

Newfoundland & Labrador Centre for

# APPLIED HEALTH RESEARCH

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**Annual Report** | April 2012 to March 2013



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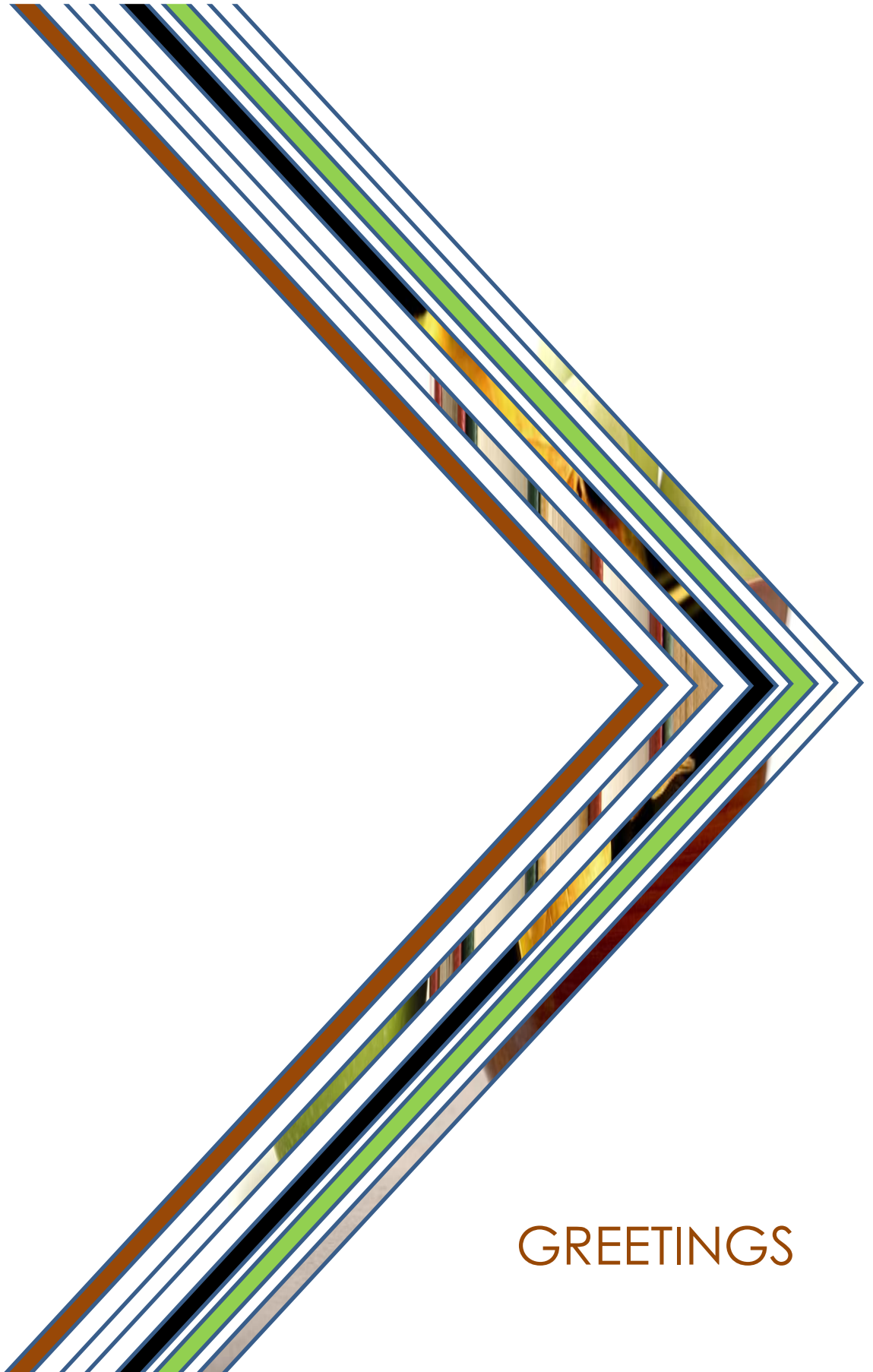
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GREETINGS

# GREETINGS

## From the Chair



2012- 2013 was a productive year for the Newfoundland and Labrador Centre of Applied Health Research as the Centre continued to develop research capacity, to address research needs, and to encourage evidence-informed decision-making in Newfoundland and Labrador.

The Centre supported researchers again this year through funding under its annual NLCAHR awards program; it also administered research funding through the government-sponsored Newfoundland and Labrador Healthy Aging Research Program. In late 2012, the Centre was asked to assist in the administration of a third funding program, the Enhancing Health Care Awards. This fund, sponsored by the provincial government, Eastern Health and the Dr. H. Bliss Murphy Cancer Care Foundation, follows from the Cameron Inquiry and was established to support improvements to patient care in the province.

In collaboration with its health system and academic partners, the Contextualized Health Research Synthesis Program (CHRSP) produced relevant and timely reports on research topics chosen by provincial decision makers. CHRSP also introduced a new product in 2012: *Rapid Evidence Reports* provide a summary of research evidence to deliver decision support on an expedited basis. Memorial University's Office of Public Engagement acknowledged the Centre's innovative approach to integrated knowledge translation this year by highlighting CHRSP as a successful example of healthy collaboration between university researchers and the provincial healthcare community.

An emphasis on public engagement was also evident this year through the improvement and expansion of the Centre's Research Exchange Groups, where community partners, students, faculty, and policy makers gather to promote knowledge exchange and capacity building on topics of shared interest. 2012-2013 saw the continuation of seven Research Exchange Groups, the creation of two new groups and the commencement of plans to introduce four more groups in the coming months. The Centre's public lecture series, *Research Talks*, continued to encourage public engagement in applied health research by bringing national experts to Memorial University to discuss current research on topics chosen by the various Research Exchange Groups.

As always, I thank the Board of Directors for its continued efforts and the team at NLCAHR for its excellent work. I also wish to congratulate all applicants and recipients of fellowships and grants under this year's funding programs; your dedication to improving applied health research knowledge in Newfoundland and Labrador is inspiring.

Dr. James Rourke, Chair  
NLCAHR Board of Directors



## From the Director



In this, our thirteenth year of operation, the Newfoundland and Labrador Centre for Applied Health Research has enjoyed a busy time, marked by a special focus on partnerships and engagement. I wish to acknowledge the contributions of the many partners and collaborators who are so crucial to our success.

At the outset, my thanks to our Board of Directors for its commitment to steering our operations, to optimizing the impact of our activities, to managing our finances, and to helping us maintain a focus on our core mandate.

I also wish to acknowledge those who contributed to the continuing success of our awards programs this year. To the many students and researchers who have applied for funding, I send my gratitude for your interest in issues of importance to the healthcare systems of this province and of this country. My thanks go as well to the staff who administer our awards and to the academics and policy makers who serve on our peer review committees—your efforts are essential to the efficient and judicious allocation of our limited awards budgets. Congratulations to all applicants who received awards this year; I wish you the best of luck in your studies and research.

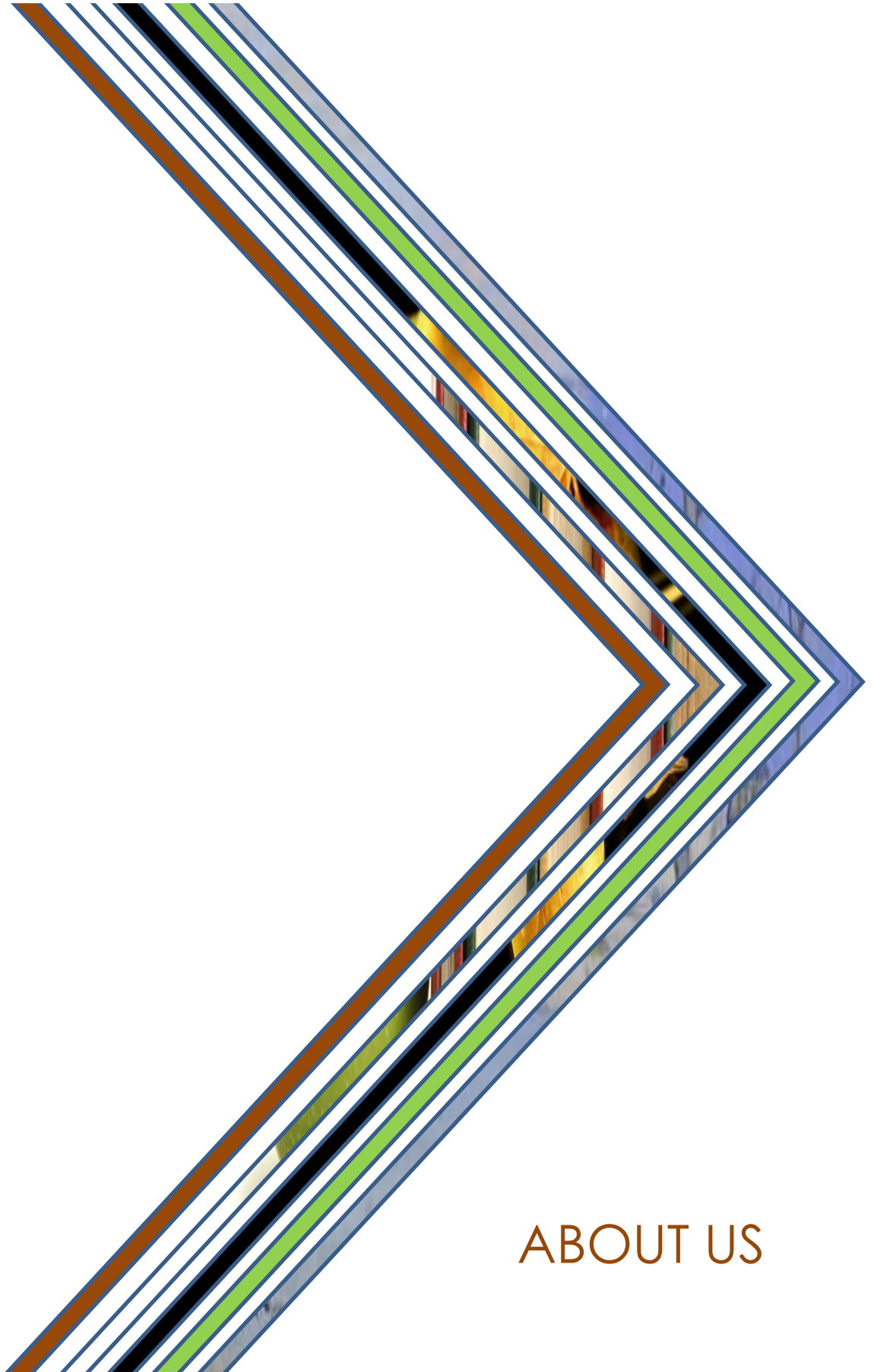
To the students, academics, and community members who participate in our Research Exchange Groups, I wish to acknowledge your contributions to building capacity and fostering knowledge exchange on important health issues. It has been heartening to witness the continued growth of these groups and their expansion into new fields of study this year.

The Contextualized Health Research Synthesis Program relies on the time and expertise of local researchers and health system decision makers in the province, input from the national experts who have participated in our projects, and advice from a broader circle of researchers, health system officials and clinicians from across Canada. My thanks to all who contributed this year to the work of CHRSP and a special thanks to the CHRSP Champions in each of our five partner organizations, whose dedication to the program is vital to its continued success.

Finally, I extend my sincere thanks to the employees of the Centre for your energy and commitment to supporting applied health research in Newfoundland and Labrador. You can be very proud of the work you do.

