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Greetings
from the chair of the board

By continuing to help make connections between university researchers, healthcare
decision makers, clinicians, and the broader community, the Newfoundland and
Labrador Centre for Applied Health Research (NLCAHR) has
had another successful year building research capacity and addressing high-priority research needs for the province’s
healthcare system.

This year, the Contextualized Health Research Synthesis Program (CHRSP) collaborated with health system and academic
partners on five new studies that covered a variety of research topics chosen by provincial decision makers, including studies
on seniors and aging, health services delivery, and strategies for health promotion. Feedback from the health system about
the value of CHRSP’s reports continues to be highly positive. The program is now preparing to add a further innovation
to its methodology by adding patient and caregiver engagement to its collaborative model, thereby integrated knowledge
transfer among key stakeholders in our province: patients and their families, health system decision makers, healthcare
workers, community organizations, and researchers from a variety of disciplines at Memorial University.

In 2015-2016, NLCAHR administered close to $750,000 in research funding under four programs. The government-
sponsored Newfoundland and Labrador Healthy Aging Research Program awarded $108,980 to projects aligned with the
Provincial Healthy Aging Framework. The Enhancing Health Care Awards, sponsored by the provincial government,
Eastern Health and the Dr. H. Bliss Murphy Cancer Care Foundation, awarded a total of $233,000 in research grants for
projects related to improving patient care. NLCAHR sponsored its own awards again this year, granting $109,000 to
graduate students and senior researchers embarking on a variety of applied health projects. Finally, NLCAHR supported
a new funding program offered by the Patient-Oriented Research Grants program on behalf of the Newfoundland and
Labrador Support for People and Patient-Oriented Research and Trials Unit (NL SUPPORT) which will provide four
grants of up to $75,000 each for projects that focus on patient-oriented research.

The Centre’s Research Exchange Groups continue to attract new members. The Centre now hosts seventeen of these
groups, in which community partners, students, faculty, and policy makers meet to promote knowledge exchange and
capacity building on topics of shared interest. Five new groups are planned for the coming year.

The Centre also organized and hosted an important public forum on health and healthcare in October 2015, in partnership
with the Department of Political Science, the Office of Public Engagement, and the Harris Centre. The forum engaged
over 400 participants in a discussion of healthcare priorities with candidates from the three main political parties in advance
of the Fall 2015 election.

Congratulations to the researchers and students who have participated in activities through the Centre this year, whether
as funded researchers, participants in Research Exchange Groups or as contributors to CHRSP research teams; your
commitment to improving applied health research knowledge in Newfoundland and Labrador is admirable. As always,
our thanks to the many health system and community partners whose contributions are central to improving health and
healthcare in the province.

Finally, with my term as chair ending this year, I would like to take this opportunity to thank the board of directors of
NLCAHR, as well as to extend the director and staff my best wishes for their continued work in support of applied health
research in Newfoundland and Labrador. I wish the incoming chair and executive all the best for the many opportunities
that lie ahead.

James Rourke
Greetings
from the director

This year’s annual report, Making Connections, details the commitment to partnerships and innovation in this, the fifteenth year of operations for the Newfoundland and Labrador Centre for Applied Health Research.

NLCAHR’s boardroom has become a veritable hub where researchers and communities meet: on average this year, we hosted seven meetings per month for 17 active Research Exchange Groups. Through this valuable program, which includes members from across NL, from other regions in Canada, and from other countries, more than 750 researchers and students met with healthcare decision makers and community partners to exchange research, programming, and practice knowledge, and to collaborate on projects related to everything from aging and autism to the arts and health, and from harm reduction to rural, northern, and aboriginal health.

NLCAHR supported provincial researchers by funding and administering four awards programs this year that provided (or will provide) close to $750,000 in research grants. In April 2015, NLCAHR administered the NL-Healthy Aging Research Program, funded by the Government of Newfoundland and Labrador, which awarded $108,980 to research projects on healthy aging. In October 2015, the NLCAHR Awards, funded by the Centre, awarded $109,000 to researchers working on a range of applied health studies. In February 2016, the Enhancing Health Care Awards, administered by NLCAHR on behalf of the Dr. H. Bliss Murphy Cancer Care Foundation, the Government of Newfoundland and Labrador, and Eastern Health, awarded $233,000 to projects designed to improve patient care in the province. This year, NLCAHR added a new funding program to its portfolio. In January 2016 the Centre administered the Patient-Oriented Research Grants program on behalf of the Newfoundland and Labrador Support for People and Patient-Oriented Research and Trials Unit (NL SUPPORT) which will, in Spring 2016, provide up to four grants of up to $75,000 each for projects that focus on patient-oriented research.

The Contextualized Health Research Synthesis Program continued to leverage well-established partnerships to inform health policy on issues that included: supporting independence for people with dementia; promoting healthy eating; preventing diabetes; reducing acute-care length of stay; minimizing wait times for outpatient services; and soliciting patient feedback. In January 2016, CHRSP received a record number of submissions for the next round of studies—an indication, I think, of a growing appreciation of our decision-support products. CHRSP is also pressing ahead with methodological innovations. Our researchers have developed a new automated tool for assessing the quality of systematic review evidence. Additionally, CHRSP received Accelerator Funding from Memorial’s Office of Public Engagement for a new project that will add patient and caregiver engagement to the CHRSP collaborative process.

With support from the Harris Centre, the Department of Political Science, and Quick Start funding from the Office of Public Engagement, NLCAHR organized and hosted a political debate and town hall at Memorial University in October 2015. Health Forum NL offered a chance for the public to engage directly with senior representatives from the three main political parties on the state and future of health and healthcare in the province in advance of the provincial election. Over 400 people from across Newfoundland and Labrador participated in this forum, either in person or through the live interactive webcast.

As always, my thanks to our dedicated staff, board of directors, peer reviewers and to the researchers who applied for funding. I would like to extend special thanks to Dr. James Rourke for his many years of service to the Centre as dean of medicine and chair of our board. My thanks as well to the community, health system, and research partners who participated in CHRSP projects and in our Research Exchange Groups—making connections with you has been a real pleasure again this year.

Stephen Bornstein

Dr. Stephen Bornstein
About Us
**Background**

The Newfoundland and Labrador Centre for Applied Health Research was established in 1999 with core funding from the Department of Health and Community Services of Newfoundland and Labrador, Memorial University, and Eastern Health. NLCAHR is constituted as a research centre within Memorial University under the auspices of the Board of Regents. The Centre, led by a director and a board, is funded through an annual grant from the Department of Health and Community Services of the Government of Newfoundland and Labrador. NLCAHR also receives financial support and administrative services from the Faculty of Medicine at Memorial University.

**Goals**

NLCAHR has three principal goals:

- to help build human capacity and organizational resources to undertake and support high-quality applied health research in Newfoundland and Labrador;
- to increase the amount and impact of high-quality applied health research undertaken on priority research themes in the province; and
- to facilitate the more effective and efficient use of research evidence in the province’s health and community services system.

These goals are achieved through our funding programs, our collaborative activities, our research and knowledge exchange activities (including the Contextualized Health Research Synthesis Program), and our capacity development activities.

**Mission**

NLCAHR’s mission is to contribute to the effectiveness of the health and community services system of Newfoundland and Labrador and to the physical, social and psychological health and well-being of the province’s population by supporting the development and use of applied health research in this province. NLCAHR works with an inclusive and flexible conception of ‘applied health research’ in a spirit of openness to the widest possible disciplinary and methodological approaches. The Centre also seeks to collaborate fully with other local, provincial, regional, and national organizations that have similar objectives.

