.reality97/video/7397501460751093034?refer=embed>

"I tell them hands are not for hitting, inside voices, and I even give them a little swat on the behind because I believe that a little swat back into reality is exactly what some these kids need."

LESLIE ROOS: But you know, I don't try to get my parenting information online, but I'm on my social media and I'm pushed so much of it. And so, I think really figuring out how do we reach parents, where they're looking for information, how do we give them practical strategies is critical.

MICHAEL: One of the things I find interesting about your work is you've gone well beyond research. You've developed a number of innovations and practical tools that can leverage technology to help families. So, I want to talk to you about BEAM. Tell us what it is, who's it for, and what problem are you trying to solve with this technology?

LESLIE ROOS: So, BEAM stands for Building Emotional Awareness and Mental Health, but we just call it BEAM. And the goal of BEAM is to have a dual-generation mental health and parenting program for families. It really started with my observations, as a clinician, where I was often working with families of kids with really challenging early behaviors, mental health issues coming up. And we were giving parents tools and strategies to manage their behavior, but we weren't really taking care of the parents. Although there are some good strategies to manage kids' behavior, you also really need to manage your own emotions as a parent and figure out how do you, troubleshoot, engage effectively with schools, with co-parents, with other people.

Our goal with BEAM is to, sort of, bring mental health for parents and kids together in one place. We co-designed it after the onset of the pandemic, when we were doing some of this dual generation work, but parents weren't able to come together in person. And so, BEAM is an app-based program where parents receive high quality evidence-based mental health and parenting information, alongside connection to a peer coach, who they can text with, on a protected messaging service, and a forum of other parents, which is designed like Reddit or like a Facebook forum, but it's moderated, so people can connect and they have some guidelines that they follow, and can come together around parenting, trying to build that sense of community and reduce isolation for families.

MICHAEL: So, I can ask it a question?

LESLIE ROOS: Yeah, you could say, Hey, it's minus forty, I've run out of things to do and I have ten more days of winter break. What's everyone else doing to not lose their mind, this week?

MICHAEL: And you'll get responses? I could interact with a peer?

LESLIE ROOS: Yeah, you could have peer coach. And so a peer coach is someone who has lived experience with mental health and parenting stress and they've been through the program or similar programs and they are gonna meet with you one-on-one to go through the content. So, if we're talking about parenting values, what are your goals? We don't expect you to parent the same way as your neighbour. So, what's most important to you? And they would help tailor the content to



you personally. And then, you could check in on them, if you are having challenges with your housing situation, to figure out how to troubleshoot that or get connected elsewhere.

MICHAEL: Have you received feedback on the app and what are some of the things you're hearing?

LESLIE ROOS: Yeah, we've had lots of feedback. We've worked with over 1,000 families now, across Canada. We have really good feedback. People love being able to connect with a coach, someone who gets it, that's been a parent, managing stressors. It's also really flexible, in that you don't have to be available for like one group time a week. It's, sort of, whenever you're available. And people love the content, they like connecting with other parents. I now sometimes get stopped in like always awkward situations, with my own kids, by people who are like, Oh, I recognize you and I'm like, I am not sure and they'll be like, no, I've just seen a lot of videos of you. *(Laughter)* I had one memorable time, I was picking up a four year old, from hockey practice or skating, and he was throwing a total tantrum on the ground of the skating rink parking lot, refusing to get in the car, and I was just standing there. I was like, I'm not sure quite what to do, we'll just wait. And the person who pulled into the stall next to me was like, oh I've seen your stuff. It's so great, thanks for all you do. And I was like, Yeah, that's great.

MICHAEL: That's a great moment.

LESLIE ROOS: Yeah.

MICHAEL: *(Laughter)* I can imagine that moment. I mean, we've all been there, who have kids. It's a great moment because you're working on advice and then there you are, and so, what do you do in that situation?