Dr. Stephen Bornstein, Director  
NLCAHR





ABOUT US



# ABOUT US

## Background

The Newfoundland and Labrador Centre for Applied Health Research was established in 1999 with initial 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 and is led by a Director and a Board. The Centre is funded primarily through an annual grant from the Department of Health and Community Services of the Government of Newfoundland and Labrador. NLCAHR also receives project funding from various granting agencies and essential financial support and administrative services from the Faculty of Medicine at Memorial University.

## 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 the term 'applied health research' in a spirit of openness to the widest possible range of disciplinary and methodological approaches. It also seeks to collaborate fully with other local, provincial, regional, and national organizations that have similar objectives.



## 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.



## 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 Office of Research, 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 NLCAHR Board of Directors in 2012-2013:

- Dr. James Rourke (Chair) | Dean, Faculty of Medicine, Memorial University
- Mr. Bruce Cooper | Deputy Minister, Dept. of Health and Community Services
- Dr. Christopher Loomis | Vice-President (Research), Memorial University
- Mr. Mike Barron | CEO, NL Centre for Health Information
- Dr. Patricia Conrad | Executive Director, NL Health Boards Association
- Ms. Vickie Kaminski | President and CEO, Eastern Health
- Dr. Stephen Bornstein (ex officio) | Director, NLCAHR





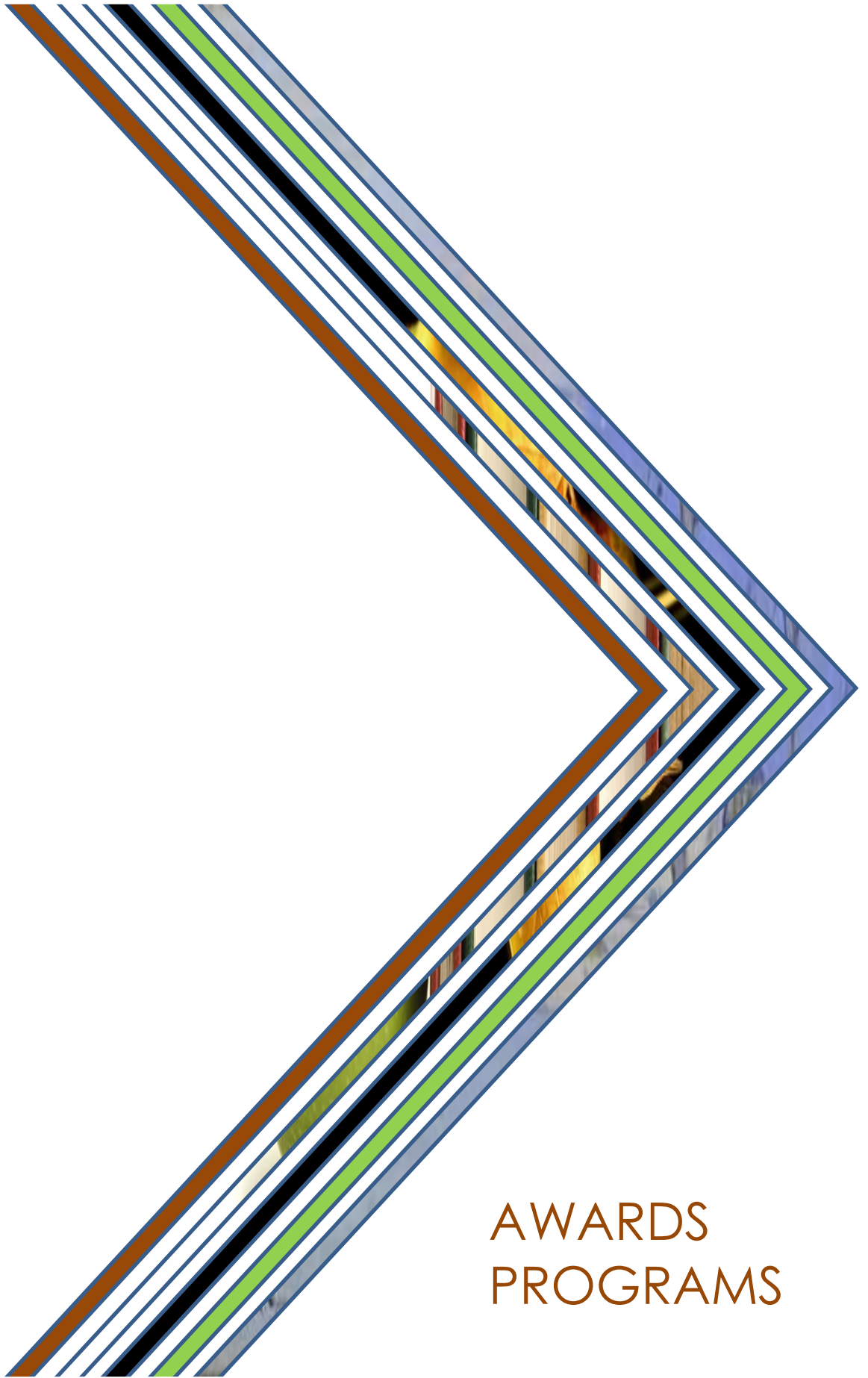
## Staff

NLCAHR personnel in 2012-2013 were:

- Dr. Stephen Bornstein | Director
- Ms. Rochelle Baker | Communications, Partnerships and Research Exchange Coordinator
- Ms. Janice Butler | CHRSP Program Coordinator
- Mr. Robert French | IT Consultant
- Mr. Robert Kean | Research Officer, CHRSP
- Ms. Amanda Kinsella | Administrative Staff Specialist
- Ms. Meagan MacKenzie | Research Assistant, CHRSP
- Ms. Sarah Mackey | Research Assistant, CHRSP
- Mr. Pablo Navarro | Research Officer, CHRSP
- Ms. Stephanie O'Brien | Research Assistant, CHRSP
- Mr. Tyrone White | Finance Officer and Awards Coordinator

Our CHRSP Program Coordinator, Janice Butler, retired from her position at the Centre on September 15, 2012. We thank Janice for her invaluable contribution to the Centre and for her key role in developing and shaping the Contextualized Health Research Synthesis Program. This year, we were very pleased to welcome two new Research Assistants to the Centre— Stephanie O'Brien and Sarah Mackey, who have made the CHRSP team more efficient and productive. We wish to express our gratitude to GradSWEP student Elizabeth Russell for her excellent work as a Research Assistant with CHRSP; we also wish to thank MUCEP student Melissa Lye and ISWEP student Geye Gao for contributing to our efforts this year.





AWARDS  
PROGRAMS

# AWARDS PROGRAMS

The Centre's awards programs help build research capacity in the province while increasing the amount of high-quality applied health research undertaken on priority themes. Our awards programs provide this

*"I am very grateful for receiving funding from NLCAHR to complete my Master's. It's fantastic that the organization provides graduate-level researchers with opportunities to conduct local research.*

*Keep up the good work!"*

-Katie Little, 2009-2010 Master's Fellowship Recipient



*"As a recipient of NLCAHR funding, I am very grateful for all the Centre does to support student research in our province."*

-Jennifer Woodrow, 2011 Doctoral Fellowship Recipient

support directly, through the allocation of grants and fellowships, and indirectly, by helping attract and leverage funding from external granting agencies. We acknowledge the important contributions of the peer review committees for each of the programs described below; their thoughtful review of the many applications received this year was crucial to the operation of these programs.

## NLCAHR Awards Program

The NLCAHR Awards Program provides Development Grants, Project Grants, and Graduate Fellowships each year. For all awards (except Master's Fellowships) preference is given to applications with direct relevance to one or more of NLCAHR's priority themes. The following priority research themes were confirmed by the NLCAHR Board of Directors for 2012-2013:

- Population health and health services challenges of Newfoundland and Labrador;
- Health promotion and wellness;
- Efficiency and effectiveness of the provincial health system.

This year, we received 41 applications for NLCAHR Awards funding, up from 38 in the previous year. NLCAHR provided \$196,977 in funding and Memorial University's School of Graduate Studies provided \$15,000 in matching funds for student fellowships.



Awards were provided in the following categories:

- Development Grants - 2
- Project Grants – 2
- Doctoral Fellowships – 1
- Master’s Fellowships – 2

**NLCAHR Development Grants** provide up to \$10,000 per project to assist in creating effective research teams in Newfoundland and Labrador that are capable of obtaining funding from national and international research granting agencies. These grants are intended to fund the development of new letters of intent and research proposals and/or to support the enhancement and re-submission of existing research proposals to external funding agencies. NLCAHR received a total of nine applications for the 2012-2013 competition. Of these, two applications were funded, as follows.

#### **Development Grant Recipients:**

- Dr. Rick Audas (Community Health and Humanities)  
*The rule of rescue and the identifiable victim effect: a mixed methods study in Newfoundland*  
| \$10,000
- Dr. Lisa Bishop (Pharmacy)  
*Exploring the expansion of community mental health and addictions services to support youth and young adults* | \$9997.33

**NLCAHR Project Grants** of up to \$40,000 are designed to support small research projects of high scientific quality that may not be eligible for funding from external sources and that are of direct relevance to the mandate and priorities of the Centre. In this category, out of 14 applications received, NLCAHR awarded project grants to two applications in 2012-2013.

#### **Project Grant Recipients:**

- Dr. Leigh Anne Newhook (Medicine)  
*Exploring the reasons why birth by C-section is a risk factor for Type 1 Diabetes Mellitus in Newfoundland and Labrador* | \$30,000
- Dr. Atanu Sarkar (Community Health and Humanities)  
*Radiation exposure in Makkovik, Labrador and Environmental Health Risk - Part 1: Measurement of Radio Nuclides in the Environment and Local Food Sources. Part 2: Assessment of Population Perspectives and Needs* | \$30,000

**NLCAHR Fellowships** support the Centre’s mandate to encourage the training and development of new health researchers in the province and to facilitate applied health research through awards to students and post-doctoral fellows studying in Newfoundland and Labrador. Fellowships are typically awarded in three categories: Master’s Fellowships, Doctoral Fellowships, and Post-Doctoral Fellowships. This year, however, only Master’s and Doctoral Fellowships were available.

Competition was once again strong in the fellowships category. NLCAHR received 18 applications from graduate students, three of whom were selected for funding. \$56,000 in new funding was awarded in this



cycle. In addition, \$20,000 was awarded for the second year of a three-year Doctoral Fellowship and \$18,000 was awarded for the second year of a Master's Fellowship.

#### Doctoral Fellowship Recipient:

- Meagan MacKenzie (Psychology)  
*Social reciprocity and social support within social anxiety: implications for predicting severity*  
| \$20,000/year for up to three years

#### Master's Fellowship Recipients:

- Kendra Lester (Clinical Epidemiology)  
*Improvement and/or resolution of Type 2 Diabetes Mellitus in patients who have undergone bariatric surgery*  
| \$18,000/year for up to two years
- Hao Wu (Community Health and Humanities)  
*Palliative and end-of-life care for Chinese immigrants: perceptions of family caregivers*  
| \$18,000/year for up to two years

#### Fellowship Multi-Year Commitments:

- Pamela Button, Doctoral Fellowship 2010  
*Dysfunctional coping mechanisms in health professional students dealing with stress*  
| \$20,000 for third year of three-year fellowship
- Jennifer Woodrow, Doctoral Fellowship 2011  
*The aging population and its health impact in Newfoundland and Labrador: long-term projections and statistical simulations for selected chronic health conditions and disabilities*  
| \$20,000 for second year of three-year fellowship

#### NL-HARP Awards Program

The Newfoundland and Labrador Healthy Aging Research Program (NL-HARP) facilitates research on aging and seniors in Newfoundland and Labrador. Originally designed by the provincial government as a



three-year funding opportunity, this successful program has been renewed and is now in its sixth year. NL-HARP was established to address the priority directions of Newfoundland and Labrador's *Provincial Healthy Aging Policy Framework*. These priority directions include: recognition of older persons, celebrating diversity, supportive communities, financial well-being, health and well-being, employment, education, and research. In the past five years, the Centre has distributed approximately \$905,000 in awards through NL-HARP.



