#### NEWFOUNDLAND & LABRADOR CENTRE FOR APPLED HEALE HEALE

# **ANNUAL REPORT**

December 2004-March 2006

# Explanatory note: our new reporting cycle

This year for the first time, NLCAHR's annual report is being issued in the spring rather than in the fall. Initially, our reporting cycle was coordinated with the academic calendar since the Centre is part of Memorial University and had begun its operations in September 1999. Reporting in the fall had the disadvantage that it made the financial component of the report difficult to produce--the Centre's funding is allocated in the spring of each year as part of the budget of the province's Department of Health and Community Services. To simplify our financial reporting and to harmonize our reporting cycle with that of our key funder, NLCAHR's Board decided to shift to a reporting cycle based on the fiscal year. Accordingly, the current report covers the entire period from November 2004, the date of the previous report, through March 2006.

# Background

The Newfoundland and Labrador Centre for Applied Health Research was created in the fall of 1999 as the product of a partnership among three organizations: Memorial University of Newfoundland, the Department of Health and Community Services of Newfoundland and Labrador, and the Health Care Corporation of St. John's. It is constituted as a 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 by an annual grant from the Department of Health and Community Services of the Government of Newfoundland and Labrador. Its mission is to contribute to the effectiveness of the health and community service system of Newfoundland and Labrador and to the physical, social, psychological health and wellbeing of the province's population by supporting the development and the use of applied health research in this province. The Centre has three goals:

- I. to help build capacity in the province for doing high-quality applied health research;
- 2. to increase the amount of high-quality applied health research undertaken on issues identified by its major partners and its stakeholders as having high priority for the province's health system and for the health and wellbeing of its population; and
- 3. to foster more effective use of research evidence in the province's health and community services system.

# **Highlights**

The Centre has now completed its sixth full year of operations and its second under its new Strategic Plan and governance structures. Several new programs and activities have been introduced in the period since our last report. We have developed a comprehensive communications strategy that has led to the creation of an enhanced website as well as to new electronic newsletters and bulletins. Our capacity enhancement strategy includes new grant-writing and mentorship activities. And we have instituted a Scholar-in-Residence Program; the first holder of the award, Dr. Keith Cash, began work at the Centre in January 2006. In addition, the Centre has begun work in a new area, Health Technology Assessment, as part of its emerging collaboration with the Regional Liaison Office of the Canadian Coordinating Office for Health Technology Assessment (CCOHTA) which is housed at the Centre. In October, 2005, our second Stakeholder Forum was held at the Fairmont Hotel to assess the Centre's performance in fulfilling the targets set in the 2004 Strategic Plan and to plan priorities and activities for 2005-6. A full report on this very successful meeting can be found on the NLCAHR website.

# Governance

#### The Board

For the period under review, the membership of the Board was as follows:

Organization	Position	Name
Faculty of Medicine, MUN (Chair)	Dean	Dr. James Rourke
Department of Health and Community Services	Deputy Minister	John Abbott
Health Care Corporation of St. John's	CEO	George Tilley
Newfoundland and Labrador Health Boards Association	Executive Director	John Peddle
Memorial University	Vice-President (Research and International Relations)	Dr. Christopher Loomis
Newfoundland and Labrador Centre for Health Information	CEO	Steve O'Reilly
NLCAHR Research Advisory Council	Delegate	Dr. Penny Moody- Corbett
NLCAHR (member ex officio)	Director	Dr. Stephen Bornstein

During the period under review, the Board met 7 times.

# The Research Advisory Council

For the period under consideration, the membership (with the Centre's Director as Chair) was as follows:

Organization	Representative	Title
Faculty of Medicine, Community Health, Health Research Unit	Dr. Doreen Neville	Assistant Professor
Dr. H. Bliss Murphy Cancer Centre	Dr. Gerard Farrell	Clinical Associate for Medical Oncology
School of Nursing, MUN	Dr. Alice Gaudine Dr. Shirley Solberg	Associate Director/Acting Associate Director Graduate Program and Research
NF & Lab. Centre for Health Information	Mr. Don MacDonald	Director Product Development
Faculty of Medicine, MUN	Dr. Penny Moody-Corbett	Assistant Dean, Research and Graduate Studies
Faculty of Science, MUN	Dr. David Schneider	Associate Dean of Research
Patient Research Centre, Health Sciences Centre	Dr. Sean Murphy	Assistant Professor, Nephrology and Clinical Epidemiology
Faculty of Arts, MUN SafetyNet	Dr. Barbara Neis	Associate Professor, Sociology Co-Director, SafetyNet
School of Pharmacy, MUN	Dr. Debbie Kelly	Assistant Professor
TETRA	Dr. Carl Robbins	Chair

Discipline of Genetics, Faculty of Medicine, MUN	Dr. Ban Younghusband	Interim Chair
School of Social Work, MUN	Dr. Shelly Birnie-Lefcovitch	Director
Centre for Nursing Studies	Dr. Anne Kearney	Coordinator, Office of Nursing Research

The Research Advisory Council met on January 25, 2005 and August 25, 2005. The Council also advised the Director on a number of key funding and granting policy decisions through periodic e-mail consultations. In keeping with the recommendations of the Strategic Plan, members of the Council have now agreed to make themselves available as required to participate in the research mentorship and grant pre-review programs that are part of the Centre's enhanced activities in the area of capacity development (see below).

Particular thanks are due to those members of the Council who have served on the Peer Review Committee that adjudicated the Centre's awards and fellowships competitions. For the 2005-6 cycle, this group consisted of Dr. Shelley Birnie-Lefcovitch, Dr. Sean Murphy, Dr. Doreen Neville and Dr. David Schneider, who filled the newly created role of 'scientific officer'. The other two members of the committee were Dr. Brian Curtis of the Faculty of Medicine and Dr. Thérèse Stuckel, Vice President of the Institute for Clinical Evaluative Sciences in Toronto.

# Administrative Matters

#### Personnel

During the current reporting period, three significant changes occurred in the Centre's staffing. Theresa Mackenzie, our Manager of Knowledge Exchange and Capacity Development, took a 6month leave of absence beginning in October 2005, during which she was replaced by Joanne O'Neill-Sherrard. Ms. Laurie Twells has begun full-time work on her doctoral dissertation and her role as Coordinator of Research has been taken over by Janice Butler with part-time assistance from Luke Power and Dennis Stavrou. In addition, Todd Jeans has taken over the position of IT technician.

The Centre's budget supported half of the salary for **Elizabeth Hatfield**, Manager of the Clinical Research Program in the Faculty of Medicine. Ms. Hatfield facilitates and promotes interdisciplinary clinical and applied health research within the Faculty of Medicine, and helps to develop linkages between the Faculty of Medicine and Eastern Health.

#### **Co-located Units**

The SafetyNet research program in workplace health and safety continues to share the Centre's office space and facilities, as agreed to by the Board and the University as part of the original application for funding to the Canadian Institutes for Health Research under its 'Community Alliances for Health Research' program. SafetyNet, with Dr. Bornstein as its co-director and co-principal investigator (with Dr. Barbara Neis of Sociology), is now in the final year of its initial five-year CIHR grant but has acquired subsequent funding from CIHR and other agencies. Since the spring of 2005, SafetyNet has been undertaking a broadly consultative strategic planning exercise to determine its role in the future of health and safety research, training and clinical activities in the province.

As noted above, the Centre has continued the relationship it started in 2004 with the Newfoundland and Labrador Liaison Office of the Canadian Coordinating Office for Health Technology Assessment (CCOHTA). The Provincial Liaison Officer, Sheila Tucker, rents an office in NLCAHR's space and has worked with us to develop collaborative activities to enhance the use of evidence in the making of public policy and clinical decisions in the province's health system. The most noteworthy embodiment of this collaborative effort has been a pilot program for executive training in the use of health technology assessment materials that was funded by a competitive grant from CCOHTA in Fiscal 2005-6 and that will be described in greater detail below.

# Funding Programs

#### Awards Programs, 2004-2005

The Centre has been mandated by the government to support applied health research and graduate training in the province, both directly through the allocation of grants and fellowships and indirectly by helping attract funding from external granting agencies.