LESLIE ROOS: I mean, I think you wait it out, you bring some humour. The goal is, you can set the stage, right? But you can't control what your kid does any more than you control what your aunt does or your cousin or your brother. So, we sort of wait it out, let them know maybe there are some consequences, maybe you'll just sit there, you'll try to keep them safe. At some point, you end up putting your kid in the car or not--

MICHAEL: Right.

LESLIE ROOS: and try to not totally lose your mind.

MICHAEL: One of the things I love in your podcast were just thinking about how to respond in those situations. But not responding in a way that shows your child how someone responds under threat, also. So, working on really showing appropriate behavior so that, you hope, that sometime in the future, they come back and go, yes, I haven't learned bad behavior, at minimum.

EXCERPT FROM PODCAST

You're Doing It Right, Episode 1: Parent Support, Self-Compassion and Practical Strategies

LESLIE ROOS:

"It's easy to feel and to be reactive and it's also easy then to feel badly about what happened. We'll



talk about this with Dr. Brendan Andrade, talking about understanding kids' behaviors and the emotions that might be under them."

DR. BRENDAN ANDRADE:

"Kids seeing their parents as people is actually a good thing. People make mistakes and sometimes people lose their cool. And it's okay to take ownership of that and try and repair that situation."

DR. LEANNA TOMFER-MADSON:

"Sometimes in a moment, we're going to say something that sounds crazy, right? You're going to feel if you don't stop that right now, I'm going to take your iPad and throw it in the river. I'm not going to do that obviously. But realizing that sometimes those things come out and we can catch ourselves in the moment or we can catch ourselves afterwards and look at how we want to do it differently and that that's okay."

LESLIE ROOS: Yeah, absolutely. We talk a lot about responding instead of reacting. So, if it's not like a critical safety issue, your kid's not sprinting into the middle of a busy street, could you take a step back and figure out what the problem is to solve, right now? Or can you just wait? And the vast majority of the time the answer is you don't need to intervene right now.

MICHAEL: Right away.

LESLIE ROOS: You can save time. And if you need to turn around and walk into the other room, again, there's not a critical safety risk. That's okay too. You can come back to it. They still have done the crazy thing and you can intervene. But if you can give yourself time to come down a little bit, it tends to help a lot.

MICHAEL: I mean, it's so true. But I think we can all think about times when we reacted instead of--

LESLIE ROOS: Oh and me too. Absolutely.

MICHAEL: And as a parent, right? And you know, just that notion of the triggers, and when you're with a child that does the same thing over and over and over, right?

LESLIE ROOS: And I think often parents feel like when they react or like do the thing that they're like, oh that felt awful, that they failed somehow at something. And I think about it pretty differently. Often when working with parents, the first step of doing something differently is being able to consistently identify, oh yeah, like I yelled then and I sort of wish I hadn't, or I, pushed my child in a situation they weren't ready for. That felt sort of crummy. And being able to just recognize what are those situations that you might want to change for the future is often the first step to being able to change them. Too often, what happens is we say, oh I yelled, I feel awful. I really want to avoid that discomfort, because we feel shame. And when we avoid it, it actually doesn't allow ourselves to problem solve or to do it differently. So, we try to really like reduce that shame and stigma to say this happens to all of us, very regularly. So, how do you think about that, notice it, and then maybe choose to do something different next time.



MICHAEL: Yeah, I think that's great. My kids have a joke with me, because math came pretty easy to me. And so, when they were younger and needed math help, they now say to me, Dad, did you actually not realize that saying it louder didn't actually have an impact on us? We didn't understand it any better when you said it loudly versus quietly.

Laughter

LESLIE ROOS: That's pretty good.

MICHAEL: I can now step back and apologize to them for maybe not taking the best path. Coming back to BEAM and that idea of a place where you could go and get support and be able to express some thoughts and have people give you their opinions. Sounds like you're basing this on really strong evidence and research. And I'm curious about how do you plan to expand from here, from the work that you've been doing? What's next and how do we continue to improve the supports that are available for parents?