This year, the Centre received 23 applications for NL-HARP funding, up from 15 in the previous year. Seven applications were funded in the following categories, with a total of \$175,000 awarded:

- Data Inventory Report - 1
- Doctoral Dissertation Award - 1
- Doctoral Research Grant - 1
- Master's Research Grants - 2
- Project Grants - 2

#### **Data Inventory Report Award Recipient:**

- John Knight (Newfoundland and Labrador Centre for Health Information)  
*Data inventory for healthy aging research in Newfoundland and Labrador*  
| \$15,000

#### **Doctoral Dissertation Award Recipient:**

- Michael King (Faculty of Medicine, Memorial University and University of Cape Town)  
*Brain hemodynamics during aerobic exercise in the aging population*  
|\$30,000 per year for two years

#### **Doctoral Research Grant Recipient:**

- Jennifer Woodrow (Community Health and Humanities)  
*Osteoarthritis and delivery of care in Newfoundland and Labrador*  
| \$10,000

#### **Master's Research Grants Recipients:**

- Zhi Chen (Community Health and Humanities)  
*Survival patterns in colorectal cancer and the role of socioeconomic status*  
| \$5,000
- Yanyan Zhang (Community Health and Humanities)  
*Prevalence and spatial distribution of osteoporosis and related fracture risk in the aging population of Newfoundland and Labrador*  
| \$5,000

#### **Project Grant Recipients:**

- Mohamed Hossam Ahmed (Engineering and Applied Science)  
*Remote fall detection in seniors*  
|\$40,000
- Dr. Roger Butler (Faculty of Medicine)  
*Telegerontology: a novel approach to optimize health and safety among people with dementia in Newfoundland and Labrador*  
|\$40,000





### NL-HARP Steering Committee 2012-2013:

We acknowledge the important work carried out by the NL-HARP Steering Committee for this year's awards: Alice Kennedy, Eastern Health; Evan Simpson, Memorial University; Henry Kieley, Government of Newfoundland & Labrador; Kelli O'Brien, Western Health; Sharon Buehler, Memorial University; and Suzanne Brake, Government of Newfoundland & Labrador.

### Enhancing Health Care in Newfoundland and Labrador

The Dr. H. Bliss Murphy Cancer Care Foundation, the Government of Newfoundland and Labrador, and Eastern Health recently announced the second competition for research funding following from the Cameron Inquiry.

On request of the funding agencies, this fund is now administered by NLCAHR and has been renamed as 'Enhancing Health Care in Newfoundland and Labrador.' The program aims to increase the scope and scale of research and evaluation activities that aim to improve care for patients in this province, including those with cancer. Grants of up to \$75,000 each are available for projects that address areas of concern including those identified by the Cameron Inquiry. Projects of up to three years' duration may be funded if they apply to patient care within the province's health system. Applications may involve research on clinical questions or on the organization, administration, or provision of health care. They may also involve the evidence-based design, implementation, and evaluation of innovative projects for improving the organization and quality of care. Employees or graduate students of Memorial University, professionals from any of the province's Regional Health Authorities or from any other non-profit organization based in this province may apply under this program. Research teams may include co-investigators or collaborators who do not meet these criteria. Collaboration across institutional, disciplinary and provincial boundaries is encouraged. Where appropriate, teams are encouraged to include decision makers from within the provincial health care system and administration who are in a position to facilitate the uptake of the project's expected findings. Special consideration for smaller grants of up to \$25,000 each for up to two years will be given to projects submitted by Principal Applicants who qualify as emerging researchers (defined as applicants who have never received a research grant of more than \$25,000).

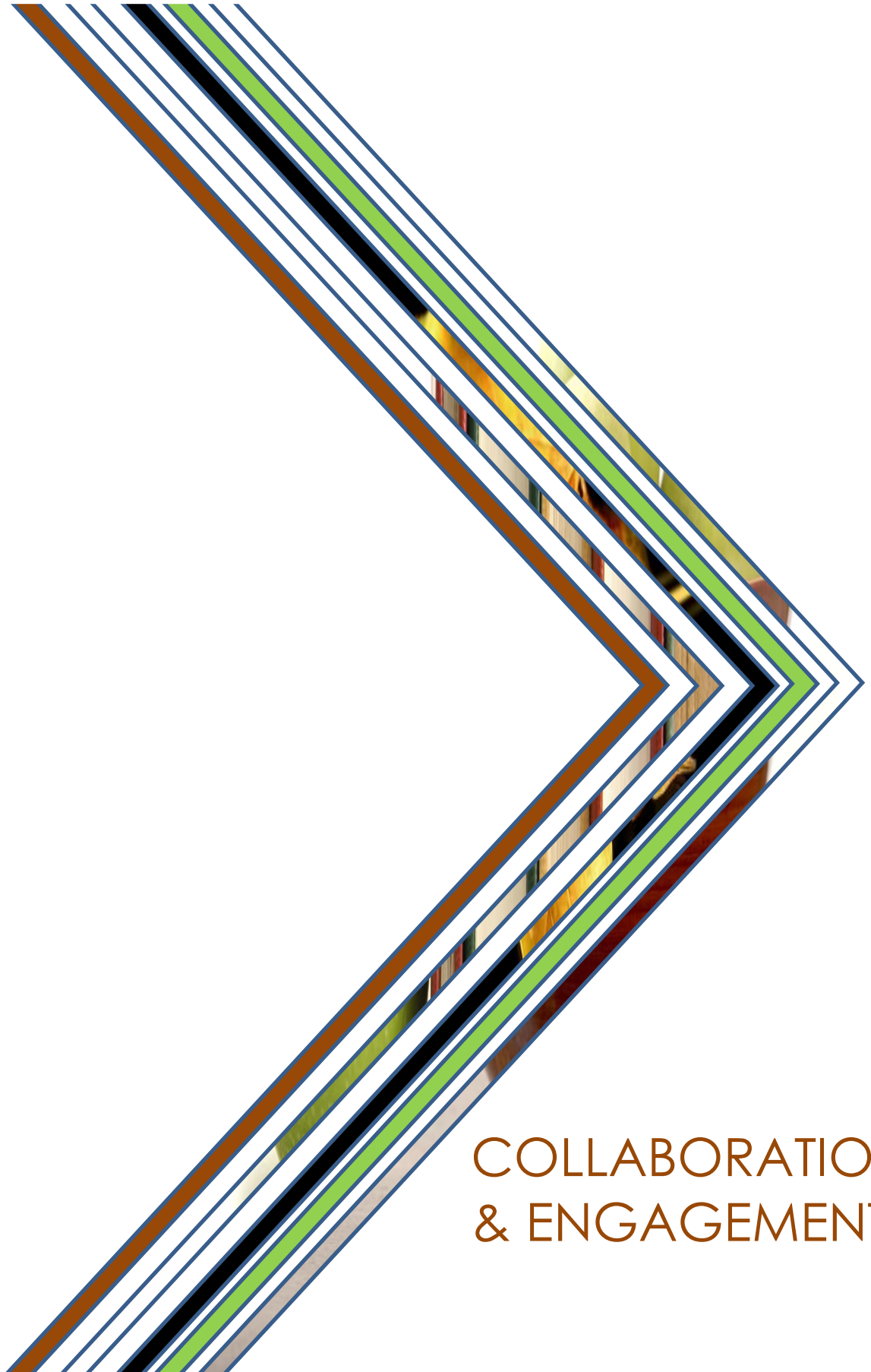


NLCAHR received forty-two letters of intent under this program, up from nine in the previous year's round.

- Call for applications: January 14, 2013
- Due date for LOIs: February 28, 2013
- Applicants informed: March 30, 2013
- Full applications due: May 30, 2013
- Winners announced: July 18, 2013

**EHC Committee 2013:** The following members served on the 2012-2013 Committee for the Enhancing Health Care Awards: Katherine Chubbs (Co-Chair), James Rourke (Co-Chair), Stephen Bornstein, Beverly Carter, Mike Doyle, Lynette Hillier, and Charlene Reccord.





COLLABORATION  
& ENGAGEMENT

# COLLABORATION & ENGAGEMENT

This year, NLCAHR collaborated with many community and health system partners at the local, provincial and national levels. The following is an overview of this engagement activity, including those activities hosted by NLCAHR and our participation in partnerships and collaborations, research projects, meetings and conferences.



## Local and Provincial Partnerships

*The Centre partnered with a variety of local and provincial initiatives in 2012 and 2013 to encourage and support the use of research evidence in health decision making.*

Partnership/ Collaboration	Description
HomeShare NL Research and Evaluation Group	NLCAHR has helped facilitate a special research and evaluation project on a new housing concept for students and seniors living in Newfoundland and Labrador. Stephen Bornstein is a member of the research team, together with Dr. Gail Wideman, Brice Pearce, Heather Harding, Patrick King and Andrew Harvey.
The Building Healthy Communities Collaborative	NLCAHR is an active participant in the Building Healthy Communities Collaborative (BHCC). Pablo Navarro, CHRSP Research Officer, serves on this collaborative, which includes members of the Provincial Wellness Advisory Council, the Newfoundland & Labrador Public Health Association and the Canadian Institute of Public Health Inspectors-Newfoundland & Labrador Chapter, together with representatives of the Department of Health and Community Services and Municipalities NL. This collaborative has initiated a province-wide effort to bring health and wellness to the community planning agenda. NLCAHR continued to support these efforts this year to build on the 2011 Building Healthy Communities Conference by supporting a province-wide health impact assessment on the built environment.



## Local and Provincial Partnerships, Continued

The Aboriginal Health Initiative	The Centre's Director serves on the Advisory Committee for this project which was initiated by the Faculty of Medicine at Memorial University and supported by the Atlantic Policy Congress of First Nation Chiefs' Secretariat. The initiative, <i>Making Memorial's Faculty of Medicine a Better Place for Aboriginal Students</i> , is intended to make the Faculty of Medicine more inclusionary for students from the various First Nations/Inuit/ Metis communities, predominantly within the Province of Newfoundland and Labrador. The Advisory Committee comprises representatives from the various Aboriginal communities throughout the province, members from the Faculty of Medicine, and current medical students.
Evidence Informed Practice Council	The Centre continues to participate in Eastern Health's Evidence-Informed Practice Council. The EIPC is a committee established to support and encourage the development, implementation and evaluation of evidence-informed practice at Eastern Health. It brings together clinical and administrative committees from within Eastern Health to foster research initiatives, knowledge translation and uptake, as well as to develop a working model for EIP within the organization.
CNIB and the Provincial Vision Health Strategy	The Newfoundland and Labrador Division of the Canadian National Institute for the Blind has completed its work towards the development of a Vision Health Plan for the province which has been presented to the Department of Health and Community Services. The CNIB Provincial Vision Health & Rehabilitation Steering Committee is both an advisory and a working group. NLCAHR continues to participate in an advisory capacity.
Memorial University Public Engagement Policy Framework Expert Advisory Committee	Stephen Bornstein serves on Memorial University's Public Engagement Policy Framework Expert Advisory Committee, which undertook an extensive consultation process this year to build Memorial's Public Engagement Framework by having Memorial University faculty, students and staff articulate the many ways that they are collaborating with community partners. NLCAHR's Contextualized Health Research Synthesis Program was featured on the university's Public Engagement website as an example of successful collaboration between university researchers and health system partners.