**Governance**

The director, Dr. Stephen Bornstein, manages NLCAHR and reports to the board of directors. The NLCAHR board is responsible for all key policy and strategic decisions. It approves the annual budget, endorses peer review committee recommendations, and determines the overall strategic direction of the Centre. The board of directors is chaired by the dean of the Faculty of Medicine of Memorial University. Other board members include the Deputy Minister of the Department of Health and Community Services and representatives of the Newfoundland and Labrador Health Boards Association, Memorial University’s Senior Administration, the Newfoundland and Labrador Centre for Health Information, and Eastern Health. The director sits on the board ex officio.
Board
The following people served on the Board of Directors of the Newfoundland and Labrador Centre for Applied Health Research in 2015-2016:

- James Rourke (Chair) | Dean, Faculty of Medicine, Memorial University
- Bruce Cooper | Deputy Minister, Department of Health and Community Services, Government NL
- Beverley Clarke | Deputy Minister, Department of Health and Community Services, Government NL
- Brent Meade | Deputy Minister, Department of Seniors, Wellness, and Social Development, Government NL
- David Diamond | President and CEO, Eastern Health
- Michael Barron | CEO, NL Centre for Health Information
- Stephen Bornstein (ex officio) | Director, NLCAHR

Staff

- Stephen Bornstein | Director
- Rochelle Baker | Coordinator, Communications, Partnerships, & Research Exchange Groups
- Alyssa Gruchy | Research Assistant (part-time) CHRSP
- Sarah Mackey | Research Officer, CHRSP
- Pablo Navarro | Senior Research Officer, CHRSP
- David Speed | Research Officer, CHRSP
- Melissa Sullivan | Research Officer, CHRSP
- Tyrone White | Manager of Finance, Awards, IT and Administration

Our Administrative Staff Specialist, Amanda Kinsella, left the Centre in 2015 to take up a new position within the Faculty of Medicine. We thank Amanda for her many years of service to the Centre and wish her all the best in her future endeavours.

In 2015, CHRSP Research Officer Rob Kean moved into a full-time position with Eastern Health’s Department of Research. Rob’s research skills will certainly be missed and we wish him the best of luck in his new position.

We were pleased to welcome Melissa Sullivan to our CHRSP research team this year. Melissa joined us in November 2015 and will oversee our new patient engagement initiative, in addition to working on forthcoming CHRSP research projects.

We also wish to acknowledge the excellent work of our Gradswap student, Lauren Rickert, whose support of several CHRSP research projects has been very helpful. Thanks as well to our ISWEP student Mahmudul Shourov, whose work was greatly appreciated by all staff.
Contextualized Health Research Synthesis Program
What is CHRSP?
CHRSP is an innovative research program developed by the Newfoundland & Labrador Centre for Applied Health Research to optimize the use of scientific evidence in healthcare decision making. Working in partnership with the health system to identify research priorities, CHRSP synthesizes the best research evidence from around the world and then contextualizes the findings for use right here in Newfoundland & Labrador. As a result of its unique approach to integrated knowledge translation, CHRSP has achieved an exemplary level of health system engagement, buy-in, and research uptake. Working closely with key partners in the health system, CHRSP supports evidence-informed decision-making, one policy at a time.

How does CHRSP work?
Topics for CHRSP are identified through intensive, iterative consultation with research users in the health system, including policy makers, administrators, and clinicians. This process is supported by CHRSP Champions within the four Regional Health Authorities and the provincial government (the Department of Health and Community Services and the Department of Seniors, Wellness, and Social Development).

Health System Leaders (CEOs and Deputy Ministers) prioritize the topics that have been identified and these become the focus for CHRSP studies. For each topic selected, a project team is assembled with two leaders: the academic leader is a nationally recognized subject expert; the health system leader is a DM or CEO from the health system. Other team members include: CHRSP researchers; local academic and clinical experts; front-line workers; and health system and community consultants.

The CHRSP Project Team collaborates on each study by:
- refining the research question;
- searching for high-quality systematic reviews, meta-analyses, and other relevant research literature;
- critically appraising this literature (see sidebar);
- synthesizing the evidence;
- identifying contextual factors through consultation and focus groups;
- highlighting the implications of the evidence for local decision makers.

The results are then communicated to decision makers in formats and forums designed to maximize their uptake.

What’s the best evidence?
CHRSP introduces a new appraisal methodology

CHRSP synthesizes evidence from systematic review literature to develop an overview of the best research evidence for, or against, the effectiveness of healthcare interventions or technologies for achieving specific outcomes. This year, the CHRSP research team introduced an innovation to the program in an effort to more consistently and objectively appraise the overall strength of a body of systematic review evidence so that decision makers can gain a better sense of the quality of the findings in the scientific literature. What is involved is a classification scheme that measures the quality of review evidence by using a combination of metrics, including AMSTAR (Assessment of Multiple Systematic Reviews), the number and quality of primary studies contained within the review literature, and other factors. Using this tool now enables CHRSP to convey with greater clarity, the overall quality of the scientific evidence for, or against, a given health intervention or technology for a given health outcome.
CHRSP Champions 2015-2016

Our CHRSP Champions are essential to our growth and success. We thank the following health system partners who served as champions this year for their support of evidence-informed decision making in healthcare in Newfoundland and Labrador.

**Eastern Health**
- Krista Butt, Research Analyst
- Mike Doyle, Director of Research
- Janet Templeton, Program Director, Medicine
- Elaine Warren, Program Director, Cancer Care

**Central Health**
- Vanessa Mercer Oldford, Regional Director, Corporate Improvement

**Western Health**
- Donna Hicks, Regional Director, Quality Management
- Lisa Hoddinott, VP Quality Management & Research
- Darlene Welsh, Regional Manager, Research & Evaluation

**Labrador-Grenfell Health**
- Nadine Calloway, Regional Director, Health Information and Privacy

**Department of Seniors, Wellness and Social Development**
- Linda Carter, Director, Healthy Living Division, Department of Seniors, Wellness and Social Development
- Suzanne Brake Director of Seniors and Aging; Provincial Director of Adult Protection, Department of Seniors, Wellness and Social Development
- Mary Reid, Director of the Disability Policy Office, Department of Seniors, Wellness and Social Development

**Department of Health and Community Services**
- Bev Griffiths, Director of Board Services
- Larry Alteen, Director of Physician Services, Medical Services Branch

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**Positive Feedback**

This year, we continued to receive positive feedback about the usefulness of our CHRSP reports. Here are some representative examples:

“The Age-Friendly Acute Care Report identifies a number of key concepts on the mismatch that happens when seniors are admitted to hospital with an acute episode and the root cause is a chronic condition. The report is very helpful and examines research and the NL context including implications for decision makers in this province. This is a useful document as we consider outcomes for seniors in acute care and how to improve them. It has been circulated to the regional consultants for acute care for their information and consideration when dealing with operational issues and reviewing programs and services.”

--feedback from Department of Health and Community Services

“We used the results of the Falls Prevention for Seniors in Institutional Healthcare Settings study in combination with other best practice documents to support a review of the existing falls prevention programming at Western Health and to identify opportunities to enhance the program.”

--feedback from Western Health
CHRSP Studies | 2015-2016

Supporting the Independence of Persons with Dementia

“What interventions are most effective in preventing or delaying the admission of people with dementia to long-term care?”

Recognizing the importance of providing appropriate services for families who wish to have their loved ones “age in place” and/or those who hope to delay admissions into long-term care for family members with dementia, our health system partners asked CHRSP to review the research evidence on non-institutional care options for people with mild to moderate levels of dementia. CHRSP assembled a project team that included officials from the four RHAs, the provincial government, and the Seniors’ Resource Centre of Newfoundland and Labrador together with faculty from the Western Regional School of Nursing. Dr. Neena Chappell, Canada Research Chair in Social Gerontology, served as our subject expert.

Our report included the following findings:

- There is promising evidence for the effectiveness of psychoeducational caregiver supports. While face-to-face educational programs are most clearly effective, there is considerable evidence to support the use of educational and psychosocial interventions offered in combination, using a variety of delivery models.

- There is suggestive (partial or qualified) evidence to demonstrate the effectiveness of:
  - dementia case management;
  - exercise interventions as a means of reducing functional limitations, mobility problems, and falls among people with dementia; and
  - interventions targeting performance of Activities of Daily Living (ADL), particularly when they involve face-to-face contact with health professionals.

- The evidence base is insufficient at present for the effectiveness of respite care, meditation (for caregivers) and interventions for preventing urinary incontinence.

Strategies for Health Promotion: Healthy Dietary Habits

“What health promotion strategies have been shown to be effective for improving dietary habits in settings and populations like those of Newfoundland and Labrador?”