LESLIE ROOS: A big challenge for us right now, you know, we've shown that BEAM works, but the next step is how do we implement it well, with consistency, and in a way that it can be sustainably funded. And so, we have some funding from the Public Health Agency of Canada for local organizations across the country to implement it, which is great, and for us to be training and building community capacity that way. But thinking about longer-term government investment, it's a bit different, to be putting funding towards peer coaches than it is to a licensed social worker or a nurse or a psychologist, psychiatrist. And our health systems aren't always designed to fund some of these more innovative peer coaching or digital health tools. That's a question that I think about all the time and I talk with different stakeholders in the health system about quite a bit, to figure out how do we get more creative, if we're looking at high impact and we know that these programs work and they're often much less expensive, how do we fund that long term is one piece. And then, the second piece is how do we make sure that they're being delivered equitably? So, we're doing a lot of co-development work with multinational Indigenous communities and newcomer and immigrant communities, as part of the Public Health Agency of Canada program, as well.

MICHAEL: Let's talk a little bit about your work with Indigenous families and newcomers. But, on the point of public health funding, this is something I've heard over and over again, here at the University of Manitoba, in our Institute of Global Public Health, some of the techniques they use globally, to fight HIV or other communicable diseases, are based on using peers and others in community and has been very successful, yet it doesn't translate into the way we do it here. Because we think about a medical system, so it has to be a social worker, a nurse, or a doctor. And of course, that system's really stressed. And so, you do want to step back and say, can we intervene earlier? And I think that's part of what you're building.

LESLIE ROOS: Yeah, that's really the goal. And there's been some really helpful national guidelines that have come out. I think before peers were thought of a little fringe. But peers are now considered a gold standard frontline treatment for anxiety and depression, generally, and specifically for perinatal populations. And so, I think, with those recommendations coming out, it's really only responsible for our health systems leaders to be saying, how do we fund these people?



It's frankly, it's very easy to find people who want to be peer coaches. People are so passionate about it, it's so rewarding to talk to other families. And the training is really of interest. And so, I think this is a way to build our health system workforce to improve public health. We just need to do a few tweaks to make that more feasible.

MICHAEL: I think it's really powerful that you're building culturally grounded interventions and co-designing them with Indigenous families and newcomers. You're finding gaps in our current system and applying your research to try to fill them and not just your research, but the research that's being done in your discipline. I think this demonstrates the impact of how research and the work that we do in universities can support public health. What's the response been to this line of work?

LESLIE ROOS: There's a number of different projects that are ongoing through partnerships, centred in Indigenous mental health and wellness. I view myself as a supporter and helper to this work, but the work is really being led by members of First Nations and Red River Métis communities, in Manitoba, and across Canada. Often it is community partners who have come to us or come to a mutual connection and said, "Hey, we're interested in building this out. We have this program, but we see an extra need in mental health. Do you have any thoughts? Would you want to partner with us?" And then, very often it's students who are leading this work, who've come to university and grad school, with interest in supporting wellness in their own communities. And they are really absolute trailblazers in figuring out, how do we do this?

One example of a project, centred in Indigenous ways of knowing, is a project that Sydney Anderson, a PhD candidate, is doing for her dissertation, and that's adapting BEAM for multi-nation families. And it's included partnering with a local organization here, Ka Ni Kanichihk, along with New Directions, who are delivering the program, through their organization, along with incorporating teachings that Elders have shared with us, into the app and program, and having a bi-weekly moon group, so that people can come to an in-person place together, continue to build that in-person support, in addition to having online accessibility. And all that was also done in collaboration with an Indigenous council that we've brought together at Children's Hospital Research Institute of Manitoba. We had the experience, often, that students were being asked to engage with councils for their research, and that was a lot of work for them to pull together for a project. So, we've tried to build more infrastructure to promote more academic partnerships and allow students to really do the work they want to do, in partnership with communities and with the wisdom of a council.