## National Partnerships

*The Centre continues to collaborate with a variety of research and research support organizations from across Canada.*

Partnership/ Collaboration	Description
National Network of Centre Directors in Health Services and Policy Research	In 2011, Stephen Bornstein completed his second term as chair of the Network of Centre Directors in Health Services and Policy Research. He now serves as co-chair of this group. The Centre Directors' 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 grants from the Institute of Health Services and Policy Research of CIHR and from the Canadian Health Services Research Foundation. Stephen Bornstein serves on the Board for this network and co-chaired this bi-annual face-to-face meeting. Presentations included: "Making an Impact: A Preferred Framework and Indicators to Measure Returns on Investment in Health Research," A Logic Model for Health Services & Policy Research Centres and presentations by the Canadian Health Services Research Foundation (CHSRF) and the Institutes for Health System Policy Research (IHSPR).
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. The Contextualized Health Research Synthesis Program partnered with CADTH this year to develop its report on the use of hyperbaric oxygen therapy to treat difficult wounds.
CADTH Health Technology Analysis (HTA) Exchange	Stephen Bornstein participates on 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 serves on 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. At its scientific meetings, researchers and community partners discuss current findings and seek to build new and extend existing networks among those with common research interests and goals.



## National Partnerships, Continued

National Alliance of Provincial Health Research Organizations (NAPHRO)	Stephen Bornstein is a member of NAPHRO, a voluntary alliance of Provincial Health Research Organizations. NAPHRO is 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 and informally as needed to share information and identify potential opportunities for working collaboratively on common issues.
NAPHRO Impact Assessment Group	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 benefits for Canadian society at large.
National Health Funders' Forum	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 largest health charities.
Canadian Cochrane Centre	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.
Healthy Canada By Design (HCBD): A Coalitions Linking Action & Science for Prevention (CLASP) Initiative	NLCAHR is a partner in the HCBD/CLASP Initiative, a national partnership of public health, planning and transportation professionals, and non-governmental organizations working to promote healthy, sustainable communities. Phase I of HCBD/CLASP involved projects that brought health considerations into land use and transportation planning. Phase II, will broaden the impact of HCBD/CLASP Initiative by addressing challenges to the implementation of health considerations in land use and transportation planning through projects directed at community engagement, translating data into action, and applying innovative, health-promoting road design. Pablo Navarro has been working with HCBD/CLASP on a province-wide Health Impact Assessment on the built environment.





## Events & Meetings Hosted by NLCAHR

*The Centre hosted a variety of special event that engaged health system, research and community stakeholders*

Event	About
<i>Research Talks:</i> Dr. Ivy Bourgeault— Health Worker Migration	On April 24, 2012, for its first <i>Research Talks</i> free public lecture, NLCAHR invited Dr. Ivy Bourgeault, Professor, Interdisciplinary School of Health Sciences, University of Ottawa and CIHR Research Chair in Health Human Resource Policy, and to talk about the migration of healthcare workers and their integration into the Canadian workforce.
<i>NLCAHR presents:</i> A Health Evidence Webinar on Childhood Obesity Research Evidence	On May 23, 2012, health system partners from the four Regional Health Authorities, the Department of Health and Community Services and researchers from Memorial University joined us for a webinar by <i>Health-Evidence.Ca</i> , featuring Health Evidence Scientific Director, Maureen Dobbins, who interpreted the evidence in the recently updated Cochrane review by Waters et. al., ' <i>Interventions for preventing obesity in children.</i> '
<i>Research Talks:</i> Dr. Jacqui Gingras— Challenging the Obesity Panic	On October 9, 2012, our <i>Research Talks</i> lecture was presented by Canadian expert in dietetics theory, education and practice, Dr. Jacqui Gingras, of Ryerson University's School of Nutrition. Our Research Exchange Group on Eating Disorders and Body Image invited Dr. Gingras to discuss her research in the field of critical obesity studies, exploring the complexities that underlie the 'obesity panic' while encouraging health professionals, dietitians and policy makers to adopt more critical perspectives about food, weight and health.
<i>CHRSP Dissemination Event:</i> Hyperbaric Oxygen Therapy for Difficult Wound Healing in Newfoundland and Labrador	Researchers, clinicians, healthcare decision-makers and administrators of the hyperbaric oxygen facility joined us on October 16, 2012, for the dissemination of our CHRSP <i>Evidence in Context</i> report on the potential use of hyperbaric oxygen therapy to heal difficult wounds. The meeting involved a discussion of the report findings and an exploration of how CHRRSP might enhance uptake of our research results. CHRSP Research Officer Pablo Navarro led the discussion and helped outline a series of next steps for optimizing hyperbaric medicine in the province in terms of wound care referrals, governance, integration of care, data management, capacity, and patient support. Hyperbaric oxygen therapy's potential to treat diabetic foot ulcers and reduce/prevent amputations was identified as a key finding; as such, this information was widely disseminated through presentation at a provincial physicians' conference and publication in both the NLMA and ARNRL newsletters. Our CHRSP team continues to work with our health system partners to optimize the impact of this report.
<i>CHRSP Dissemination Event:</i> Age-Friendly Acute Care in Newfoundland and Labrador	On December 11, 2012, NLCAHR hosted clinicians, healthcare decision-makers and administrators involved in acute care and seniors' services for the dissemination of the <i>Evidence in Context</i> report 'Age-Friendly Acute Care in Newfoundland and Labrador.' Dr. Belinda Parke of the University of Alberta, the lead author of the report, presented the key findings. Report findings were also shared through presentation at the Association of Registered Nurses NL (ARNNL) by CHRSP Research Officer, Rob Kean, and by articles published in the NLMA and ARNRL newsletters.



## Events & Meetings Hosted by NLCAHR, Continued

<i>NLCAHR presents:</i> CFHI Webinar, “Is the Patient Paramount?”	This year, NLCAHR partnered with the Canadian Foundation for Healthcare Improvement (CFHI) to facilitate the attendance of healthcare decision makers and clinicians from the Department of Health and Community Services and the four Regional Health Authorities, researchers, academics, students and community groups at a series of CFHI webinars. In this inaugural session held on January 16, 2013, we explored a model of clinical care management systems based on a study by Dr. G. Ross Baker of the University of Toronto’s Institute of Health Policy, Management & Evaluation that looked at patient-centred approaches to care.
<i>Rapid Evidence Report Dissemination:</i> Safe Patient Handling in Newfoundland and Labrador	NLCAHR hosted a meeting on January 17, 2013 for members of the Provincial Steering Committee on the Provincial Injury Prevention Pilot Program as well as for healthcare practitioners and decision makers from all four Regional Health Authorities in the province to review results of our Rapid Evidence Report on Safe Patient Handling and injury prevention for healthcare workers. This networked meeting was facilitated by Meagan MacKenzie, Research Assistant for CHRSP and lead author of the report. The findings of this study were well-received and have been adopted by the steering committee in the development of safe patient handling guidelines for the province.
<i>NLCAHR presents:</i> Canada Cochrane Webinar on Evidence-Informed Policymaking	NLCAHR hosted a webinar on January 30, 2013, that was led by Dr. John Lavis. The webinar explored the challenges confronting those seeking to support evidence-informed policymaking and possible answers to these challenges. NLCAHR was encouraged at the webinar to learn that there are numerous parallels between these recommended approaches and our CHRSP model.
<i>NLCAHR presents:</i> CFHI Webinar on Strategizing for Health System Improvement	On February 14, 2012, NLCAHR hosted another widely-attended webinar in which our health system partners joined Jean-Louis Denis, Canada Research Chair in Governance and Transformation, as he looked at the attributes of high-performing health systems in Utah, Sweden and Alaska as they related to leadership and strategy, organizational design and improvement capabilities.
<i>NLCAHR presents:</i> CFHI Webinar on Caring for Patients with Dementia	At this webinar held on March 21, 2013, CFHI EXTRA Fellows Joe Puchniak and Cynthia Sinclair explored ways of improving quality of life for patients with dementia in long-term care based on a study undertaken in the Winnipeg, Manitoba using the P.I.E.C.E.S model of care. (The acronym relates to a Physical, Intellectual, Emotional, Capability-based, Environmental and Social approach to elder care.)



## Conferences & Meetings

Representatives from the Centre attended a variety of meetings and conferences this year, as the following calendar demonstrates.

Event	Date/Location	Description
CADTH Symposium	April 15-17, 2012 Ottawa	Pablo Navarro attended this conference to present the findings from two CHRSP projects. With co-author Stephen Bornstein, he presented the findings from the CHRSP project <i>The Potential for Telehealth Consultations in Cardiology and Dermatology in Newfoundland and Labrador</i> as part of a panel addressing evidence-based policy. He also presented a poster describing the findings from the CHRSP project <i>Hyperbaric Oxygen Therapy for Difficult Wound Healing in Newfoundland &amp; Labrador</i> .
National Network of Centre Directors in Health Services and Policy Research	May 31, 2012 Montreal	Stephen Bornstein serves on the Board for this network and co-chaired this bi-annual face-to-face meeting. Presentations included: "Making an Impact: A Preferred Framework and Indicators to Measure Returns on Investment in Health Research," A Logic Model for Health Services & Policy Research Centres and presentations by the Canadian Health Services Research Foundation (CHSRF) and the Institutes for Health System Policy Research (IHSPR).
Canadian Association for Health Services and Policy Research (CAHSPR) Annual Conference	May 28-31, 2012 Montreal	Stephen Bornstein attended this conference for its direct relevance to much of the Centre's work. The CAHSPR conference focussed on the financing and sustainability of the Canadian healthcare system, including a keynote address on the economics of the Obama health reforms by one of its key designers. Another provocative keynote by Dr. Michael Rachlis argued that sustaining the current Canadian system and expanding it to cover drug costs and home care could be managed by restoring income and corporate tax rates to previous levels that existed before cuts by the Martin and the Harper governments.
Canadian Public Health Association Annual Meeting	June 10-14, 2012 Edmonton	At the CPHA Annual Meeting, Pablo Navarro participated in a workshop, Health Impact Assessments (HIA) for Canadian environmental health. Workshop objectives included: recognizing a range of approaches to HIA and identifying those which are useful for environmental projects; describing the use of HIA as a tool to support health authorities' influence on environmental projects; distinguishing HIA as conducted within environmental impact assessment (EIA) from HIA conducted to support decision-making outside the EIA process; identifying the role of data in evaluation for environmental projects and policies outside health; through an assessment of environmental HIA practiced beyond Canada, identifying strengths, gaps and methods for moving HIA practice forward; creating a Canadian network of professionals working on HIA for environmental projects and policies.