Provincial decision makers want to maximize the impact of their health promotion initiatives and evidence about the effectiveness of various health promotion strategies can help them attain that objective. For this Rapid Evidence Report, we worked with Dr. Jennifer O’Loughlin, Canada Research Chair in the Early Determinants of Adult Chronic Disease. Public awareness campaigns, used on their own, to promote healthy eating are not supported as effective by the available research evidence. Public awareness campaigns may provide benefits, but only if they are part of a multi-dimensional health promotion initiative. School-based, work-based and messaging-based interventions have the benefit of economies of scale, but demonstrate small effect sizes. The evidence does support multi-component interventions that focus on eating behavior, address multiple ecological levels (e.g., at the individual, group and community level) and include some form of behavior change technique.) The research evidence on improving dietary habits is, overall, consistent: health promotion efforts are most effective when they incorporate multiple mechanisms and levels of engagement as well as structured behavior change and management techniques.
Prevention and Screening for Type 2 Diabetes

“What interventions are likely to be effective in reducing the incidence of type 2 diabetes and its medical complications in the adult population of Newfoundland and Labrador?

Health system decision makers in NL recognize the burden that Type 2 Diabetes (T2D) places on both the individual and on the healthcare system. By focusing on prevention, they hope to improve population health in the province and to reduce the costs required to manage this chronic disease. In an effort to help decision makers develop prevention strategies based on reliable evidence, the Contextualized Health Research Synthesis Program (CHRSP) identified and reviewed the best available scientific and economic evidence on the clinical and cost effectiveness of approaches that aim to reduce T2D incidence.

The project team for this report included subject expert, Dr. Laura Rosella, Assistant Professor at the Dalla Lana School of Public Health, University of Toronto and scientists with Public Health Ontario and the Institute for Clinical Evaluative Sciences, and Dr. Michel Grignon, Health Economist and Director of McMaster University’s Centre for health Economics and Policy Analysis. Other team members included senior decision makers and clinicians from the province’s Regional Health Authorities, officials from the Canadian Diabetes Association and academic experts from Memorial University. Our health System Leader for the project was Rosemarie Goodyear, CEO of Central Health. The team synthesized scientific evidence relative to two areas of Type 2 Diabetes (T2D) prevention: the effectiveness and cost-effectiveness of interventions to prevent diabetes in at-risk, asymptomatic adults; and the effectiveness and cost-effectiveness of screening on the early detection of T2D in adults and prevention of further medical complications.

Our synthesis findings included the following:

- There is an insufficient amount of high-quality evidence on the long-term clinical benefits and potential harms of screening for T2D at this time. More robust evidence is needed to confidently evaluate the cost-effectiveness of screening interventions for T2D.
- The effectiveness of drug interventions depends on the risk profile of individuals. In specific at-risk populations, some oral anti-diabetic drug classes and some other drug classes effectively prevent the onset of T2D; other drug classes have no significant preventive effect and some drug classes are more effective for promoting regression to normoglycemic than for reducing T2D incidence.
- Good quality evidence shows that many interventions that promote modest weight loss through improved diet and/or increased physical activity can decrease the incidence of T2D. A key factor in the success of these interventions is adherence to lifestyle changes.
- A number of heterogeneous strategies prevent T2D including combinations of diet, exercise, drug interventions, and others. The effectiveness of these interventions appears to be dependent on age, weight loss, and an individual’s risk profile, among other factors.
- Most preventive interventions (non-screening interventions) are considered cost-effective, with ICER of less than $20,000 USD per QALY.
Reducing Wait Times for Outpatient Services

“What is the evidence for the effectiveness of enhanced techniques for scheduling appointments and managing wait lists in reducing wait times for outpatient services?”

Extended delays in accessing health care services, known as “wait times” or “wait listing,” may compromise patient health outcomes through delays in diagnosis, treatment or follow-up. They indicate health system inefficiencies that reduce cost-effectiveness. As a result, reducing patient wait times is considered a priority for health system decision makers. For this report, researchers from the Newfoundland and Labrador Centre for Applied Health Research were Dr. David Speed, Research Officer, Contextualized Health Research Synthesis Program (CHRSP) and Dr. Stephen Bornstein, Director of NLCAHR. Our consultant was Dr. Luciana Ballini, editor of the Cochrane Effective Practice and Organization of Care Group (EPOC). The key points included in this evidence review were:

- Long wait times for outpatient services result from a “mismatch” between supply and demand; consequently, a focus on improving overall health system efficiency is a key focus of the research literature on reducing wait times.
- Wait list audits show promise in reducing the total number of persons waiting for an outpatient service; the methodology used for wait list audits should seek to eliminate from wait lists only those who request to be eliminated and to retain any patients that cannot be reached.
- Patient-Focused Booking is supported by the literature as an effective method for reducing “did not attend” (DNA) rates and patient wait times, although decision makers will need to assess the potential implementation costs and human resources issues associated with implementing new scheduling systems.
- The evidence indicates that sending reminders to patients to attend outpatient services is an effective way to reduce DNA rates. Telephone calls and text messaging reminders show the greatest promise among the options outlined in the literature.

Reducing Acute Care Length of Stay

“What does the available research-based evidence tell us about what models стрategies/ prac tices are best suited for the timely and effective discharge of patients admitted to hospitals in NL?”

The provincial health system is concerned that the average Length of Stay (LOS) for many acute-care patients in Newfoundland and Labrador is longer than the expected Length of Stay based on national estimates. Our health system partners want to know what can be done to reduce acute-care length of stay in an effort to reduce costs while optimizing patient safety. This study looks at models, strategies, and practices that expedite the discharge process. A strong body of evidence supports care pathways, which are defined as structured multidisciplinary care plans that detail essential steps in the care of patients with a specific clinical problem.
Funding & Awards
Every year, NLCAHR supports applied health research through its various funding and awards programs.

This year, the Centre distributed roughly $750,000 in research funding through four distinct funding opportunities: the government/health system-sponsored Newfoundland and Labrador Healthy Aging Research Program, the Enhancing Health Care in Newfoundland and Labrador Program, our own NLCAHR Awards Program and—new this year—an opportunity for patient-oriented research funding through the NL-SUPPORT program at Memorial University.

As always, we acknowledge the valuable contributions the Peer Review Committees who evaluated the many funding applications we received.

We also thank all of those who applied for their commitment to advancing applied health research in Newfoundland and Labrador.
NL Healthy Aging Research Program

2015 Project Grant Recipients

- **Dr. Marshall Godwin**, Professor, Family Practice Unit; Director, Primary Healthcare Research Unit, Faculty of Medicine, Memorial University – *Descriptive Analysis of the Health and Health Services Utilization of Very Elderly Newfoundlanders* ($30,000)

- **Dr. Rick Audas**, Associate Professor, Health Statistics and Economics, Community Health and Humanities, Faculty of Medicine, Memorial University – *Chronic Pain and Aging in Newfoundland and Labrador: a Quality of Life and Health Care Utilization Profile* ($30,000)

- **Dr. Roberta Didonato**, Department of Psychology, Memorial University – *Do Visual Enhancements of Healthcare Instructions Improve Learning and Memory Performance in Older Adults?* ($20,000)

2015 Seed Grant Recipients

- **Dr. Caroline Porr**, School of Nursing, Memorial University – *Developing and Testing a Dialect-Sensitive and Culturally Appropriate Diabetes Educational Tool for Older Adults of Rural Newfoundland and Labrador* ($9,480)

- **Dr. Marilyn Porter**, Research Professor Emerita, Department of Sociology, Memorial University – *Grandmothers on the Move: Older Women Immigrants and Healthy Aging* ($10,000)

2015 Doctoral Dissertation Award Winners

- **Jennifer Woodrow**, Community Health and Humanities, Memorial University – *Osteoarthritis in Newfoundland and Labrador: An Examination of Prevalence, Incidence, Comorbidity, Financial Burden and Accessibility of Care* ($2,000)

- **Nicholas Snow**, Physical Therapy, UBC – *Using Long-Term Aerobic Exercise to Modulate Corticospinal Excitability and Intracortical Networks in Sedentary Younger and Older Adults* ($7,500)

Our thanks to the many researchers and graduate students who applied for funding under NL-HARP this year; we also appreciate the valuable work of our Peer Review Committee who assessed all applications received.
Enhancing Healthcare in NL 2016 Awards

The Dr. H. Bliss Murphy Cancer Care Foundation, the Government of Newfoundland and Labrador, and Eastern Health have funded five research projects under the final competition for research funding following from the Cameron Inquiry. The fund, Enhancing Health Care in NL, administered by NLCAHR, was established to support increased research and evaluation activities aimed at improving healthcare for patients in this province, including those with cancer. Grants of up to $75,000 each were available for projects that will address patient care, including (but not limited to) cancer care.