MICHAEL: I'm curious then, how this is impacting policymakers. You're doing this work, clearly community is responding positively. Are you finding that policy makers are standing up and listening and thinking about how they set policy and how they move forward?

LESLIE ROOS: I think, part of what our goal is, is to be able to work with communities so that they have more of the tools they need to advocate for those policy changes themselves, or with our support, if that is of interest. We've seen this with a partnership we had with *Pinaymootang* First Nation, where we supported a family wellness event with their home visiting program for maternal child health, where they were really interested in hosting a lands based gathering. And so, we worked together to bring funds.



We just commissioned a video talking about the gathering and they're using that to advocate for additional funding and supports that they need. So, providing that academic lens, some of the research outputs that might be harder for a community to produce themselves, we can do that work with them. And we're also working in the perinatal sphere to advocate for updated supports in the province that would support First Nations and Métis perinatal mental health, led by members of those communities, in addition to, more broadly, the perinatal health system.

MICHAEL: So, based in research and then, working with community, putting it in practice, and then hoping that it continues to build from there, as the practice.

LESLIE ROOS: Yeah, absolutely. In some ways, because the mental health system is so currently designed to target acute needs, there's a lot of work to be done, to look at earlier treatment, community-based programming, and prevention.

MICHAEL: As a university president, I often get asked, so, what are you doing about the mental health issues of your students? Usually it's something like we're not doing enough, right? And, this generation is a very anxious generation. The Gen Z are very anxious and when I was listening to your podcast it felt different. First of all, it felt like it gave people permission to be the way they are and to respond, in ways that they need to respond. But I also think it really talks about approaches. Do you think this is an anxious generation? Are parents learning how to respond to the needs of kids today?

LESLIE ROOS: It's a good question. The data would say that there are certainly more challenges with anxiety and stress management, in the current generation of high school students to young adults. But we're also dealing with a generation that came of age in the pandemic and some really difficult times and really critical developmental periods. So, I think, you can't really disentangle the two of them. That's one piece. I think the other piece is that, in part of our concern for helping our kids be their best selves, achieve what they want, achieve what we hope they're able to figure out and live the lives they want to live, you can inadvertently take away some of kids' agency in allowing them to mess up, in allowing them to go elsewhere to problem solve, in dealing with the consequences of their actions. And so, when I think about parents and parenting, all the research is that you want to be a good enough parent, but there's no perfect parent or like there's no gold star top tier of parents out there. But you need to be like available enough, supportive enough, like repair when you mess up, try to let them know that you love them all the time and help them. But there's a million different ways to do that. And I think, we want parents to not over control their kids.

MICHAEL: The comment that “there's a million different ways to do that”--

LESLIE ROOS: Yeah.

MICHAEL: -- “and not over control.” My wife used to always say to me that I needed to let the kids fail more.

LESLIE ROOS: Absolutely, yeah.

MICHAEL: I probably didn't let them fail enough, but it's in my nature to wanna fix things.



LESLIE ROOS: Put those guardrails, yeah yeah.

MICHAEL: That's right. But I think that's the point. There is no one way to do this. So, when someone says, what policy should we use to provide the right supports for parents? There is no one way to do this.

LESLIE ROOS: Absolutely, there's no one way to do this. And even in the earliest years we're talking about, do you let your kids cry it out? Do you use timeouts or take a break? Do you ground your kids or remove screen time, as a consequence? Do you motivate them with rewards?

Eighty different people will give you eighty different answers. And all of those things, that I mentioned, are science-backed, appropriate ways to support mental health and behavior, generally. Like anything, you can do it particularly well or particularly poorly, but there's lots of great ways to parent and we want parents to be confident in figuring out what they want to do and, sort of, focusing more on your relationship with your kid because that's actually what's most protective and beneficial. And worry a little bit less about am I doing this perfectly? Am I doing what my cousin Susie's doing or whatever else.