## Conferences & Meetings, Continued

NAPHRO Fall Meeting	September 9-11, 2012 Montreal	Stephen Bornstein attended this meeting of the National Alliance of Provincial Health Research Organizations on behalf of NLCAHR.
Conference /Symposium on Aging Research in Newfoundland and Labrador: Achievements and Prospects	September 24-25, 2012 Corner Brook	NLCAHR helped organize and co-sponsor this conference/ symposium on aging research. The conference included addresses by leading Canadian researchers in aging and seniors; it also featured presentations by CHRSP Research Officers Rob Kean ( <i>Age-Friendly Acute Care for Seniors</i> ) and Pablo Navarro ( <i>Community-Based Service Models for Seniors</i> ). Stephen Bornstein was a moderator and panelist at a symposium held on the second day of this event. The symposium discussed the establishment of a new Centre on Aging in Newfoundland and Labrador.
Provincial Wellness Advisory Council/ and the Regional Wellness Coalitions Crossover Meeting	October 18, 2012 St. John's	The Crossover Meeting pairs the annual general meeting of the province's Regional Wellness Coalitions (RWC) with a quarterly meeting of the Provincial Wellness Advisory Council (PWAC). Pablo Navarro presented the preliminary findings from a report commissioned by the Department of Health and Community Services that studied Health Impact Assessment. The Crossover Meeting is an opportunity for the RWCs and PWAC to transfer and exchange knowledge about their respective activities, research initiatives, and lessons learned.
Canadian Rural Health Research Society Annual Conference	October 25-27, 2012 Lévis, Quebec	Stephen Bornstein serves on the Board of the Canadian Rural Health Research Society (CRHRS) and attended the Society's 11th annual conference, " <i>Rural and Remote Health Research: Creative Approaches.</i> "
Canadian Association for Health Services and Policy Research (CAHSPR) Forum	November 9, 2012 Toronto	Stephen Bornstein attended this Forum, " <i>Ten Years Since the Romanow Report: Retrospect...and Prospect,</i> " marking the 10th year since Roy Romanow reported on the future of Canada's public healthcare system. As the community of practice for health services and policy research in Canada, CAHSPR was interested in exploring this theme at an invitational Forum where health policy experts from across Canada met to look back on the issues that gave rise to the report and look forward to the challenges that remain.
Canadian Foundation for Healthcare Improvement/ UNB/ Northern Health Pan-Provincial Roundtable	November 19-21, 2012 Calgary	Stephen Bornstein was invited to participate, as a partner with Dr. Susan Gillam, CEO of Western Health, in a pan-provincial roundtable discussion on Rural Health and Knowledge Translation organized by Canadian Foundation for Healthcare Improvement and the University of Northern British Columbia. The objective was to better enhance understanding of how health system leaders and health researchers can work together to improve the organization and provision of healthcare improvement priorities in all regions of Canada and to foster collaboration among health leaders who provide services to northern, rural and remote areas of Canada.



## Conferences & Meetings, Continued

Health Council of Canada Town Hall	November 29, 2012 St. John's	The Health Council of Canada reports on the progress of national healthcare renewal initiatives and identifies innovative practices to highlight to planners, administrators and healthcare providers what is working to improve the Canadian health system. At this Town Hall, co-sponsored by the NL Health Boards Association, Stephen Bornstein made a presentation about the Contextualized Health Research Synthesis Program.
NAPHRO Winter Meeting	January 15-16, 2013 Ottawa	Stephen Bornstein attended this meeting of the National Alliance of Provincial Health Research Organizations on behalf of NLCAHR.
Forum of Health Research Funders Meeting	February 5, 2013 Ottawa	Stephen Bornstein attended this meeting of the national Forum of Health Research Funders to review issues of importance to Canadian health research funding agencies.
2013 Canadian Foundation for Healthcare Improvement CEO Forum	February 5-6, 2013 Montreal	Stephen Bornstein attended this one-day annual invitational event that brings together CEOs, senior leaders, deputy ministers and prominent experts to share their knowledge, perspective and experience on key issues in healthcare policy and management.
Memorial University Public Engagement Fair	February 13, 2013 St. John's	NLCAHR was a participant in this event highlighting Memorial University's many public and community engagement activities. The Centre hosted a booth at the fair and Stephen Bornstein, together with health system partner Dr. Kelli O'Brien, Vice President, Long-term Care and Rural Health at Western Health, presented an overview of the Contextualized Health Research Synthesis Program (CHRSP) as a successful model for research-community engagement.
Special Workshop and Presentation on Grant Writing Skills	February 13, 2013 St. John's	Drs. Stephen Bornstein and Michelle Ploughman hosted a special workshop for students and researchers at Memorial University to help them learn how to optimize the effectiveness of their funding applications.
Memorial University Psychology Department Colloquium	March 5, 2013 St. John's	Rochelle Baker, Communications Coordinator, and Meagan Mackenzie, CHRSP Research Assistant, co-presented to the Psychology Department's Graduate Students' Colloquium to provide an overview of funding opportunities through NLCAHR and a workshop on how to improve grant-writing skills.
Provincial Health Ministers of Canada	March 14-17, 2013 Toronto	Stephen Bornstein was invited to be the facilitator at a meeting of Canada's provincial ministers of health.





## Peer Review Activities

*In 2012-2013, the Centre's Director, Stephen Bornstein served as a peer reviewer on the following committees:*

- Ontario Health Services Research Fund
- Banting Post-Doctoral Fellowships
- Canadian Medical Association Career Awards
- The Justice Emmett Hall Memorial Foundation Student Essay Competition

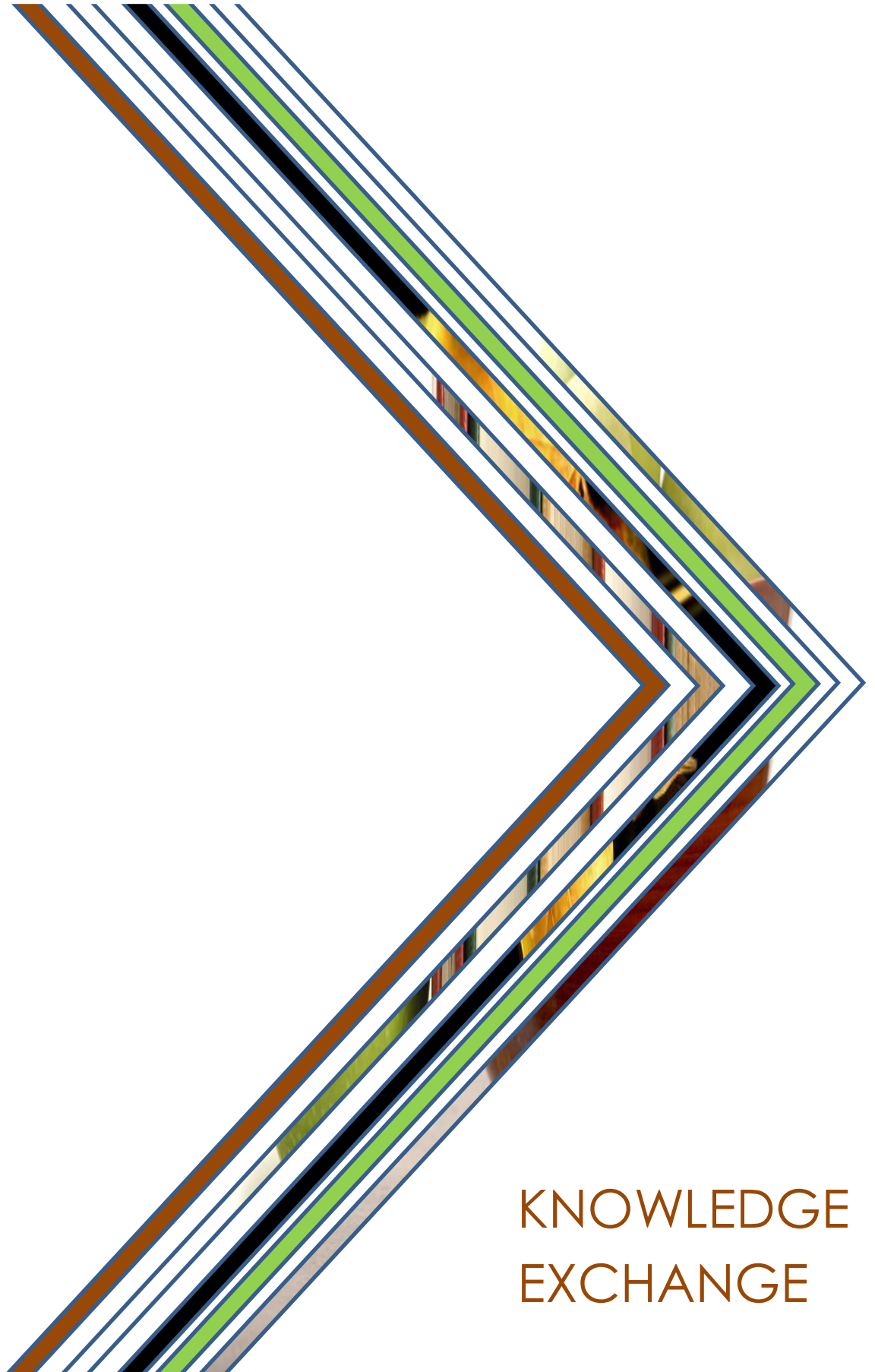
## Collaborative Research Activities

*The Centre's Director is currently collaborating with fellow researchers on several team projects:*

- Co-investigator in 'Kungatsiajuk': Supporting the Healthy Smiles of NunatuKavut Children, an Atlantic Health Promotion Research Centre study in Labrador that will make a unique contribution to our understanding of the oral health of aboriginal children;
- A CIHR-funded study on Increasing Capacity for Oral Health;
- An interdisciplinary study by Memorial's School of Nursing: Working Late: Strategies to Enhance Productive and Healthy Environments for the Older Workforce;
- The International Methods Network project, Sustaining IT Use By Older People to Promote Autonomy and Independence (Sus-IT);
- The Health Effects of Asbestos, funded through the Research and Development Corporation Industrial Research and Innovation Fund;
- A WorkSafe BC study, Tracking Occupational Diseases: an analysis of approaches for the Canadian context;
- An SSHRC Partnership Grant led by Dr. Barbara Neis of SafetyNet: On the Move: Employment-Related Geographical Mobility in the Canadian Context.







KNOWLEDGE  
EXCHANGE

# KNOWLEDGE EXCHANGE

## CIHR Mixed Methods Working Group April 2012

At the request of our Research Exchange Group on Women's Health/Gender & Health, the Centre supported and helped organize a special meeting of the Canadian Institutes for Health Research's Working Group on Mixed Methods in Research on Gender, Environment and Health. This meeting brought together a bilingual, multidisciplinary team of university researchers, graduate students, knowledge-users and partners whose main aim is to develop a mixed methods research model to examine sex/gender in studies of environmental and occupational health. The Working Group is developing a model for doing sex/gender research using mixed methods, specifically in the areas of environmental and occupational health studies; it also aims to produce outputs for dissemination to academics and knowledge users.

The St. John's meeting focussed on a critical analysis of a literature review prepared by the Working Group, in three main areas:

- definitions of mixed methods (e.g., definitions and description of mixed methods, analysis of their advantages and limits, the contexts of their usage);
- methods used to analyse sex/gender in occupational and environmental health;
- studies using mixed methods to analyse sex/gender in occupational and environmental health.

The participants sought to answer the following questions:

- How do mixed methods approaches call into question epistemological or ontological assumptions of occupational and environmental health research?
- What have we learned from studies that use mixed methods to investigate of sex/gender in environmental and occupational work?
- How do mixed methods studies enrich the relationship between knowledge and action?

## Research Talks: Dr. Ivy Bourgeault on Health Worker Migration

As an adjunct to the CIHR Mixed Methods Working Group meeting, we asked our Research Exchange Group on Women's Health/Gender & Health to identify a leading national expert in issues of gender and health to be the first speaker in our lecture series *Research Talks*. The group selected Dr. Ivy Lynn Bourgeault, Professor, Interdisciplinary School of Health Sciences, University of Ottawa and CIHR Research Chair in Health Human Resource Policy. NLCAHR invited Dr. Bourgeault to Memorial to talk about the migration of healthcare workers and their integration into the Canadian workforce on April 24, 2012.

The migration of highly skilled health professionals from developing to developed nations has increased in the last ten years in response to a range of social, economic and political factors. When health professionals move away, their departure has implications for health outcomes and health system sustainability in their home countries. Their arrival also raises human resource issues in destination countries like Canada. Dr. Bourgeault provided insight into the perspectives of health policy researchers and decision makers who have an interest in the migration of health professionals. She also noted the



need for a pan-Canadian Health Workforce Observatory. Her lecture sparked considerable discussion among the healthcare professionals, human resources specialists and members of the general public in attendance, particularly in light of current concerns about health worker retention in Newfoundland and Labrador.