Eighteen applications were assessed in this year’s competition. We congratulate the following awards recipients:

- **Holly Etchegary and Elizabeth Dicks**, Faculty of Medicine, Memorial University—Breast cancer surgical treatment choices in Newfoundland and Labrador: patient and surgeon perspectives. ($40,600)

- **Darren O’Rielly and Proton Rahman**, Faculty of Medicine, Memorial University—Determining the heritability of serious drug related adverse events in patients receiving targeted biologic therapy for rheumatic diseases in the Newfoundland and Labrador (NL) population. ($25,000)

- **Gail Wideman**, School of Social Work, Memorial University—Palliative/End-of-Life care in rural settings: support to informal providers of care ($69,930)

- **Michael Bautista**, Department of Anesthesia, Faculty of Medicine, Memorial University and **Roberta Didonato**, Department of Psychology, Memorial University—Clear Speech Technique: Communication and learning in a simulated patient handoff ($22,263)

- **John Thoms**, Dr. H. Bliss Murphy Cancer Centre—The need for novel biomarkers beyond PSA ($75,000)

We acknowledge the high quality of applications received for this competition and thank the peer reviewers and all the applicants.
NLCAHR Awards Program 2015

Applications for the 2015 NLCAHR Awards came from master’s students, doctoral candidates, and faculty researchers from a range of disciplines who were either developing or proposing applied health research projects. In October 2015, seven research projects were awarded a total of $122,000 under this program. The winners were:

2015 Project Grant Recipients
- **Dr. Sandra Small and Dr. Cynthia Murray**, School of Nursing, Memorial University, *Knowledge, needs and smoking behaviours of socioeconomically disadvantaged pregnant and postpartum women* ($27,000).
- **Dr. Atanu Sarkar**, Faculty of Medicine, Memorial University, *Distribution of Persistent Organic Pollutants (POPs) in the Newfoundland diet: Possible connection to hypothyroidism* ($33,500).
- **Dr. Jacqueline Carter**, Department of Psychology, Memorial University, *Disseminating treatment for binge-eating disorder in Newfoundland and Labrador: A randomized controlled study of a guided self-help intervention* ($33,500).

2015 Development Grant Recipient
- **Dr. J.M. Gamble**, School of Pharmacy, Memorial University, *Advancing capacity for conducting quantitative benefit-risk analysis in Newfoundland and Labrador* ($15,000).

2015 Doctoral Research Grant Recipient
- **Jennifer Donnan**, School of Pharmacy, Memorial University, *Integrating patient preferences and mixed treatment comparisons into quantitative benefit-risk assessment of SGLT-2 antidiabetic therapies* ($6,000).

2015 Master’s Research Grant Recipient
- **Patricia Howse**, Clinical Epidemiology, Faculty of Medicine, Memorial University, *Safety and efficacy of incretin-based therapies in patients with type 2 diabetes mellitus and chronic kidney disease* ($4,000).
- **Kelly Hunter**, Community Health, Faculty of Medicine, Memorial University, *A study of perceptions and experiences around food practices among university students* ($4,000).

This year, thirty applicants submitted proposals to the NLCAHR Awards Program, which provides funding for applied health research that aligns with the Centre’s mandate:

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We extend our sincere thanks to all who applied this year and wish to express special gratitude to the peer reviewers who assessed the many applications we received.
Patient-Oriented Research Grants:
NL-SUPPORT UNIT 2015-2016

This year, NLCAHR helped administer a new funding opportunity to support applied health research and training through the Patient-Oriented Research Grants program of the Newfoundland and Labrador Support for People and Patient-Oriented Research and Trials Unit (NL SUPPORT). The program will offer up to four grants of up to $75,000 for projects that focus on patient-oriented research.

The specific objectives of this funding program are:

- To support patient-oriented research that has the potential to improve the health of individuals, families and communities
- To build and sustain a full range of applied health research including the development and utilization of evidence-based decision making in health care, health education, and health policy and administration in Newfoundland and Labrador
- To support the training and development of new health researchers in the province
- To assist researchers in establishing their research programs and applying for external funding
- To encourage partnerships between researchers across faculties, schools and disciplines, and collaboration among academic researchers, community-based researchers, and decision-makers
- To enhance the role of patients/citizens in all levels of the research process from start to implementation of findings

The competition was open to all patient-oriented research projects, regardless of their focus and seventeen research proposals were submitted in the 2015-2016 round. The results of the peer review have not been released at the time of writing.
Research Exchange Groups
Research Exchange Groups at NLCAHR

The Research Exchange Groups program at NLCAHR builds capacity and supports collaboration between researchers and research users and between the university and the community. The number of groups and the overall participation in the program has grown considerably over the past five years—a reflection of membership satisfaction with the program and evidence of a growing momentum in collaborative research opportunities in the province.

Research Exchange Groups provide an opportunity for researchers, students, decision makers, clinicians, community groups, and members of the public to exchange knowledge about research on a given topic related to health. Membership in these groups is open to all. Because the meetings are accessible by webinar, the groups include participants from across Canada and from around the world.

Research Exchange Groups encourage knowledge translation, capacity-building, research team development, and the identification of research priorities. The activities of Research Exchange Groups are determined by the participants: choices include working on funding proposals to develop a research project or program; inviting speakers to present ongoing, completed, or planned research and quality improvement initiatives; providing support and feedback to students for graduate research; and organizing workshops, guest lectures, and symposia.

No matter how they are organized, all Research Exchange Groups at NLCAHR offer their members an opportunity to build connections with people from a range of disciplines and backgrounds who share their particular interests.

This year saw a significant expansion of this program, as awareness of the program continues to grow within the university, the health system, and the broader community. At the time of writing, the Centre hosts seventeen active Research Exchange Groups whose combined membership exceeds 750 participants. Activities undertaken this year by our active Research Exchange Groups are outlined on the following pages.

Research Exchange Groups by the numbers:

- active groups: 17
- new groups being planned: 5
- current members: 766
- meetings this year: 84
Making Connections

This year, the Research Exchange Group on Aging, co-convened by Dr. Gail Wideman (School of Social Work) and Dr. Sharon Buehler (Community Health & Humanities), established a new meeting format that partnered one academic presenter with a fellow presenter from a community or healthcare organization whose services are related to a corresponding aspect of healthy aging in Newfoundland and Labrador (e.g. a research study on osteoarthritis prevalence was paired with a presentation about services available through the Arthritis Society). This year’s roster of presentations included: Dr. Roger Butler on telegerontology for seniors; Dr. Elizabeth Russell on Age-Friendly Communities; Dr. Stephen Czarnuch on Assistive Technologies for Seniors; Dr. Benjamin Zendel on his new role as the Canada Research Chair on Aging; Dr. Gail Wideman on Community-Campus Partnerships; Heather Brown (VP Central Health) and Kelli O’Brien (VP Western Health) on results from Central Health/Western Health’s program to reduce the use of antipsychotic drugs in long-term care; Dr. Neena Chappell (UBC) on a new CHRSP study on supporting independence for persons with dementia; Dr. Sue Ann Mandeville-Anstey on preliminary findings from a study on aging nurses with chronic disease; Heather Brown (VP Central Health) and Kelli O’Brien (VP Western Health) on new diabetes care programming in Western Health and Central Health; Meng Wang on results from a study on BMI and aging; and presentations from professionals working with the Alzheimer’s Society, the Canadian Diabetes Society; the Arthritis Society and the Seniors’ Resource Centre.