MICHAEL: Right. If your kids know you love them and you support them.

LESLIE ROOS: Yeah.

MICHAEL: And in many ways they forget that time you yelled --

LESLIE ROOS: Totally!

MICHAEL: Or responded inappropriately.

LESLIE ROOS: Like you enjoy time with them. Like kids appreciate so much. Put your phone down, go for a walk with them, notice things in your neighbourhood, or even just like, grabbing dinner, on a picnic or whatever that is. It's like that one-on-one time, when they see you paying attention to them and focused in, is hugely beneficial.

MICHAEL: So, next year U of M will be 150 years old and milestones like this invite some self-reflection about what we've been choosing to do and where we're going. And I think, for a university like ours, we've had a big impact in our community. We've had a big impact globally. Now, you've been doing work with the Children's Hospital Research Institute of Manitoba. You've been with them since what, 2019--

LESLIE ROOS: Yeah.

MICHAEL: When you started. And I'm not sure that Manitobans all understand the connection between University of Manitoba and the Children's Hospital Research Institute. Tell us a little bit about that relationship and a little bit about your research there, and the impact that the institute's having here in Manitoba.



LESLIE ROOS: The impact is really big. CHRIM is a research institute that's the research arm of the Children's Hospital Foundation of Manitoba, in addition to being the research arm of the Department of Pediatrics. And so, 99% of researchers and staff are U of M members and CHRIM has over three hundred researchers and staff affiliated, works with over twenty seven million of funding every year and really creates innovation, in the province, around child health and outcomes. And I think one of the things that's pretty unique about CHRIM is that it's not just individual researchers working in bubbles. We work in themes. So, there's a group that focuses on asthma and allergy, and on diabetes, and on mental health, and on dentistry. And through these themes, it really allows people who are doing, you know, bench side research in petri dishes, with genetics, through to community-engaged researchers, who are looking at public health impact and implementation, to all work together, to bring those innovations forward, to improve the health of Manitobans.

MICHAEL: Criticisms that I hear of universities is that we do this research and it sits on a shelf. That's not the intention here.

LESLIE ROOS: No, it's not the intention at all. And I think it's one of the best parts of working in Manitoba is everyone knows everyone and you can really build really strong long-term relationships with other researchers, with practitioners, with communities. And that's a central focus of CHRIM is having that external impact. And that's apparent in the public-facing work we do, but also internal to the organization, when we look at our metrics, our goals and values as well.

MICHAEL: So, one last question: What do you hope to work on next?

LESLIE ROOS: I think, lots of things, but something that I'm really excited to be working on is a little bit more of that health systems transformation lens of things. I think, we have so many great innovations in the mental health field, including digital health, along with community-based innovations. And figuring out how do we implement these, within our health systems, to reach families who need them, in a timely way, and when they need them, is really critical.

There's different waitlist challenges for different conditions, at really critical developmental periods. And we want families to feel supported. And I think there's interest now, within health system leadership. We're seeing a lot of transformative grants coming up nationally, but actually figuring out the ins and outs of how do we get this intake worker to work with this chief of staff, to do this is a really fun problem to solve.

MICHAEL: Thank you for that and I appreciate you taking the time and I really enjoyed our conversation.

LESLIE ROOS: Thanks for having me. This was really fun.

MUSIC FADES IN

EXTRO



MICHAEL: I hope you enjoyed this episode. Leslie's work shows how our researchers and alumni turn big ideas into tangible impact.

Next episode, I speak with Dr. Marissa Becker, who moved her family to India to advance maternal and child health. She's a huge part of why UM has received more money from the Gates Foundation than any university in Canada.

And on November 26, I sit down with Kirsten Hillman, former Canadian ambassador to the United States, for a special live recording.

Join us as Season 5 unfolds. And until next time, keep thinking big.