## The Sus-IT Canada Symposium

Sustaining Information Technology Use by Older Adults to Promote Autonomy and Independence (Sus-IT) is a three-year international project funded by the New Dynamics of Aging Program. Sus-IT began in the U.K. under the leadership of Drs. Leela Damodaran and Wendy Olphert at Loughborough University. Dr. Wendy Young of Memorial University joined forces with this British research network and received Canadian Institutes of Health Research (CIHR) funding to build a Sus-IT Canada research team, which has been exploring the following hypothesis:

*Older adults living with chronic pain (CP) and reduced mobility stand to benefit from greater access to information and customized services that will help them continue to use Information and Communication Technologies (ICT) comfortably and optimally.*

With support from NLCAHR, Dr. Young and her team designed a symposium on this topic. In May 2012, academics, government employees, community groups, and older individuals with CP exchanged knowledge, ideas, and approaches for devising a tailored program that meets the unique needs of individuals (50+) with CP and limited mobility. Based on the recommendations of the symposium participants, Sus-IT Canada plans to move ahead with developing an in-home assessment and tutoring program to help older people maintain their ICT.



## Aging Research in NL: Achievements and Prospects

Newfoundland and Labrador currently has one of the highest proportions of seniors of any province and Statistics Canada has recently projected that by 2031 this province will have the highest proportion of seniors in Canada. To address issues of aging for our province, NLCAHR helped organize a research



conference, *Aging Research in Newfoundland and Labrador: Achievements and Prospects* that took place in Corners Brook in September 2012. The conference welcomed experts on gerontology and aging, researchers, health care professionals and community representatives and featured several internationally recognized experts as keynote speakers: Dr. Howard Bergman, geriatric medicine, McGill University; Dr. Neena Chappell, Canada Research Chair in Social Gerontology, University of Victoria; Dr. Janice Keefe, director, Nova Scotia Centre on Aging, Mount

Saint Vincent University; and Dr. Anne Martin-Matthews, Department of Sociology, University of British Columbia (former scientific director of the Institute on Aging).

The symposium included panel discussions on centres on aging across Canada as well as recommendations for a provincial centre on aging.

NLCAHR provided organizational support for this event and Stephen Bornstein served on the conference organizing committee. NLCAHR, together with Graduate Studies at Memorial University also provided financial support to ten graduate students to facilitate their participation in the conference. Funding and in-kind support were also provided by the Grenfell and St. John's campuses of Memorial University of Newfoundland, Western Regional School of Nursing, Western Health.

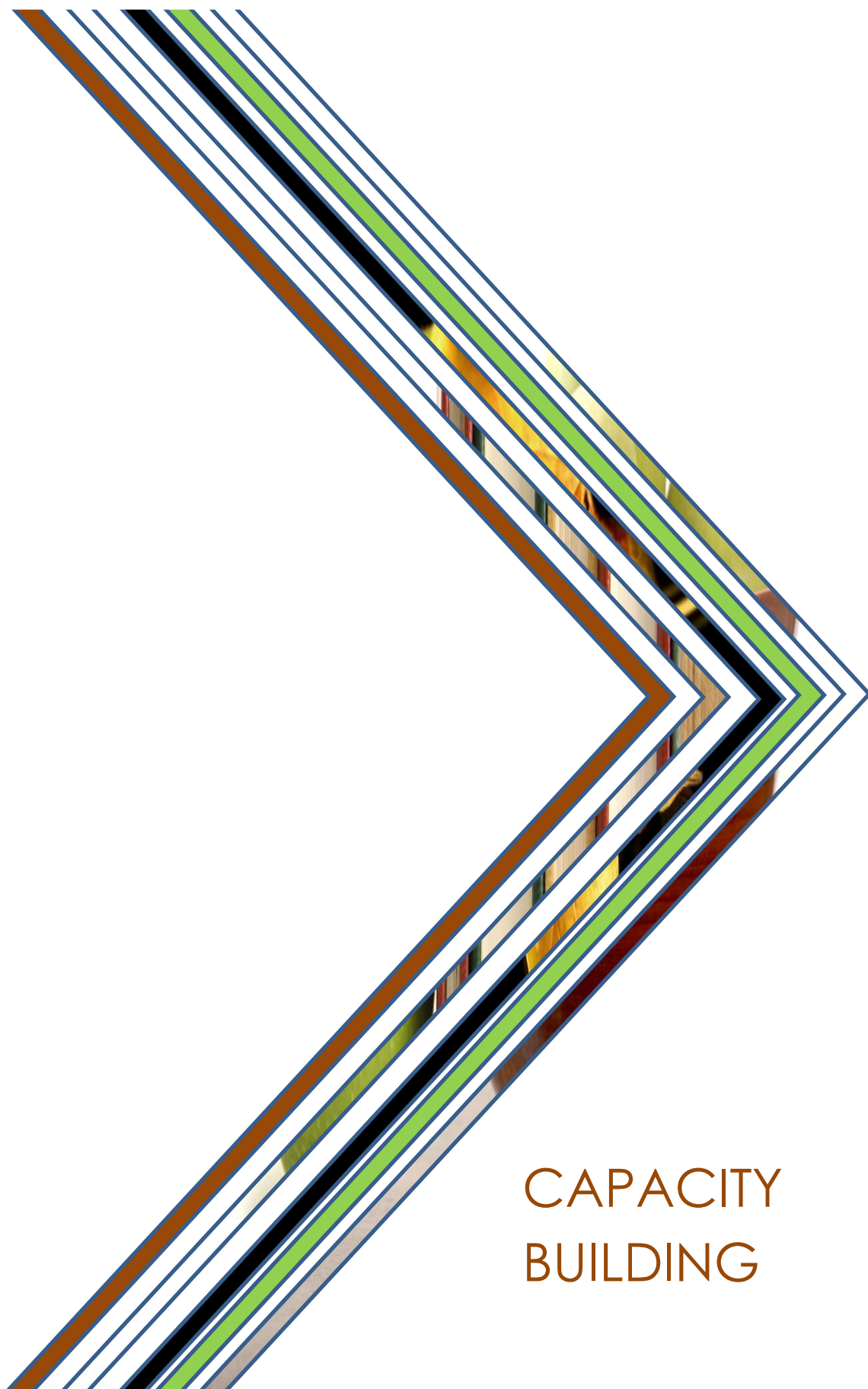
At the conclusion of the symposium, Memorial University's Grenfell campus indicated its support of the establishment of a provincial centre or institute on aging, working with the Pepsi Centre Board to identify an appropriate space in that facility, and has allocated funds to assist in partial support of operations in the amount of \$75,000 each year for two years.

## Research Talks: Dr. Jacqui Gingras on Critical Dietetics



On October 9, 2012, NLCAHR and our Research Exchange Group on Eating Disorders, Disordered Eating, and Body Image welcomed a leading Canadian expert in dietetics theory, education and practice, Dr. Jacqui Gingras, of Ryerson University's School of Nutrition. Dr. Gingras discussed her research in the field of critical obesity studies, exploring the complexities that underlie our 'obesity panic' while encouraging health professionals, dietitians and policy makers to adopt critical perspectives about food, weight, and health.





CAPACITY  
BUILDING



# CAPACITY BUILDING

A key goal for the Centre is to help build human capacity for undertaking and supporting high-quality applied health research in Newfoundland and Labrador. As such, NLCAHR has adopted a capacity-development strategy involving activities and programs that address training, networking and mentoring for researchers.



The Research Exchange Group program was introduced in 2005 with the group on Rural, Northern and Aboriginal Health. The program has continued to be a very successful initiative which facilitates the connection and collaboration between university students and professors, professionals in the health system and other

members of the community who share interests in a specific area of health research. The groups meet on a regular basis to share information on current research, to collaborate on possible future research work and to discuss the potential issues in their respective domains. The groups have also been instrumental in providing links to funding for possible individual and group research projects.

NLCAHR now hosts Research Exchange Groups with specific interests in:

- Aging
- Autism
- Chronic Disease
- Eating Issues, Disordered Eating and Body Image
- Mental Health
- Oral Health
- Rural and Northern Health
- Women's Health/Gender and Health

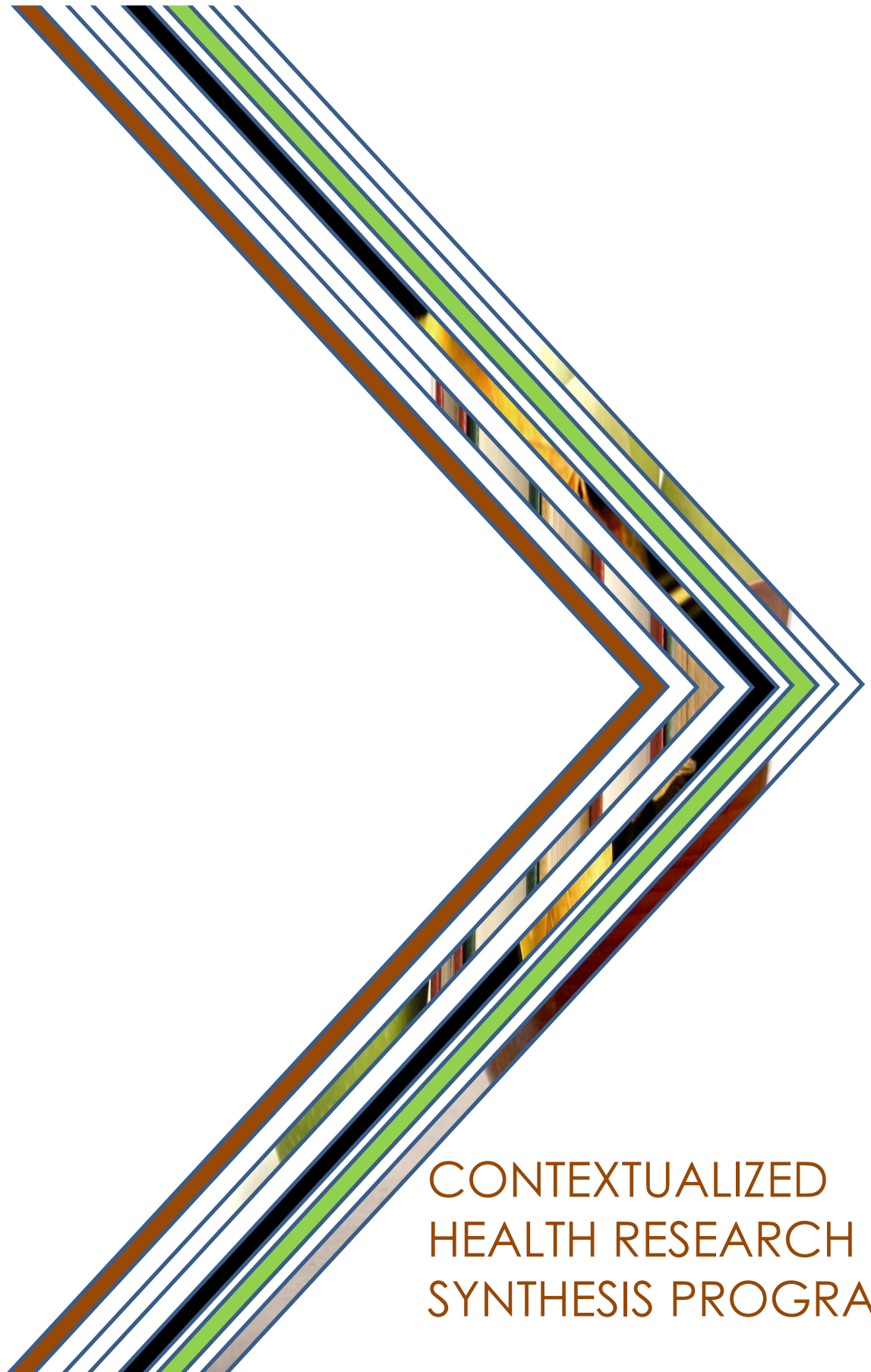


The following groups are now in development with plans to commence in September, 2013.