The Arts & Health (72 members) The Research Exchange Group on the Arts and Health includes researchers, community activists, and artists from across the province and from outside NL (Concordia, McGill) and outside Canada (Columbia University) whose work explores how the arts are connected to our health and who want to learn more about emerging methodologies in arts-based research. The group’s conveners are Dr. Natalie Beausoleil (Community Health & Humanities) and Dr. Kathleen Sitter (Social Work). This year, presentations included: Lori Clarke’s emerging work with the principles of improvisation and the Hearing Voices Network; Dr. Susan Cox of UBC on the ethics of arts-based research methods; Dr. Jane Gosine, Memorial’s School of Music on music and health; Dr. Natalie Beausoleil on preliminary findings from research on arts-based research on school aged children’s perceptions of health promotion; Elayne Greeley, Community-Career and Employment Partnership Project on the Virtues Project for patient engagement; Dr. Kathleen Sitter on her photovoice research into transportation accessibility for persons with disabilities in St. John’s, NL; Dr. Rachel Landy’s PhD research on arts-based HIV/AIDS education for aboriginal youth in Labrador; Megan Morrison’s PhD research on creative strength in caregiving for loved ones with dementia; Carolyn Chong, PhD candidate in ethnomusicology, on the Inclusion Choir at Stella's Circle. The group is now planning to host an Arts & Health Symposium in St. John’s in 2017.

Autism (54 members) This group, convened by Tess Hemeon, Manager for Advocacy and Communications at the Autism Society of Newfoundland and Labrador, hosted two special presentations this year: Phil Murphy from the Janeway’s Perinatal Program presented a talk about the journey taken by families in this province from the birth of their child to that child’s first appointment at the Janeway’s Autism Clinic. Dr. Roger Chafe presented findings from a study on incidence and cohort prevalence for autism spectrum disorders in the Avalon Peninsula, Newfoundland and Labrador.
Bullying & Health (52 members) This group was founded in September 2013 by Gerald White (PhD, Community Health & Humanities and research computing specialist with the Faculty of Education), to gather researchers, faculty, educators, students, practitioners, and policy makers to review applied health research on issues related to the impacts of bullying on health in Newfoundland and Labrador. It covers bullying of all types: in school, in the workplace or in post-secondary institutions and includes research on bullying in health professional settings and research on the role of leadership and restorative justice. The group’s membership extends across Newfoundland and Labrador and includes members from Dublin City University. This year’s presentations included Dr. Alan Hall, Director of the Master’s in Employment Relations Program at Memorial’s School of Business on Memorial’s 2016 Conference on Workplace Harassment and Violence; Grant Fitzpatrick, Education Facilitator with Canadian Mental Health Association, NL Division (CMHA-NL) on an anti-bullying program for high schools; Dr. Gerald White on the relationship between Grade Two perceptions of school climate in Newfoundland and Labrador schools and school bullying victimization; Dr. Connie Morrison, Faculty of Education, on the premise that bullying originates in a place of misunderstanding difference; Dr. Lisa Adams on workplace bullying; Dr. Dorothy Vaandering (Education) on her work in Restorative Justice; and Dr. Erin Cameron on obesity & bullying.

Chronic Disease (46 members) The Research Exchange Group on Chronic Disease was founded in January 2013 by Dr. Brendan Barrett and is currently seeking a new convener. Its 46 members include educators, researchers, practitioners, and policy makers who gather to discuss applied health research and policy directions on issues related to chronic disease in Newfoundland and Labrador, whether diabetes, COPD, kidney disease or other chronic conditions that have an impact on the health of our province’s population. This year, the group heard Dr. Erin McGowan present findings from her study on physical activity and its impact on cancer as well as meeting jointly with the REG on Aging for presentations on diabetes care programming, nurses with chronic disease, and osteoarthritis.

Eating Disorders, Disordered Eating & Body Image (33 members) This Research Exchange Group was named to reflect the range and inter-connectedness of the issues under study. The group is co-convened by Dr. Pamela Ward (Nursing) and Dr. Olga Heath (Medicine) and includes researchers from Biochemistry, Human Kinetics & Recreation, Community Health and Humanities, Psychology, and the University Counselling Centre; clinicians in Psychiatry, Adolescent Medicine, and Pediatric Endocrinology; administrators from EDFNL (Eating Disorder Foundation NL) and Eastern Health clinicians in a range of specialty areas: clinical psychology, eating disorders, childhood obesity, and clinical dietitians. This year, the group heard from: Patricia Nash, Counsellor and Program Facilitator of EDFNL on Emotion Focused Family Therapy (EFFT) and the results of the national research study into the use of EFFT as a workshop for carers; Cathy Skinner, Education Facilitator of EDFNL, about EDFNL’s programs and services for people with eating disorders and their carers; and Michael Bartellas on his Master’s-level research project on access to mental health services for youth with eating disorders.
The Health Impacts of Hydraulic Fracturing (36 members) This group was established to build research capacity in Newfoundland and Labrador on this public health issue and to inform the NL Hydraulic Fracturing Review Panel (NLHRFP) prior to that panel’s report being released to government in 2016. This research exchange group includes university researchers, health professionals, decision makers, citizens and community group representatives who share an interest in research into the health impacts of hydraulic fracturing, particularly the potential health impacts of this activity on community health in Western Newfoundland and Labrador. The group’s co-conveners, Dr. Penny Allderdice and Dr. Frank Smith, collaborated with the membership on formal presentations to the NLHRFP (The NL Hydraulic Fracturing Review Panel) in 2015. This year, the group heard from Dr. Frank Smith, who presented "Everything You Wanted to Know about Fracking (But Were Afraid to ask)" and from Graham Oliver who presented "A Grassroots Introduction to Fracking in Western Newfoundland."

Gender, Sexuality, & Health (53 members) This group, convened by Dr. Nicole Power (Sociology) meets annually for a special presentation on gender, sexuality, and health research. The group is open to all and includes representatives from government, the healthcare system, academia, and the community at large. This year, Dr. Sue McKenzie-Mohr, Associate Professor in the School of Social Work at St. Thomas University in Fredericton drew upon her research to highlight individuals’ accounts of lived experiences (of rape, youth homelessness, and intimate partner sexual violence), exploring both the benefits and the troubles that may be faced when framing experience as trauma. Implications for trauma-informed practice strategies and solutions were discussed. This public lecture at Memorial was co-hosted by the Research Exchange Group and the Department of Sociology.

Global Health (39 members) Global Health is often associated with research in international, and often Low Income Country (LMIC) settings, but global health researchers, practitioners and educators recognize that the field actually transcends borders and is a broader study of the global processes that shape the health of people both at home and abroad. The Global Health Research Exchange Group is a collaborative forum for people who are doing research, or who have involvement in practices or programs on any aspect of health or influences on health that resonate beyond the local context in terms of research site or application. This year, the group heard from: Bill Chislett and Glen Penney about Memorial’s International Office and Marine Institute International; Dr. Vic Neufeld of McMaster University on global health research and the Canadian Coalition for Global Health Research; and Dr. Katherine Side on mobility, migration and access to legal abortion in (and beyond) the Republic of Ireland. Dr. Jill Allison, Faculty of Medicine, is the group’s convener.

Harm Reduction & Critical Drug Studies (25 members) This Research Exchange Group is convened by Dr. Christopher Smith (Social Work) and its members include researchers, service providers, public policy makers, and drug users. The group hopes to identify priority research and policy issues relating to substance use, harm reduction, and addiction treatment services; to facilitate networking among researchers, service providers, policy makers and drug users; and to establish an independent user-run, user-led group in St. John’s, made up of past and present, active and recovering drug users that can provide peer-led consulting and training services for researchers, government agencies, policy makers, and social service agencies. Ultimately, it seeks to include people with lived experience of substance use and/or dependence in every aspect of the policies and programs that affect
their everyday lives. This year, the group heard from: Christopher Smith on harm reduction as anarchist practice; Tree Walsh, ACNL (AIDS Committee NL) on her work with the Safe Works Access Program (SWAP); Dan McGettigan on his work with Turnings, a program designed to help former inmates readjust to life outside prison; Jill Peckford, Program Manager with Stella’s Circle on challenges and approaches to programming offered by the Naomi Centre to help women who have experienced violence and sexual exploitation; Abigail Sheppard, Shelter Services Coordinator, ACNL, on homelessness and housing programs; and Christopher Smith on his new book: *Addiction, Modernity, and the City: A Users’ Guide to Urban Space © 2016 – Routledge.*

**Horticultural Therapy** (31 members) Established in February 2016 under the leadership of Dr. S. Norman Goodyear, Academic Director of Memorial’s Botanical Gardens, the Research Exchange Group on Horticultural Therapy is a forum for people from community, private sector, academic, healthcare and educational settings to exchange knowledge about horticultural therapy for diverse populations and in a wide variety of clinical and practice settings. The group is open to anyone with an interest in this emerging field of practice and welcomes horticultural therapists and allied health professionals, health decision makers and clinicians, academics, government representatives and workers, people in the education sector, community groups, health promotion and advocacy groups, specialists in agriculture, botany and gardening, and people interested in food sustainability and security. This year, the group learned about the evidence base for horticultural therapy from its convener, Dr. S. Norman Goodyear. Members also participated in a networking opportunity convened by Dr. Shannon Lewis-Simpson, Experiential Learning Coordinator at Memorial that brought university faculty together with the research group and a variety of community partners to discuss how the university can mobilize students and knowledge in the areas of horticulture, gardening, and nature-based opportunities for students. Participants discussed the potential to use existing resources and systems to advance research and teaching while also assisting external partners to meet their objectives.