The Centre's funding activities are aimed at research initiated by investigators resident in Newfoundland and Labrador and currently take five forms: research grants, graduate student and postdoctoral fellowships, visiting scholars' grants and two new programs offered for the first time—the Scholar-in-Residence Program and the Establishment Grants Program.

#### I. Research Grants

#### Development Grants

The Centre's Development Grants are designed to assist in the development of effective research teams in Newfoundland and Labrador capable of obtaining funding from national and international granting agencies in the area of applied health research. These grants are intended to perform one or more of the following functions:

- 1. Fund the development of new letters of intent and research proposals for submission to national and international funding competitions
- 2. Support the enhancement and resubmission of research proposals to external funding agencies, including those that have received a high scientific merit score in external funding competitions but did not secure funding

NLCAHR received four applications for the 2004-2005 Development Grant competition. Two of these applications were awarded funding.

Investigators	Project Title	Funding
<b>Dr. Maria Mathews</b> with Dr. James Rourke	"The impact of provincial licensing requirements on the retention of international medical graduates in Newfoundland and Labrador"	\$ 10,000
<b>Dr. Peter Wang</b> with Dr. Sharon Buehler, Daniel Squire, and Maria Mathews	"Examining gender differences in quality of life and health outcomes after hip fractures in elderly Canadians"	\$ 9,800

### • Project Grants (January 2005)

Project grants 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. During the 2004-2005 funding cycle, there was one call for Project Grants which received 13 applications. The Review Committee recommended one project for funding.

Principal Investigators	Project Title	Funding
<b>Dr. Tracey Bridger</b> with Don MacDonald, Laurie Twells, John Knight, Reza Alaghehbandan, Yue Chen	"Health services utilization, associated factors, and cost of health service use among obese vs. non- obese populations in Newfoundland and Labrador"	\$ 37,110

#### 2. Fellowships

As part of the Centre's mandate to support the training and development of new health researchers in the province, the Fellowship Program is designed to facilitate applied health research through awards to students and post-doctoral fellows studying in Newfoundland and Labrador. Fellowships are divided into three types: Master's Fellowships, Doctoral Fellowships, and Post-Doctoral Fellowships.

NLCAHR received seven applications for Master's Fellowships and awarded two fellowships of \$18,000 each, renewable for two years. There were five applicants for Doctoral Fellowships and the Centre awarded one renewable Fellowship of \$20,000. NLCAHR also renewed one Post-doctoral Fellowship for \$43,000. The Master's and Doctoral Fellowships are funded on the basis of an arrangement for co-funding with Memorial University's School of Graduate Studies. In addition to these new awards, we are continuing to fund a number of multi-year fellowships that were initially awarded in previous years. The successful fellowship applicants for 2004 – 2005 were:

Grantee	Program	Project Title	Award
Aaron Kennedy*	Master of Science, Human Genetics	"Accuracy of BMI to estimate obesity: A parallel comparison with Dual-energy X-ray absorptionmetry in a large healthy Newfoundland population"	\$18,000 per year for up to 2 years
Brian Dalton	Master of Science, Exercise Physiology/Kinesiology	"Music and noise affecting simulated driving, vigilance, and cognitive performance"	\$18,000 per year for up to 2 years
Andrea Kitta	PhD, Folklore	Modification of the Infant Contrast Sensitivity Card Procedure	\$20,000 per year renewable for up to 2 years
<b>Total fellowships for the 2005-2006 funding cycle</b> * note that Aaron Kennedy declined this award when his student status changed from full-time to part-time.			\$ 56,000

Funding is continuing for the following fellowships that were awarded last year:

Grantee	Program	Project Title	Award
Melanie Noel	Master of Science, Developmental Psychology		\$18,000
Sylvia Reitmanova	Master of Science, Community Health		\$18,000
James Drover*	PhD, Developmental Psychology	Modification of the Infant Contrast Sensitivity Card Procedure	\$20,000 **
Dr. Nicole Power	Post-doctoral fellowship	Being a 'real fisherman': how masculinity mediates workplace safety practices and perceptions of risk, safety and health among Newfoundland fish harvesters in changing times	\$43,000 for 1 year
	for the 2004-2005 funding	<b>cycle</b> than expected and used only a portion of this funding.	\$ 99,000