- Inter-Professional Education and Collaborative Practice
- Cancer
- Bullying and Health
- The Arts and Health
- HIV and Sexual Health
- Thrombosis, Blood and Immune Disorders







CONTEXTUALIZED  
HEALTH RESEARCH  
SYNTHESIS PROGRAM

# CONTEXTUALIZED HEALTH RESEARCH SYNTHESIS PROGRAM (CHRSP)

## About CHRSP

Applied health researchers are challenged with finding ways to increase the use of scientific evidence in healthcare decision making. An equivalent challenge for healthcare decision makers is finding ways to obtain, and use the best scientific evidence as a critical input in arriving at their decisions. To address these twin challenges, NLCAHR's Contextualized Health Research Synthesis Program (CHRSP) works in partnership with key decision makers in the provincial health system to identify questions of urgent importance and to provide evidence that is both up-to-date and contextualized.

CHRSP provides locally relevant evidence, attuned to provincial demographics. CHRSP researchers must also recognize the capacities and limitations of our healthcare system, understanding that what may work in large urban centres will not necessarily work here in Newfoundland and Labrador.

The CHRSP approach is an innovative example of Integrated Knowledge Translation, wherein decision makers and researchers work together to:

- focus on specific issues instead of broad themes;
- ask health system leaders to identify issues of concern;
- use research expertise to formulate researchable questions;
- synthesize quality research literature (systematic reviews rather than individual studies);
- tailor the syntheses to the local context (challenges, capacities);
- report research results quickly and in usable formats.

CHRSP research topics are chosen in partnership. The program engages with senior decision makers in the Regional Health Authorities and the Department of Health and Community Services who have volunteered to be 'CHRSP Champions.' These champions seek suggestions for research topics from throughout their organizations. A long list of topics is filtered on the basis of importance, timeliness, feasibility, the availability of evidence and research teams. After several rounds of voting from among all five provincial health organizations, the CHRSP team meets with the four CEOs and the Deputy Minister of Health to reach consensus on the topics that CHRSP will study for the coming year.

CHRSP produces two products: *Evidence in Context Reports* which are detailed evidence syntheses that take roughly six months to complete, and *Rapid Evidence Reports* which are brief summaries of research evidence for topics requiring more immediate, if less detailed, analysis.

For each topic, CHRSP builds a research team. Our health system partners are key members of every research team, working with CHRSP from the formulation of the research question, through to the publication of the results. National or international experts, academic co-investigators, health economists, and context advisors from within the health system, round out CHRSP's multi-disciplinary research teams.



CHRSP contextualizes research evidence, shaping questions and drawing conclusions from synthesized evidence, including looking at the specific forms an issue takes in Newfoundland and Labrador and how proposed solutions and methods might apply to locally available resources, cultural conditions and financial capacities.

When we ask our partners if, and how, CHRSP evidence was used to support decisions, they tell us we have helped guide their decisions around subjects as diverse as establishing youth residential treatment services to identifying safe patient handling techniques to how we can support age-friendly acute care in the province. CHRSP is an excellent example of a sustainable partnership between knowledge producers and knowledge users. In forging this partnership, NLCAHR has created a way to both produce and use evidence that recognizes the unique challenges faced by our health system in Newfoundland and Labrador.

## Our CHRSP Champions

CHRSP Champions are senior members of health organizations who act as liaisons between the CHRSP team and its health system partners. Since 2009, these Champions have strengthened the linkages between CHRSP and provincial health organizations, playing a critical role in the annual iterative process for identifying high-priority research questions for CHRSP. The resulting 'pull' from the health system, combined with increased requests for evidence and knowledge exchange, elevates the value of the program for health decision makers and policy makers in Newfoundland and Labrador.

We thank our valued CHRSP Champions whose assistance over the past year has been essential to the continued growth and success of the program.

CHRSP Champions 2012-2013	
Department of Health and Community Services	
Wanda Legge	Director, Policy Development
Bev Griffiths	Director, Board Services
Eleanor Swanson	Director, Health Promotion and Wellness (now retired)
Dr. Larry Alteen	Director, Physician Services, Medical Services Branch
Eastern Health	
Dr. Mike Doyle	Director of Research
Janet Templeton	Program Director, Medicine
Elaine Warren	Program Director, Surgery
Krista Butt	Research Analyst
Central Health	
Vanessa Mercer Oldford	<i>Regional Director, Corporate Improvement</i>
Western Health	
Lisa Hoddinott	VP, Quality Management & Research
Anne Lynch	Regional Director, Planning & Research
Labrador-Grenfell Health	
Carol Brice-Bennett	Director, Aboriginal Health Programs & Research



## CADTH- CHRSP Partnership

CHRSP partnered with the Canadian Agency for Drugs and Technologies in Health (CADTH) for one of our reports scheduled for release in April, 2013: *The Potential Use for Telehealth Consultations in Cardiology and Dermatology in NL*. The Health Technology Information Services (HTIS) branch of CADTH reviewed the relevant research literature, synthesized the research evidence and their findings were independently peer-reviewed. The results were then contextualized by a research team coordinated by CHRSP, including decision makers, health service providers, administrators and other experts.

## 'Evidence in Context' Reports Published this year

### Chronic Disease Management

Our report on the evidence base about the effectiveness of inter-professional teams for Chronic Disease Management was released in September, 2012. As we worked through the many challenges of synthesizing the evidence on team-based chronic disease management, the project team concluded, in consultation with our subject experts, that we are unable to answer this CHRSP question as formulated.



“Is there reliable scientific evidence to support team-based management of chronic disease and, if so, given the NL context (in terms of geography, demography, fiscal resources and health system capacities) what is the most effective and efficient way to organize, implement, and sustain team-based care for individuals with diabetes and chronic obstructive pulmonary disease (COPD) so as to derive the best possible outcomes for patients, providers, and the health system?”

Our report pointed out that the high-level research evidence on both the clinical and cost-effectiveness of team-based Chronic Disease Management is simply not available at this time. In short, the question itself is ahead of the published literature. We are hopeful that, as research in this subject area advances, we may be in a better position to provide some guidance on this question in future.

### Hyperbaric Oxygen Therapy for Difficult Wound Healing

This report was released at a dissemination event on October 16, 2012. The event drew a large audience of physicians, wound-care clinicians, health system decision makers and researchers. Pablo Navarro, CHRSP Research Officer, provided a review of synthesis findings from eight systematic reviews that together drew on 65 individual studies to answer the following research question:



“What does the scientific literature tell us about the clinical and economic effectiveness of hyperbaric oxygen treatment for problem wound healing (i.e., diabetic foot ulcers, pressure ulcers, delayed radiation-induced injuries, thermal burns, skin grafts and flaps, and revascularization after organ transplantation), considering the expected patient populations and given the social, geographic, economic and political contexts of Newfoundland & Labrador?”



At the dissemination event, one key message from the report generated considerable discussion, namely the potential for HBOT to effectively treat diabetic foot ulcers. In Newfoundland and Labrador, the prevalence of diabetic foot ulcers is expected to rise as the number of people diagnosed with diabetes increases. Our report found that hyperbaric oxygen therapy (HBOT) is an effective adjuvant treatment for non-healing diabetic foot ulcers, provided the therapy is referred in an appropriate and timely manner. The available evidence shows that HBOT can decrease the risk of major amputation and can have a positive impact on a patient's quality of life. HBOT has also been shown to be significantly and consistently cost-effective (from a societal perspective) compared to standard care, when treating these non-healing wounds.

In an effort to ensure that this critical information would reach the widest possible audience, the CHRSP Project team conferred with Hyperbaric Medicine Unit to develop a target list for knowledge translation. We also solicited suggestion for appropriate channels of communicating research results/ knowledge translation initiatives. As a result of our collaboration, the synthesis results were communicated through the Newfoundland and Labrador Medical Association's *Nexus* newsletter and through the Association of Registered Nurses, Newfoundland and Labrador (ARNNL) newsletter. The CHRSP study was also distributed at a meeting of Family Physicians across the province by Margo Cashin, Wound Care Consultant, Acute Care at Eastern Health. The division of vascular surgery is currently establishing travelling clinics throughout the province; we continue to collaborate with this division to disseminate the results of this report.

### Age-Friendly Acute Care

Consultations with the province's regional health authorities and with the Department of Health and Community Services (DHCS) revealed that the issue of caring for older adults in hospital was a high priority across the province. CHRSP assembled a project team that included senior officials from each of the four RHAs (Eastern Health, Central Health, Western Health and Labrador-Grenfell Health), a consultant from DHCS, faculty members from Memorial's School of Nursing and Faculty of Medicine with a background in acute care, and a project coordinator internal to the CHRSP program. Dr. Belinda Parke of the University of Alberta agreed to serve as Academic Team Leader. The team resolved to frame the research question as follows:



**“What programs and/or services are associated with improved outcomes for seniors admitted as inpatients to acute care hospitals?”**

This report was disseminated at a special event on December 11, 2012 hosted by Dr. Belinda Parke and co-sponsored with Canadian College of Health Leaders as part of their professional education accreditation program. In addition to the well-attended dissemination event, the report findings had been presented at local and national conferences and the report posted on the NLCAHR website and emailed directly to 700+ researchers and decision-makers. As with the report on Hyperbaric Oxygen Therapy, the findings of the Age-Friendly Acute care report were published in NLMA/ ARNNL newsletters. Our team continues an ongoing consultation with health system partners about next steps/optimizing uptake of this report.



## Evidence Update: Examining Options for Dialysis Services in Rural and Remote Newfoundland & Labrador

The Contextualized Health Research Synthesis Program produced an *‘Evidence in Context Report’* in 2008 that posed the following research question:



“In meeting the needs for dialysis services in rural and remote populations, what are the differences among the available treatment options with regards to efficacy/effectiveness, cost, acceptability, and feasibility in Newfoundland and Labrador?”

The report found no persuasive evidence to suggest that any of the available modalities of dialysis service, including peritoneal dialysis and hemodialysis, is either more or less appropriate for either clinical or economic reasons in rural or remote populations in this province. Both types of dialysis are, in fact, complementary forms of renal replacement therapy, and home-based therapies were recommended as the primary option for rural and remote service provision.

In late 2012, we conducted a review to confirm that the findings of our 2008 study remain both current and relevant. Following are the key findings from our updated research:

The updated review identified no research indicating that findings presented in the original CHRSP report are inaccurate or out of date.

- There is still no persuasive or robust evidence to suggest that either peritoneal dialysis or hemodialysis is inappropriate in the unique rural and remote context of this province.
- In the absence of evidence to the contrary, home-based therapies should be considered the primary option for rural and remote service provision, and specific contextual factors should be considered when examining other options.
- A preliminary examination into the economic and clinical benefits of the NxStage system may be beneficial.

This updated evidence was posted to our website and shared with all stakeholders involved in the original report and all recipients who had received the original report during the 2008 dissemination.

## Rapid Evidence Reports Published this year

In 2012, NLCAHR introduced *Rapid Evidence Reports* to provide support for evidence-based decision making in the Newfoundland and Labrador healthcare system on an expedited basis as compared to our *‘Evidence in Context’* reports. Through these expedited reports, NLCAHR provides a brief synthesis of the best available research evidence on a high-priority research topic selected by decision makers in the province.