**Mental Health** (76 members) The Research Exchange Group on Mental Health is co-convened by Dr. Kellie LeDrew (Faculty of Medicine/Psychiatrist at Eastern Health) and Dr. Colleen Hanrahan who organize presentations and discussions about mental health research in Newfoundland and Labrador. The overall goals of this group are: to foster research collaboration on topics related to mental health across a range of academic disciplines; to enable group members to network and connect with others who share their interest in mental health issues; and to work towards developing a greater overall capacity to conduct research on mental health issues in Newfoundland and Labrador. This year, the group attended presentations with other Research Exchange Groups whose focus includes mental health topics, particularly, the groups on Harm Reduction and on Bullying and Health. The group also hosted the presentation, “Think Twice: CMHA Program for Challenging Mental Health Stigma in High Schools” by Grant Fitzpatrick, Canadian Mental Health Association, NL Division; attended the Peoples’ Health Matters lecture on the growing epidemic of adolescent mental illness by guest lecturer Dr. Ian Coleman, Canada Research Chair (Tier II) Mental Health Epidemiology, University of Ottawa; and hosted a special presentation on Mental Health & Addictions Emergency Services at Eastern Health, organized by Beverley Wiscombe, Care Facilitator for Mental Health Emergency Services and co-presented by Kevin Purchase, a staff nurse in Acute Care Psychiatry who works at Eastern Health’s Mental Health Emergency Services Department on the Mental Health Crisis Line and Mobile Crisis Response and
Trevor Day, a social worker who works primarily within Eastern Health’s Mental Health & Addictions Services Department.

**Military Families’ & Veterans’ Health** (20 members) This new Research Exchange Group, convened by Dr. Gail Wideman (Social Work) has 20 members whose interests include research into the health and well-being of Canada’s military personnel and Canadian veterans. On June 4, 2015, the group held its first meeting with Dr. Heidi Cramm (Queens University) who heads Knowledge Translation in the Canadian Institute for Military and Veteran Health Research. Then, on June 5, 2015, Dr. Gail Wideman, the group’s convener, hosted a public engagement meeting funded by Memorial’s Office of Public Engagement to bring researchers together with military and civilian service providers to discuss potential research collaborations on matters related to health of military personnel, veterans and their families. Personnel from the Military Family Resource Centre, Integrated Personnel Support Centre (Canadian Forces Station St. John’s), Operational Stress Injury Support, and Veterans Affairs all participated, along with several community-based civilian service providers. In November, 2015, the group hosted a series of special presentations by Terry Nichols from the Communities for Veterans Foundation including a talk hosted at NLCAHR about the Ride Across Canada and Equine Assisted Mindfulness: An innovative approach to mental and physical health. Through the Ride Across Canada, veterans and serving members of the Canadian Forces travelled on horseback across the country to tell their stories to Canadians. The aim of the initiative is to shape and change the future for generations of soldiers as they leave their service and return to civilian life. The special meetings and demonstrations were hosted by NLCAHR, the Canadian Armed Forces, and Embarr Stables.

**Oral Health** (19 members) This Research Exchange Group is co-convened by Dr. Joanne Clovis (Adjunct Professor, School of Dental Hygiene, Faculty of Dentistry, Dalhousie University) and Katherine Peddle (Registered Dental Hygienist in mobile practice/longterm care). The group re-convened in January 2016 and now holds quarterly meetings to discuss oral health topics of significance in Newfoundland and Labrador. The primary purpose of the group is to consider existing and potential oral health issues that may benefit from the implementation of applied health research. This group promotes, encourages, and facilitates such research and is now in the process of developing a research repository of scientific evidence, journal articles and other relevant research to be housed on its webpage.

**Primary Healthcare** (37 members) This group was established to provide a forum where faculty, students, physicians, and others with an interest in primary healthcare can meet to collaborate on projects, exchange research knowledge, and seek funding opportunities. This year, the group heard from Dr. Erin Davis, PharmD, Assistant Professor, School of Pharmacy, who outlined the EPIC research project: a study of the Effectiveness of a Pharmacist-Led Intervention in COPD with a research team that also included John-Michael Gamble, Jamie Farrell, Joe Lockyer, Mark Fitzgerald, Waseem Abu-Ashour, Charles Gills, John Hawbolt, and Carlo Marra.

**Rural, Northern, & Aboriginal Health** (50 members) This Research Exchange Group facilitates networking amongst researchers, graduate students, and policy makers who are interested in issues related to rural, northern and aboriginal health. The group exchanges information and ideas about research projects and proposals, potential sources of funding, and opportunities for training and knowledge exchange. This year, the group hosted a special presentation by Dr. Steve J. Reid, Director
and Glaxo-Wellcome Chair of Primary Health Care University of Cape Town, and recipient of Memorial University’s Visiting Leader Award in Rural Medicine and Health, who presented to the group on Advocacy for Rural Health, outlining many rural health initiatives taking place in Southern Africa.

**Work & Health** (27 members) NLCAHR’s Research Exchange Group on Work & Health, co-convened by Elayne Greeley, Partnership Broker with the Community Career and Employment Partnership Program, and Dr. Linda Cohen (Sociology) was founded in 2016 to exchange research knowledge, review research in progress, find funding opportunities, and collaborate on research projects on a diverse range of subjects related to work and health. The group is a forum where researchers from a variety of disciplines, policy makers, community organizations, students and any other interested stakeholders can meet to discuss issues related to work and health in Newfoundland and Labrador. The primary purpose of the group is to consider existing and potential issues related to work and health (both within workplaces and for those who seek employment) that may benefit from the implementation of applied health research. This group will, with the means available to it, promote, encourage and facilitate such research. In its first year, the group hosted presentations: by Dr. Linda Cohen who provided an overview of her research study on job insecurity as a health issue among contractual academics; by Kathy Fitzpatrick, a PhD Candidate in Sociology who discussed her research on the impacts of government policies and collective agreements on the occupational health and safety of Newfoundland homecare workers; and by Valerie Carruthers, NL Project Lead of the Women’s Economic Council, and Director of Collective Interchange, who presented an overview of a three-year community economic project sponsored by the Women’s Economic Council.

**Now Recruiting:** A new group on Attention Deficit Hyperactivity Disorder (ADHD) now has 23 members and is poised to commence meeting in June 2016. NLCAHR is assisting other conveners with the planning and recruitment for four additional groups: Health and the Built Environment; Active Living; Cancer; and Thrombosis, Blood and Immune Disorders.
Engagement
HealthForum NL 2015

A Public Check-up on Health & Healthcare in NL

The Newfoundland and Labrador Centre for Applied Health Research organized and hosted a 2015 public forum, in partnership with the Harris Centre and the Department of Political Science and with financial support from the Office of Public Engagement at Memorial University. Held on October 27, 2015, HealthForum NL, held at Memorial University’s Bruneau Centre, provided an opportunity for the public to participate in a discussion about the state and future of health and healthcare in the province. At the forum, senior representatives from the three main political parties outlined their visions for health and community services in advance of the coming provincial election. Over 400 people from across Newfoundland and Labrador participated in the forum, either in person or by live webcast.