#### 3. Visiting Scholars Grants

In its program for assisting Newfoundland research and academic organizations to bring in scholars from out of the province, NLCAHR provided the following funding in 2003-2004:

Grantee	Sponsoring Unit	Торіс	NLCAHR Contribution
Nigel Rusted Lecture in Humanities and Medicine	Organizing Committee	Dr. Michael Bliss, University of Toronto, "From Osler to Insulin: The Coming of the Age of Medical Miracles"	\$1,000

#### 4. Scholar-in-Residence Program

This new initiative of the Centre aims to bring to the province established scholars who are actively involved in research linked to the Centre's priority themes. The program accepted its first visiting scholar in January 2006, Dr. Keith Cash, a retired Professor of Nursing from Leeds Metropolitan University in the United Kingdom. He arrived from Damascus, Syria where he is a consultant for the World Health Organization advising on primary health care and national nursing reforms. During his tenure, Dr. Cash will collaborate with NLCAHR-affiliated researchers and work with graduate students. In February 2005, he presented a public lecture on men's health. He has also been collaborating with the School of Nursing to help develop and implement a doctoral program.

#### 5. Establishment Grants

Establishment Grants were created in 2005 to facilitate the recruitment of new applied health researchers to faculty positions in the province by providing research funding to top up employment offers. The grants are not meant to replace existing research funding that would be provided as part of a start-up package but to make it possible for academic units to attract and retain the strongest candidates through enhanced employment offers.

Grants of \$15,000 are available to academic units intending to hire full-time, tenure-track or tenured academic staff and are also open to appointments of clinical professors but only if their position includes at least 33.3% fully protected time for research (in addition to clinical and teaching responsibilities).

During its first year of operations, this program received some interest from academic units that were making offers to prospective new faculty members but, in the end, no formal applications were received. We hope to be able to make our first award in the coming round of academic appointments.

#### Awards Program for 2006

Announcements were widely circulated for the various components of the 2006 awards programs. Except in the case of the Master's Fellowships, the awarding of funding in all programs gives priority to applications that focus on the three priority research areas identified by the 2005 Planning Day (population health and health services challenges of Newfoundland and Labrador; health promotion and wellness; and efficiency and effectiveness of the provincial health system).

Announcements of the results of the competition for research grants will be made in late May 2006 and in June 2006 for the fellowships competition. As with the 2005 cycle, interest in the Development Grants has been disappointing. The Research Advisory Council will be asked to review this program and to suggest changes that can make it more attractive and relevant to the current needs of researchers and research programs.

In October 2005 the Centre began collecting and disseminating research reports for research projects funded through the Centre. These reports are posted on our website with links to published articles where available.

## **Collaborative Activities**

#### **Collaboration with Other Newfoundland Research Organizations**

The Centre has continued to cultivate active and synergetic relationships with other health research organizations working in the province. The relationships developed in past years with the Clinical Epidemiology research unit, with the Health Research Unit of the Division of Community Health of the Faculty of Medicine, have all been reinforced, as has cooperation with Memorial's recently renamed Leslie Harris Centre for Policy Research. Based on a decision of the Board, a special effort was initiated, beginning in the winter of 2006, to enhance collaboration between the Centre and the Newfoundland and Labrador Centre for Health Information with a focus on the increased utilization of the province's administrative health data to answer research questions of practical interest to the health system.

#### **Collaboration with External Funding Programs**

The Centre has continued to cultivate its working relationship with the Canadian Health Services Research Foundation (CHSRF) by participating in a variety of its national and regional meetings and by continuing to act as a Third-Party Co-Sponsor for the final year of its annual Open Grants Competition. In the current year, we have been co-funding the following CHSRF grants involving Newfoundland and Labrador researchers.