*Rapid Evidence Reports* include:

- a clear statement of the issue and the background to the issue/problem;
- a description of the scope and nature of the pertinent scientific literature;





- a summary of the principal features of the available evidence - points of consensus, points of disagreement, areas of uncertainty, areas that lack evidence - on some or all of the following: effectiveness of interventions, potential benefits and harms/risks, costs and cost effectiveness;
- a comprehensive reference list of scholarly, peer-reviewed research literature from the past five years, as well as a more selective list of policy reports and other grey literature on the issue; and
- a brief analysis of the types of issues that might influence the applicability of the evidence to the Newfoundland and Labrador context.

Unlike an ‘*Evidence in Context*’ report, a *Rapid Evidence Report* is not a comprehensive and systematic synthesis of the literature on the topic. The report provides neither critical appraisal of included articles nor a full analysis of the contextual issues involved in applying evidence to the Newfoundland and Labrador healthcare setting. Rather, a *Rapid Evidence Report* provides decision makers with a solid view of the scope and nature of the scientific literature on the topic in question, an initial assessment of the strengths and gaps in this literature, and a review of the key points of agreement and disagreement among researchers.



Following is a listing of the *Rapid Evidence Reports* completed in the first year of the program.

### **Mobile Mental Health Crisis Intervention for Western Health**

Our stakeholder partners in the Western Regional Health Authority asked us to identify a range of mobile crisis intervention service models, some of which may be better suited to lower-density, rural populations and some of which may be better suited to higher-density areas like Corner Brook. Our partners expressed a particular interest in models that can be implemented with minimal additional human resources, but that involve local, face-to-face contact rather than telephone, electronic, or clinic-based models of service delivery.

For this report, Robert Kean, Research Officer, Contextualized Health Research Synthesis Program (CHRSP), Stephen Bornstein, Director of NLCAHR, and Sarah Mackey, Research Assistant, consulted with Dr. Dorothy Cotton, a registered psychologist whose practice includes clinical and correctional/forensic psychology. Dr. Cotton’s comments and credentials were included with the report findings.

The following research question was addressed:



“What models of mobile– i.e., face-to-face – crisis intervention have proven effective in managing potentially violent mental health crises occurring outside the hospital setting?”

The report findings looked at contextual issues for Western Health, particularly geography and population, human resources, and existing services and partnerships. The report findings were sent to our health system partners at Western Health and they have reported that the findings were useful in their decision-making process.



## Safe Patient Handling and Injury Prevention

Patient handling tasks are a leading contributor to injuries among healthcare workers, who are more likely to suffer from workplace-related injuries than individuals who work in other sectors. The Newfoundland and Labrador Department of Health and Community Services has developed an Injury Prevention Program (IPP) for nursing staff employed in Long Term Care (LTC) to promote safe patient handling and to prevent injuries to the staff. The IPP consists of education and training, installation of lifting equipment, and the creation of several new positions for program coordination, policy development, education, and training.

The Department of Research, Eastern Health, is evaluating the IPP to determine the impact and effectiveness of this program on nursing staff and residents in LTC. Our partners in the Department of Research asked us to complete a scan of the peer-reviewed literature related to safe patient handling, with particular interest in the types of programs or interventions that may be associated with reduced musculoskeletal injuries among nursing staff in response to the following series of questions:



“Has the implementation of a comprehensive Injury Prevention Program in Long Term Care impacted the number of lost-time incidents due to musculoskeletal injuries and/or associated costs for nursing staff (RNs, LPNs and PCAs)? Has it improved the quality of the workplace for nursing staff? Has it improved the quality of resident care and safety?”

We hosted a webinar on January 17, 2013 with widespread participation from across all RHAs/ DHCS. The event was organized with the Provincial Injury Prevention Steering Committee (DHCS and four RHAs) and participants indicated that the report findings were extremely useful in their planning for an IPP in the province.

## Forthcoming Reports from CHRSP:

The following reports are pending completion in the first quarter 2013:

### Community-based service models for seniors

"What does the scientific literature tell us about the characteristics and the effectiveness of models of coordinated primary medical and community care, including health and social services, to support community-dwelling older persons with ADL/IADL disabilities and mild to complex chronic health conditions, including dementia, and their caregivers, in terms of health and economic outcomes for the clients, care givers and health system, in the context of Newfoundland & Labrador?"

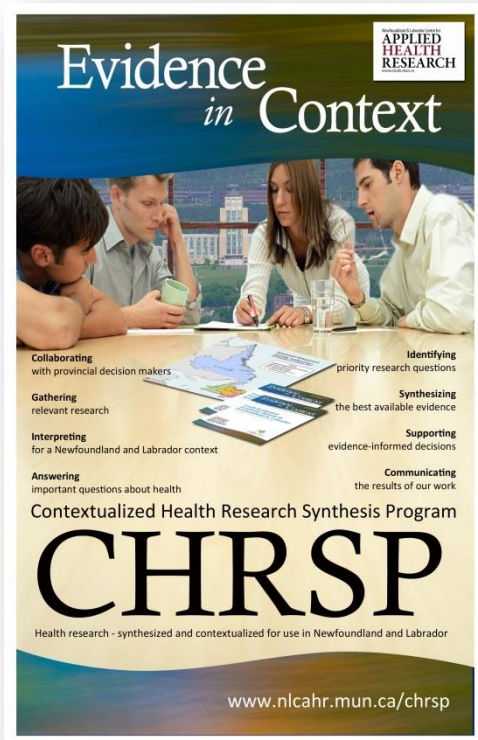
### Telehealth for specialist consultations in cardiology and dermatology

“Considering the demographic, geographic, economic context, as well as the health system capacities, in Newfoundland & Labrador, what does the scientific literature tell us about the clinical and economic effectiveness of telehealth patient-specialist consultations compared to face-to-face standard care, in the fields of non-emergency dermatology and cardiology?”



## Topic Selection for 2013-2014

The following projects were selected during the 2013-2014 CHRSP Topic Identification process:



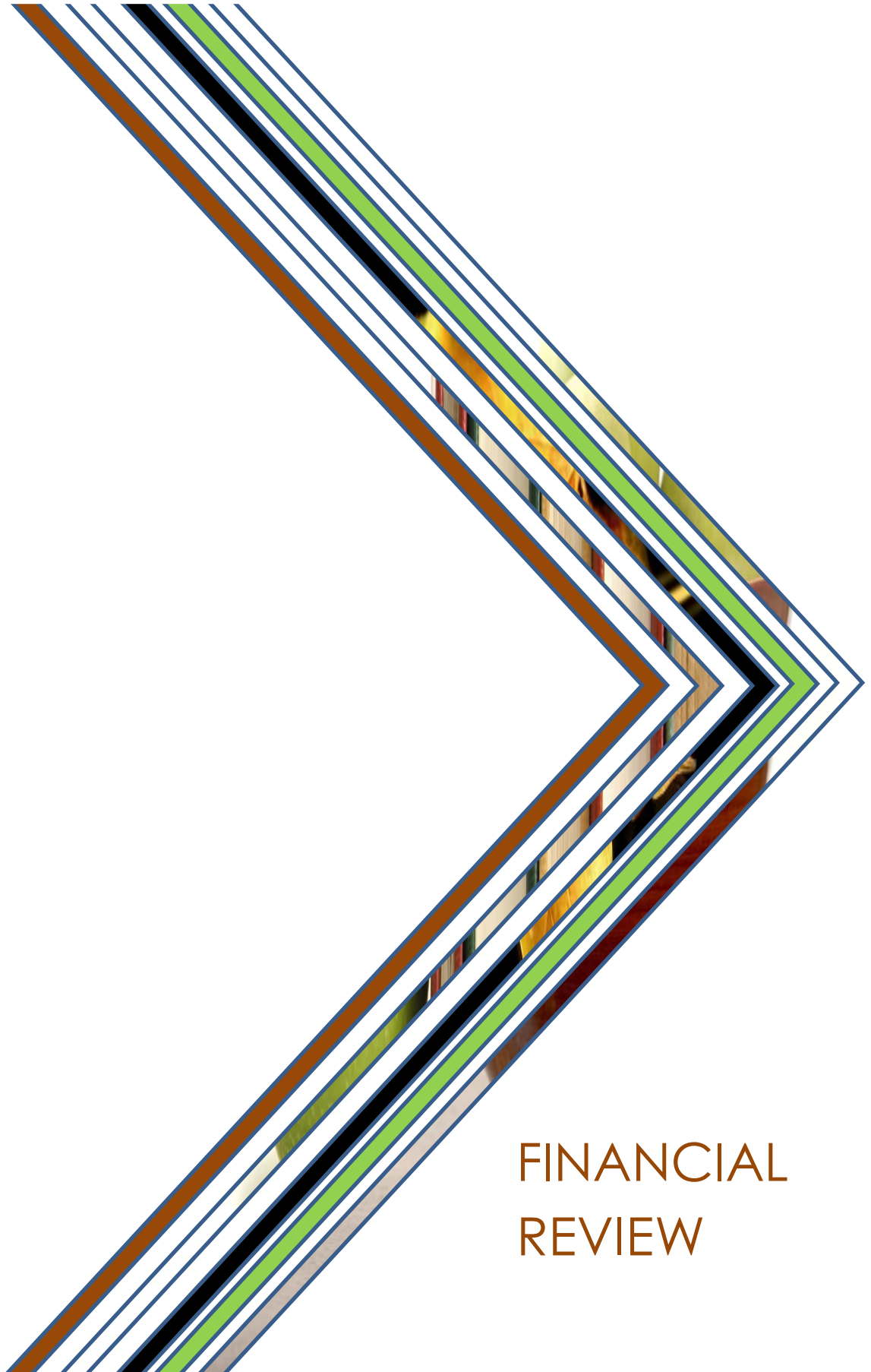
### Evidence in Context Reports:

- Point-of-Care Testing (Early 2013)*
- Falls Prevention for Seniors in Long-Term Care and Acute Care Settings (Early 2013)*
- Diabetes screening (Late 2013)*
- Managing aggression in dementia patients (Late 2013)*

### Rapid Evidence Reports:

- Flu Vaccination for Healthcare Workers (Early 2013)*
- The Effectiveness of Short-Term Health Promotion Strategies (Late 2013)*
- Outpatient Chronic Disease Services (Late 2013)*





# FINANCIAL REVIEW

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OPERATING FUNDS			
	Budget	Spent	Remaining
Salaries and Benefits	\$442,000	\$417,334	\$24,666
Operating Expenditure	\$30,000	\$31,019	(\$1,019)
Hosted research conferences and meetings	\$6,000	\$5,337	\$663
Travel/Representation	\$18,902	\$16,748	\$2,154
CHRSF Consultants	\$19,827	\$9,292	\$10,535
<b>TOTALS</b>	<b>\$516,729</b>	<b>\$479,730</b>	<b>\$36,999</b>

FLOW-THROUGH FUNDS		
	Budget	Spent
Master's Fellowships	\$32,000	\$32,000
Doctoral Fellowships	\$29,423	\$29,423
Fellowships Subtotal	\$61,423	\$61,423
Project Grants	\$100,000	\$70,000
Development Grants	\$30,000	\$19,975
Grants Subtotal	\$130,000	\$89,975
<b>TOTALS</b>	<b>\$191,423</b>	<b>\$151,398</b>

Funding of \$708,152 included:

\$513,500 NLCAHR Operating grant from DHCS

\$36,000 for NL-HARP administration

\$4,898 for providing operational support for the SUS-IT Symposium

\$153,754 carry-over from the 2011-2012 fiscal year

Unencumbered surplus for 2013-2014: \$36,999



Newfoundland & Labrador Centre for

# APPLIED HEALTH RESEARCH

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