Responding to questions from moderator Anthony Germain, host of the CBC St. John’s Morning Show, were three MHAs with expertise on health: the Honourable Steve Kent, Deputy Premier and Minister of Health & Community Services, Progressive Conservative Party; Lorraine Michael, New Democratic Party Health Critic, and Andrew Parsons, Liberal Party Health Critic.

The questions and discussion were organized around four key themes: the health of our population; the cost of healthcare; care for our seniors; and access to care. Each panelist provided opening remarks and then answered pre-determined questions from the moderator. The panelists were then invited to debate one other, after which the floor was opened for audience questions that aligned with the themes under discussion.
Building Public Engagement Capacity between the Faculty of Medicine & Healthcare Stakeholders: A Joint Vision For Public Engagement

On May 4, 2015, the Newfoundland and Labrador Centre for Applied Health Research, in partnership with the Professional Development and Conferencing Services (PDCS) in the Faculty of Medicine and with funding from Engage Memorial, hosted a workshop at Memorial to bring health system and community stakeholders together with students and professors in the Faculty of Medicine to discuss provincial public engagement initiatives that are (or could be in the future) designed to improve health and wellness. The goals of this workshop included: raising awareness and increasing understanding of public engagement amongst key health stakeholders; recognizing strengths and identifying opportunities for advancing public engagement in the province; and building and nurturing connections with key health and community stakeholders. The workshop highlighted how Memorial University fosters public engagement, an activity that is core to the university’s mission. It engaged health system and community stakeholders to identify needs and opportunities for increased collaboration and engagement and it helped build awareness of existing engagement activities within the Faculty of Medicine while identifying initiatives that can be jointly developed with external stakeholders to support a shared vision for public engagement. The workshop was facilitated by Pablo Navarro, Senior Research Officer at NLCAHR, who provided an overview of health and healthcare collaborations at Memorial University. It included presentations by Dr. Rob Greenwood, Executive Director, Harris Centre (an overview of the Engage Memorial Program) and Dr. Lisa Fleet, Manager, Research Programs, PDCS (Engagement Initiatives at the Faculty of Medicine). Participants reviewed what the Faculty of Medicine and Memorial already do well and explored what we can do better. Developing a joint vision through collaboration between the university and its partners in the health system and the community was seen as more than a capacity-building exercise in public engagement—it was perceived by all as a key step towards improving community health and wellness in Newfoundland and Labrador.

Improving Health Policy in Newfoundland & Labrador: A Make Midterm Matter Event

On February 24, 2016, Pablo Navarro, Senior Research Officer with NLCAHR’s CHRSP program, moderated a discussion for the Career Development and Experiential Learning Centre at Memorial. This event was part of the Make Midterm Matter initiative, which involves students spending one day of midterm break volunteering at designated community organizations. This year, a group of Memorial students volunteered at Eastern Health’s Long Term Care facilities throughout St. John’s. At each location, the students work, communicate and problem-solve in small teams, and learn how they might help meet the needs and challenges of a particular organization. They then reflect on how the university experience contributes to social responsibility and citizenship, and how they might create change.
through actions. Mr. Navarro provided undergraduate students from a variety of disciplines at Memorial with a snapshot of health and healthcare in Newfoundland and Labrador and then invited small groups to discuss key challenges and priorities for improving health policy in the province. He was impressed by the students’ understanding of the social determinants of health. For their part, the participants achieved consensus on the need for policies that further chronic disease prevention and public health promotion as means to improving overall health outcomes in Newfoundland and Labrador.

Local & Provincial Partnerships

The Building Healthy Communities Collaborative
Pablo Navarro, NLCAHR’s Senior Research Officer, is Co-Chair of the Building Healthy Communities Collaborative (BHCC), a province-wide, cross-sectoral organization whose membership includes professionals from the health, planning, transportation and recreation sectors. The BHCC promotes and supports the creation of healthier built environments through the integration of research-based concepts, principles and evidence into policies and practices at the municipal, regional and provincial levels in Newfoundland and Labrador.

NL Centre on Aging Working Group
The Centre continues to support the planning process for the establishment of a provincial centre or institute on aging, and is working with a sub-group of our Research Exchange Group on Aging towards this initiative. This year, Dr. Benjamin Zendel has joined us as Canada Research Chair on Aging in Rural Communities and Small Towns, working within the Division of Community Health & Humanities at Memorial University’s Faculty of Medicine.

Expert Working Group on Public Engagement
Stephen Bornstein continued to serve on this group whose purpose is to provide advice for the implementation of Memorial’s Public Engagement Framework, to address challenges in university-public engagement, and to explore public engagement opportunities and best practices. The Expert Working Group includes people from within Memorial and from the community who are leaders in university-public engagement. This year, the group is developing the Memorial University Strategy Document for Civic Engagement and Social Innovation to help develop and support partnerships and programs that promote social innovation, strengthen our democracy, and enrich our communities.

Faculty of Medicine Senior Management Committee
Dr. Bornstein serves on the Memorial University Faculty of Medicine’s Senior Management Committee. This group includes senior administrators in the Faculty of Medicine: associate deans, assistant deans, chairs, and several staff administrators. The Management Committee meets monthly to provide advice to the dean on matters of strategic planning, development, management and control of resources.
towards attainment of the mission of the Faculty of Medicine and to foster communication among faculty disciplines, programs and divisions.

**ARNNL Public Policy Advisory Committee**
In 2015-16, Rochelle Baker, Communications, Partnerships & Research Exchange Groups Coordinator, served on the Public Policy Advisory Committee of the Association of Registered Nurses of Newfoundland and Labrador. This Committee meets regularly to discuss issues of health-related public policy and its impacts on the nursing profession in the province.

**Provincial Wellness Advisory Council**
Rochelle Baker has taken over the duties formerly assigned to Pablo Navarro as a member of the Provincial Wellness Advisory Council whose membership includes broad representation from non-government agencies, professional associations and government departments who provide guidance to the Department of Seniors, Wellness and Social Development, through the Minister, in the development of the Provincial Wellness Plan. The Government of Newfoundland and Labrador continues to work with and look to the Provincial Wellness Advisory Council for its expertise and guidance on the continued implementation and evaluation of the Provincial Wellness Plan. The Council also provides strategic advice on wellness issues.

**Burin Peninsula Regional Council**
Pablo Navarro has been collaborating with the Burin Peninsula Regional Council (BPRC) towards conducting research that will study innovative ways to deliver services to seniors within their communities that address the determinants of health, with the goal of increasing community capacities and resiliency. NLCAHR’s Director, Dr. Stephen Bornstein, has provided a letter of support to the BPRC outlining NLCAHR’s role as an advisor and collaborator in a project titled “Innovative Ways to Provide Services to Seniors in Rural and Remote Areas of NL”. This project is being led by Dr. Gail Wideman (Social Work) and Dr. Maria Traverso (Division of Community Health and Humanities, Faculty of Medicine) and Ms. Ann Ryan on behalf of the Health Research Unit in the Faculty of Medicine, Memorial University. A funding proposal has been written for submission to the Collaboration Incentive Fund. The Burin Peninsula Regional Council is also a collaborator on this project.
National Partnerships

**National Network of Centre Directors in Health Services and Policy Research**
Stephen Bornstein serves as Co-Chair of the Network of Centre Directors in Health Services and Policy Research. The Network brings together the leaders of twelve research centres from across Canada that specialize in health services and policy issues. This group meets six times a year (in person or by teleconference) to discuss common challenges and opportunities and to undertake collaborative projects. Funding for the Network is provided by a grant from the Institute of Health Services and Policy Research of CIHR.

**Canadian Agency for Drugs and Technologies in Health (CADTH)**
The Centre continues its productive partnership with CADTH at the local level, through consultation with CADTH’s provincial liaison officer, and nationally, through participation in CADTH’s annual conferences. Stephen Bornstein participates in CADTH’s Health Technology Assessment (HTA) Exchange, a network of sixteen Health Technology Assessment producers established in accordance with Canada’s Health Technology Strategy. This network coordinates the gathering of evidence and policy advice regarding health technologies to support the needs of the federal, provincial, and territorial jurisdictions. The Exchange uses an open, inclusive and flexible model that builds on current capacity and grows as pan-Canadian capacity builds.