Principal Investigators	Project Title	Funding
<b>Linda O'Brien-Pallas</b> , Gail Tomblin Murphy, Judith Shamian	Understanding the Costs and Outcomes of Nurses' Turnover in Canadian Hospitals	\$ 20,000 per year renewable for 3 years
Total Funding Awarded in 2003-4		\$ 20,000

As of 2005, the focus of this collaborative funding has shifted from CHSRF to CIHR, as the CHSRF Open Grants competition has been transferred to the CIHR's Institute for Health Services and Policy Research (IHSPR)—CIHR will now administer it as a Partnership for Health System Improvement Grant. The Centre has agreed to continue to co-fund this award with the same level of financial commitment (up to \$30,000 per project per year for up to 3 years per project). We have, however, tightened up the criteria for co-funding so that, to qualify, a research project must normally have as one its principal investigators a researcher based in this province.

#### **Rural Health Research**

The Centre continues to play an active role in the development of rural health research in this country. The Director continues to serve on the executive of the Canadian Society for Rural Health Research and on the Scientific Advisory Committee of CIHR's Rural and Northern Strategic Research Initiative. In addition, in conjunction with the new 'affinity group' on rural and aboriginal health research (see below), we have begun a collaboration with the Atlantic Aboriginal Health Research Program (AAHRP), one of eight Aboriginal Capacity and Development Research Environments (ACADRE) across Canada, as part of the CIHR Institute of Aboriginal People's Health. A conference is planned for May 16 – 18, 2006, in Happy Valley – Goose Bay, Labrador. The conference goal is to connect university-based researchers with community-based needs by developing partnerships to identify needs, secure funding, carry out research and apply research results in ways that bring about positive change.

#### National Alliance of Provincial Health Research Organizations

The Centre has continued to participate in this alliance, which brings together the directors of the country's principal provincial health research funding organizations. The Alliance is currently chaired by the CEO of the Michael Smith Foundation for Health Research (British Columbia) and co-chaired by the

Nova Scotia Foundation for Health Research. Although, compared to many of the other member organizations, such as Quebec's Fondation de la Recherche en Santé du Québec (FRSQ) or the Alberta Heritage Foundation for Medical Research, NLCAHR is a small player that distributes very limited funding, membership in this group has provided an opportunity to learn about interesting approaches to program design, grant administration and data management.

#### Centre Directors Network in Health Services and Policy Research

The Director continues to serve as co-chair of this relatively new network that is funded partly by the member organizations and partly by contributions from the Canadian Health Services Research Foundation (CHSRF) and CIHR's Institute for Health Services and Policy Research (IHSPR). The network brings together, by both telephone conferences and bi-annual face-to-face meetings, the directors of ten research units in various parts of the country to: share ideas on administrative, knowledge exchange and capacity development programs; to facilitate data sharing and collaborative research activities; and to coordinate efforts to promote national funding opportunities for applied health researchers and centres. The Alliance is currently applying to CHSRF and IHSPR for enhanced multi-year funding and administrative support.

#### Canadian Coalition for Health Research/ Research Canada

The Centre has also maintained its membership, initiated in 2002, of the Canadian Coalition for Health Research (now renamed 'Research Canada'), an organization of health research centres and teaching hospitals across the country working to publicize the achievements and needs of health research organizations and to lobby for increased research funding.

# Work with Key Stakeholders

#### I. Knowledge Transfer Health Policy Seminars with DHCS

Enhancing the research culture within the provincial Ministry is one important step in moving toward better evidence-based decision-making. In September 2003, the Department of Health and Community Services and the Centre discussed opportunities to improve the use of research in the making of policy decisions. It was agreed that regular discussions of recent research and its potential relevance to current Department issues would help improve policy makers' skills in using research and in formulating researchable questions.

In collaboration with the Department, we developed a series of lunchtime research seminars to allow employees of the Department and Centre-affiliated staff and researchers to address the scientific underpinnings of current health and social policy issues. These seminars took place on a regular basis throughout the year and are on-going.

The purpose of the series of seminars is fourfold:

- to introduce to DHCS important new health and social policy research, particularly in the area of health services research;
- to establish a process for identifying provincial health research priorities for attention by NLCAHR;
- to improve the skills of government participants in developing researchable projects, assimilating research evidence and integrating it into their decision-making activities;
- to enhance the capacity of university-based researchers to work with policy makers in formulating research questions, carrying out research, and communicating the results.