**Canadian Rural Health Research Society**
Stephen Bornstein is Chair of the Board of the Canadian Rural Health Research Society (CRHRS), an organization that facilitates research and knowledge translation aimed at understanding and promoting health in rural and remote Canada.
National Alliance of Provincial Health Research Organizations (NAPHRO)
Stephen Bornstein is a member and Co-Chair of NAPHRO, a voluntary association of Provincial Health Research Organizations. NAPHRO provides a forum to share ideas, communicate lessons learned, and define opportunities for collaboration with respect to issues and challenges confronting the health research enterprise across the country. The Alliance meets formally twice a year, in person and by teleconference, to share information and identify potential opportunities for working collaboratively on common issues.

Additionally, Pablo Navarro sits on the NAPHRO Impact Assessment Group. This group includes representatives from each of the provincial health research funding organizations and CIHR and has been developing and implementing tools that assess the bibliometric and econometric impacts of provincial health research funding. These tools are intended to inform decision makers and research communities about the returns on research funding investments at the academic level and in terms of their benefits for Canadian society at large.

Canadian Forum of Health Research Funders
The Centre continues its membership in this national forum which includes all members of NAPHRO plus the key national-level health funding agencies (CIHR and CFHI) and the nation’s major health charities.

Canadian Cochrane Centre (CCC)
Stephen Bornstein is the local campus representative for the Canadian Cochrane Centre, an organization devoted to cultivating evidence-based decision-making by promoting the use and accessibility of Cochrane Reviews. The CCC supports and offers high-quality training to those interested in using and producing Cochrane Reviews.

McMaster University Optimal Aging Portal Expert Advisory Committee
Stephen Bornstein is a member of this committee whose purpose is to identify, prioritize, and evaluate issues relevant to those interested in optimal aging, seniors and their caregivers, researchers, clinicians, and policy makers who access this portal.

Canadian Health Services and Policy Research Alliance (CHSPRA)
The Centre’s Director serves on the executive of this new national organization that was developed under the leadership of CIHR’s Institute for Health Services and Policy Research (IHSPR). CHSPRA involves partners, stakeholders, health services/policy research leaders with the aim of bringing greater collaboration and coordination to health services policy research activity and investment in Canada and optimizing the relevance and impact of HSPR investments in high-priority areas of pan-Canadian interest. This Alliance provides an important vehicle for advancement of the Pan-Canadian Vision and Strategy for Health Services and Policy Research. Dr. Bornstein co-chairs CHSPRA’s committee on training initiatives.
# Meetings, Conferences & Events

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<thead>
<tr>
<th>Event</th>
<th>Date/Location</th>
<th>Description</th>
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<tbody>
<tr>
<td>2015 Canadian Agencies for Drugs and Technologies in Health (CADTH) Symposium</td>
<td>April 13-15, 2015 Saskatoon</td>
<td>Stephen Bornstein attended this symposium of the Canadian Agencies for Drugs and Technologies in Health (CADTH) organized around the theme: “What Does the Evidence Say?”</td>
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<td>National Alliance of Provincial Health Research Organizations (NAPPRO) Bi-Annual Meeting</td>
<td>May 4-5, 2015 Ottawa</td>
<td>Stephen Bornstein attended this meeting of the Alliance to discuss opportunities for working collaboratively on common issues.</td>
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<tr>
<td>Spring 2015 Forum of Health Research Funders</td>
<td>May 6-7, 2015 Ottawa</td>
<td>Stephen Bornstein attended this national forum of health research funding agencies to discuss funding for applied health research in Canada.</td>
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<tr>
<td>Canadian Health Services Policy Research Alliance (CHSPRA) meeting &amp; Canadian Association for Health Services and Policy Research (CAHSPR) Conference 2015</td>
<td>May 25-28, 2015 Montreal</td>
<td>Stephen Bornstein attended this meeting of the Canadian Health Services Policy Research Alliance (CHSPRA) which was followed by the CAHSPR conference on the theme of: Learning from Each Other: Across disciplines, jurisdictions and generations</td>
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<td>Provincial Wellness Advisory Council Meeting</td>
<td>June 19, 2015 St. John’s</td>
<td>Pablo Navarro attended this meeting on behalf of the Centre</td>
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<tr>
<td>PriFor 2015: the seventh annual Primary Healthcare Partnership Forum.</td>
<td>June 29-30, 2015 St. John’s</td>
<td>Stephen Bornstein and Pablo Navarro attended this conference hosted by the Primary Healthcare Research Unit at Memorial University on the theme of Patient Oriented Research</td>
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<td>Healthy Public Policy Advisory Committee (HPPAC) of the Association of Registered Nurses NL (ARNNL)</td>
<td>September 14, 2015 St. John’s</td>
<td>Rochelle Baker attended this meeting on behalf of the Centre; it was an opportunity to discuss election messages being put forward by ARNNL in advance of the 2015 Provincial Election.</td>
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<tr>
<td>Provincial Wellness Advisory Council Meeting &amp; Provincial Wellness Action Plan Workshop</td>
<td>January 13, 2016 St. John’s</td>
<td>Pablo Navarro attended this meeting on behalf of the Centre and provided an overview of the Heathy Built Environment Wellness Paper</td>
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Other Engagement Activities

The Centre’s Director is currently a collaborator with fellow researchers on several research projects:

- a Manitoba Workers’ Compensation Board study, in collaboration with the Institute for Work & Health (Toronto), on the use of contextualized research synthesis in the field of occupational health and safety;
- an Atlantic Health Promotion Research Centre study in Labrador, entitled Kungatsiajuk: Supporting the Healthy Smiles of Nunatukavut Children to contribute to a better understanding of the oral health of aboriginal children;
- a WorkSafe BC study: Tracking Occupational Diseases — an analysis of approaches for the Canadian context;
- a Social Sciences and Humanities Research Council Partnership Grant led by Dr. Barbara Neis of SafetyNet: On the Move: Employment-Related Geographical Mobility in the Canadian Context.
Financial
## NLCAHR Budget Statement – March 31, 2016

### Operating Funds

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<tr>
<td>Operating Expenditure</td>
<td>$19,416</td>
<td>$19,416</td>
<td>$0</td>
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<tr>
<td>Hosted research conferences and meetings</td>
<td>$971</td>
<td>$971</td>
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<tr>
<td>Travel/Representation</td>
<td>$4,476</td>
<td>$4,476</td>
<td>$0</td>
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<tr>
<td>CHRSP Consultants</td>
<td>$7,985</td>
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<tr>
<td><strong>TOTALS</strong></td>
<td><strong>$412,188</strong></td>
<td><strong>$412,188</strong></td>
<td><strong>$0</strong></td>
</tr>
</tbody>
</table>

### Flow-Through Funds

<table>
<thead>
<tr>
<th></th>
<th>BUDGET</th>
<th>SPENT</th>
<th>COMMITTED &amp; PLANNED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Master’s</td>
<td>$8,000</td>
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<tr>
<td>Doctoral</td>
<td>$6,000</td>
<td>$6,000</td>
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<tr>
<td><strong>Student Subtotal</strong></td>
<td><strong>$14,000</strong></td>
<td><strong>$14,000</strong></td>
<td><strong>$0</strong></td>
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<tr>
<td>Project Grants</td>
<td>$92,413</td>
<td>$25,413</td>
<td>$67,000</td>
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<tr>
<td>Development Grants</td>
<td>$15,000</td>
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<tr>
<td><strong>Research Grants Subtotal</strong></td>
<td><strong>$107,413</strong></td>
<td><strong>$25,413</strong></td>
<td><strong>$82,000</strong></td>
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<tr>
<td><strong>TOTALS</strong></td>
<td><strong>$121,413</strong></td>
<td><strong>$39,413</strong></td>
<td><strong>$82,000</strong></td>
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</tbody>
</table>

**Funding sources:**
- Rollover from previous year - $45,745
- Faculty of Medicine - $378,000
- Memorial University Office of Research - $12,500
- Canadian Institutes of Health Research - $5,000
- Eastern Health (administration of Enhancing Healthcare Awards) - $16,500
- Government NL (administration of NL-HARP Awards) - $9,000
- Administration of NL-SUPPORT Awards - $5,000
- Payment from SafetyNet - $13,000
- Special payment from the Dean of Medicine: $48,856