Three seminars took place between November 2004 and December 2005. The sessions highlighted the relevance of up-to-date research, both at MUN and elsewhere, to the priority policy issues confronting the Department and the province. The sessions were:

- The United Kingdom's 10 High Impact Changes for Service Improvement and Delivery How Might They Apply to Newfoundland and Labrador? Janice Butler, MN, NLCAHR and Dr. James Rourke, Dean of Medicine, MUN
- Performance Agreements, Dr. Travor Brown, Associate Professor, Faculty of Business, MUN, and Performance Contracts and Newfoundland and Labrador's Regional Economic Development Boards: Initial Framework and Lessons Learned, Dr. Rob Greenwood, Director, Leslie Harris Centre of Regional Policy and Development, MUN
- Closer to Home: The Burden of Out-of-pocket Expenses on Cancer Patients in Newfoundland and Labrador, Dr. Maria Mathews, Faculty of Medicine, MUN

During the winter of 2005-6, the Centre devoted considerable attention to working with the Department to develop a roster of topics for future sessions of the seminar. The focus was on identifying research work, both in the province and elsewhere, that would be of an interest to the Department's staff. A list of potential topics has been presented to the Department and is currently under review. Future seminar presentations will take advantage of the expertise of health researchers at Memorial University in combination with that of researchers from academic institutions and research organizations across the country.

#### 2. Commissioned Research

#### Impact of the 2002 Physicians' Strike

As indicated in the previous Annual Report, the Centre's study of the impact of the doctors' strike on health service utilization and health outcomes was submitted in preliminary draft form because of difficulties in securing a full set of data for all regions of the province. In February 2005, a revised version of the report was submitted based on all available data.

#### Possible Impact of Strikes in Long-Term Care

In February 2005, a proposal for research on work stoppages in long-term care facilities was developed by the Centre. The first part of the study was a review of the published and 'grey' literature on work stoppages in long-term care facilities within the province, in other Canadian jurisdictions, and elsewhere. While Canada was found to have considerable experience with such work stoppages, there was little published literature on them, especially on the question of their impact on patient outcomes, and it proved difficult to gain access to internal, unpublished reports. The published literature contained some guidance about patient care indicators and how to measure them, the assessment of patient and family satisfaction, and the impact of work stoppages on employees. A second planned component of the study, the analysis of labour relations regimes in the province's long-term care system, with special emphasis on the procedures in place for managing patient care during a work stoppage, was not carried out.

#### The Epidemiology of Obesity and Overweight in Newfoundland and Labrador

Prior to her departure to write a doctoral dissertation on obesity in Newfoundland and Labrador, NLCAHR researcher Laurie Twells prepared a report on the extent and nature of the obesity and overweight problem in the province. Her findings document the extent of the problem and analyze its distribution in terms of age, gender and location. The report can be found on the Centre's website.

#### **Oral Health Strategy and the Dental Provider Survey**

In April 2005, at the request of the Department of Health and Community Services, the Centre developed a proposal for assessing the oral health status of adults and children in the province as well as the distribution and utilization of dental care services, so as to provide empirical evidence to inform the development of a provincial oral health strategy. Over the summer, the Centre conducted a survey of dental providers in the province. The objectives of the survey were to describe dentists' participation in, and satisfaction with, the current Dental Health Plan, and to gather input about the requirements of a successful plan.

The survey was sent to all dental providers registered to practice in this province and there was a 55% response rate. The respondents expressed high levels of dissatisfaction with several key aspects of the current plan, including: the low fees paid to dentists which resulted in the practice of balance billing of patients; the eligibility criteria, which overlooked the working poor, patients requiring essential medical care, and seniors living on low incomes; and the list of eligible procedures covered under the plan. The majority of dentists supported universal oral health care for children up to age 17 years. The final report of this survey was provided to the DHCS and the results were presented at the NLCAHR Stakeholder Forum in October 2005.

#### 4. Research Workshops

#### Research Forum on Obesity and Healthy Body Weight

In October 2004, the Centre hosted a forum of experts to discuss recent research on obesity and healthy body weight. More than 100 researchers, practitioners, and decision-makers from this province from elsewhere in Canada participated in the one-day event. The keynote speaker was Dr. Diane Finegood, Scientific Director of CIHR's Institute of Nutrition, Metabolism and Diabetes. The event was divided into three panel sessions focusing on: prevalence and measurement of obesity; intervention and prevention strategies; and current research on the problem of obesity in Newfoundland and Labrador.

#### **Research Affinity Groups**

Beginning in September 2005, the Centre coordinated a series of opportunities for researchers with similar interests to meet twice a year and discuss research activities and projects, funding opportunities and concerns. The purpose of these affinity groups is to facilitate networking in health research and knowledge exchange. The first affinity group on Rural and Aboriginal Health met in September 2005 and again in January 2006. One of the main outcomes from this affinity group has been a collaborative initiative with the Atlantic Aboriginal Health Research Program (AAHRP) in the planning of a conference on developing community-university partnerships in rural an aboriginal health, to be held in Labrador in May 2006. A second affinity group is being developed in the area of Women's Health and/or Gender and Health with a plan to hold the inaugural meeting in May 2006.

#### **Upcoming Symposium on Genetics**

NLCAHR is planning a symposium on Innovations in Genetic Research to be held in late October 2006. A steering committee of key stakeholders in genetics research and ethics at Memorial University met in March 2006 to discuss the preliminary plans for a symposium that will bring together local researchers and external experts in the field of genetics and ethics. Some of the proposed conference themes are: population architecture and genetic research; gene discovery research in founder populations; clinical applications of new genetics and genomics research; and ethical challenges in genetics research. The symposium will include a special event organized for graduate students as well as opportunities for networking amongst researchers, policy makers, health system decision makers, and health professionals.

#### 5. New Initiatives in Knowledge Transfer and Communications

The Centre developed a new Communications Strategy in late 2004. The strategy included the development of several new activities in the area of communications and knowledge exchange, including the following:

#### Website

The NLCAHR website was completely re-designed in 2005 to improve navigation and usefulness. The site now profiles NLCAHR-funded researchers and their work, offers up-to-date information on funding and conferences, and provides many useful links and tools to assist researchers and others interested in applied health research.

#### Newsletter

NLCAHR began publishing a quarterly newsletter in October 2004. The newsletter provides information on initiatives of the centre, profiles locally-relevant research, and offers other information of interest to the community.

#### E-Bulletin

The Centre uses an electronic bulletin to announce time-sensitive information including news about recent awards or upcoming deadlines for the Centre's various programs. It is distributed on an asneeded basis and, like the newsletter, is archived on our website.

#### CCOHTA Grant

NLCAHR is a partner in a knowledge transfer and exchange project, funded by the Canadian Agency for Drugs and Technologies in Health (CADTH, formerly known as CCOHTA). Dr. Pat Parfrey is Principal Investigator of the project entitled "Enhancing HTA understanding and utilization: targeting current and future decision-makers in Newfoundland and Labrador".

This two-phase project is currently in the second phase of development. The first phase involved offering a two-day seminar on the significance, interpretation and use of HTA products for health system executives and decision-makers within the province. The teaching team for this seminar was created by pairing a team of local researchers with an advisory group of five national experts. The local team consisted of: Dr. Patrick Parfrey, Dr. Richard Audas, Dr. Brendan Barrett, Dr. Stephen Bornstein, Dr. Michael Doyle and Dr. Roy West. The advisory group consisted of Dr. Rainer Banken (AETMIS, Montreal), Dr. Renaldo Battista (Université de Montréal), , Dr. Lonny Erickson (McGill University and AETMIS), Dr. Don Juzwishin (Alberta Heritage Foundation for Medical Research), and Dr. Les Levin (Government of Ontario, Ministry of Health and Long-Term Care). This executive seminar will be repeated, with the instruction being provided primarily by the local research team, in the fall of 2006.

The second phase of the project involves a master's-level course that will be jointly sponsored at Memorial University by the graduate program of the Division of Community Health and the Graduate Program in Clinical Epidemiology. The course has been developed by Dr. Richard Audas and Dr. Michael Doyle with input and advice from the advisory group. The course will be offered as a 'special topics' course in the fall term of 2006.

One incidental, but promising, outcome of this grant was a decision by the research team, with the support of the external advisory group, to apply for a second CCOHTA grant. The objective of the project is to develop a pilot project in 'contextualized synthesis' of health technology evidence. During discussions at the Executive Seminar, it became clear that, in order to secure a substantial increase in

the use and implementation of such evidence in this province, it was not sufficient to train decision makers to read and use these materials--it was necessary to make these materials more accessible and relevant to the needs, challenges and realistic policy options of these executives. Since this province does not have the resources to undertake independent HTA studies on its own, the idea emerged of creating a small unit, based at NLCAHR, that would work with health system executives to select a number of pertinent HTA issues they would be facing and to produce, for each question, a review and synthesis of major studies done elsewhere but with the findings interpreted so as to be directly relevant to Newfoundland and Labrador conditions and capacities. A successful application to establish such a synthesis unit on a pilot basis was developed by the team, under the leadership of Stephen Bornstein, and submitted to CCOHTA 2006 competition. The pilot program will be carried out during the coming fiscal year.

#### 6. New Initiatives in Capacity Development

The Centre has produced a Capacity Development Strategy to help us meet some of our primary objectives as an organization. The strategy was produced in consultation with several stakeholders, including the Office of Research and the Office of Research and Graduate Studies in the Faculty of Medicine. Some of the activities arising from the strategy include:

- Grant-writing workshops for researchers and graduate students: the first of these workshops was implemented in September 2005 and offered participants the opportunity to refine their skills, learn more about researcher's roles and the peer review process. Due to the overwhelming success and demand, we are currently planning another two-day workshop for October 2006.
- Grantsmanship information sharing: the website has been updated to provide resources to assist researchers in preparing successful grant applications. The website also offers information on professional development and funding opportunities.
- Heath Technology Assessment Training: CCOHTA/CADTH funded projects are helping us build capacity in this area.
- Other Workshops and Activities: the Centre will continue to host other training opportunities such as the Community Accounts training session in May 2005.

# Financial situation

#### Expenditures from December 2004 - March 2006

Item	Amount	
Salaries and benefits	414,606	
Operations	80,000	
Project and Development Grants	102,546	
Scholar-in-Residence Program	9,500	
Fellowships	158,000	
Directed research	119,500	
Support for Clinical Research Program, Faculty of Medicine	32,373	
Pay back to Eastern Health	30,000	
Total	946,525	

As of the end of March 2006 the Centre had a cash balance of \$440,000. Income for the period beginning April I, 2006 and ending on March 31, 2007 is expected to be \$500,000, our regular annual allocation from the Department of Health and Community Services. For **fiscal year 2006-2007**, we project a moderate increase in overall costs in order to continue our activities at the same level as last year, allow for ongoing fellowship commitments, upgrading of staff and inflation, and add a few new programs as described below.

# **Future directions**

In the coming year, the Centre will focus its attention on four priority areas:

- improving the services we provide to the research community by developing new Affinity Groups in such areas as women's health/gender and health, applied genetics, and other areas that seem appropriate; by strengthening our researcher support programs such as the mentorship program and our grant-writing support programs; and by developing a searchable database of researchers and research activities in applied health in the province;
- enhancing our role in knowledge transfer in the area of health technology assessment by continuing to support and improve the executive seminar and the graduate course developed this year, and by developing the capacity to provide 'contextualized research synthesis' in HTA, through our second CADTH grant
- strengthening the services we provide to the provincial health system by redesigning and reinvigorating our knowledge exchange seminar with the Department of Health and Community Services; by seeking to work with the new regional integrated health authorities to develop knowledge exchange activities involving them; and by developing a new program, based on the methods being developed in our CCOHTA pilot project, for doing 'contextualized research synthesis' on non-technological issues of health policy and health services; and
- expanding our collaboration with the Newfoundland and Labrador Centre for Health Information by developing plans for coordinated research and capacity development activities.