

# GROWTH & CHANGE

Newfoundland & Labrador Centre for

## APPLIED HEALTH RESEARCH

[www.nlcahr.mun.ca](http://www.nlcahr.mun.ca)

Annual Report 2021-2022



*“Still, as the spiral grew, he left the past year's dwelling for the new.”*

-Oliver Wendell Holmes



The nautilus shell is a symbol of growth and change — outward growth and the kind of change that is not linear but a spiral. The spiral reflects how we experience growth and change: we cycle back and forth to revisit learning opportunities and in so doing, we learn to see them from different perspectives, with new insight and awareness.

The nautilus continually builds new and larger chambers to encompass new stages of growth. For all of us here at NLCAHR, this notion of building on our existing strengths is an apt metaphor for the change and renewal we've experienced this year. It also seems fitting to consider how that opening shell reflects our collective desire to emerge from the global pandemic and return to a more outward-looking approach to the world all around us.

# GREETINGS

from the Chair of the Board

The past year has certainly been marked by growth and change at the Newfoundland and Labrador Centre for Applied Health Research (NLCAHR).

In August 2021, the Centre bid farewell to Dr. Stephen Bornstein, who founded NLCAHR in 1999 and served as its director for the ensuing twenty-two years.

We are pleased to pay tribute in this year's annual report to Dr. Bornstein's contributions to Memorial University and to NLCAHR.

The Centre's new interim director, Dr. Rick Audas, is a professor of health statistics and economics in the Faculty of Medicine's Division of Community Health and Humanities. Dr. Audas brings considerable expertise to his leadership role, with an impressive record of research and scholarship in health policy analysis, labour, education, human resources in healthcare, health technology assessments, and the costs and benefits of health services and medical care. Dr. Audas plans to connect NLCAHR with enhanced teaching and learning opportunities and to expand the Centre's role as a broker that connects researchers, the health system, and community partners with opportunities for collaboration and funding.

In the fall of 2021, the Faculty of Medicine welcomed the NLCAHR team to new offices on campus. We are delighted that NLCAHR is now housed within the former Community Health & Humanities office suites on the second floor of the Health Sciences Centre and we congratulate the team on managing the logistics for this big move!

Again this year, NLCAHR has supported pandemic-related healthcare and public health decisions through its *COVID-19 Quick Response Reports* and its bi-weekly *COVID-19 e-bulletins*, publications that have responded promptly to health system questions. At the time of writing, the Centre has published an impressive 89 COVID-19 reports and bulletins.

As you will read in this report, the Centre has also published four studies through the Contextualized Health Research Synthesis Program (CHRSP). A fruitful collaboration with health system and patient/caregiver partners this year has also resulted in a new, modified approach to CHRSP— one that is designed to make the program even more responsive to health system needs. These developments are especially important in light of the many health system changes now underway in Newfoundland and Labrador. Working closely with provincial leaders as the province responds to the final report of the NL Health Accord and the planned health authority restructuring, the team at NLCAHR is proactively supporting these changes by providing decision support and quality health evidence.

NLCAHR continues to engage with a growing number of community, university, and health system partners through its Research Exchange Groups. The newest group on Midwifery and Maternal Health has been a resounding success and groups dedicated to research on healthy built environments and on disability studies are now recruiting members with hopes of commencing activities in the coming year.

On March 28th, 2022, Dr. Brenda Wilson, Professor and Associate Dean of Community Health & Humanities at Memorial took on the role of acting chair of the NLCAHR board as I took on an additional role as the interim Vice President (VP) Academic and Provost at Memorial. On behalf of the NLCAHR Board of Directors, I thank Dr. Wilson for her service to the board and join with her in congratulating both Dr. Bornstein and Dr. Audas for ushering NLCAHR through this year of growth and change. In alignment with the Faculty of Medicine's strategic plan, the team at NLCAHR has, once again, through excellence in education, research and social accountability, worked to advance the health of the people and the communities we serve. Well done, team!

  
**Dr. Margaret Steele**

Dean, Faculty of Medicine, Memorial University,  
Chair of the Board, Newfoundland & Labrador Centre for Applied Health Research



# GREETINGS

from the Director



It has been a real honour to take on a leadership role as the NLCAHR director this year. In writing this, my first letter of greeting for the Centre's annual report, I am proud to highlight the accomplishments of our hard-working team and to take this opportunity to thank the staff for being so supportive of me as I learn the ropes. The staff at NLCAHR have risen to every challenge they've faced this year, including new leadership and a new location. In spite of a year marked by considerable change, they have continued to support evidence-informed decisions in healthcare and to foster social accountability through active public engagement across the province and around the world.

NLCAHR has always recognized the collective effort required to inform and support healthcare delivery. The Centre has supported provincial healthcare and community systems by listening to, and engaging directly with, the people we serve. In this year of growth and change, the team at NLCAHR has once again stepped up and reached out – connecting the university to the community through the Contextualized Health Research Synthesis Program (CHRSP) and through the dynamic Research Exchange Groups— both of these programs respect and nurture the diverse relationships that are at the heart of health and healthcare.

In 2021-2022, not only did the Centre publish its regular slate of CHRSP research reports, it also continued to publish *COVID-19 Quick Response Reports* in answer to specific pandemic-related questions from health and community partners, and *COVID-19 e-bulletins* that provided decision makers here and across Canada with regular updates on pandemic news and evidence. Our health and community partners in Newfoundland & Labrador and across Canada have expressed their gratitude to the Centre for quickly responding to changing needs for timely information in these difficult times.

Researchers in the Contextualized Health Research Synthesis Program (CHRSP) published four studies on topics identified as priorities for our health system. Moreover, they undertook an intensive and iterative collaboration with health system, community, and patient/caregiver partners to find ways that the CHRSP approach might be modified in future to respond more quickly and effectively to the growing demand for evidence to inform health system decisions.

In addition, NLCAHR's key community engagement program, the Research Exchange Groups has, through a move to virtual meetings and intentional engagement with a wide variety of participants, attracted higher than ever participation. This year, 22 active groups held over 100 meetings on a variety of topics. The collective membership in these groups now exceeds 1,500 partners from healthcare, university and community.

Here at the Centre, we are now planning more new and exciting activities for the coming year, including support for the Aging Research Centre-NL, implementing modifications to CHRSP, taking a new approach to CHRSP topic selection, providing decision support for health system transformation, and approaches that are designed to increase student participation and to expand teaching and learning opportunities in applied health research. I am confident that the team at NLCAHR will take on these new challenges with the dedication and commitment I have come to know over this past year.

I thank our staff, our board, and our many partners for your many contributions to NLCAHR's continued success this year and I look forward to continuing to work with you in the year ahead.

A blue ink handwritten signature of Dr. Rick Audas, consisting of stylized initials and a full name.

**Dr. Rick Audas**

Interim Director, Newfoundland and Labrador Centre for Applied Health Research



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## ABOUT

### The Newfoundland & Labrador Centre for Applied Health Research



In 1999, Memorial University's Board of Regents established the Newfoundland and Labrador Centre for Applied Health Research as a research centre within Memorial University. NLCAHR has, since that time, received its core funding from the Department of Health and Community Services with administrative support from the Faculty of Medicine. NLCAHR works across academic and health professional disciplines in close collaboration with government, the health system, and community partners to co-produce relevant and responsive applied health research, to build human capacity for carrying out such research, and to mobilize applied health research knowledge. To achieve these aims, its two key activities are the Contextualized Health Research Synthesis Program (CHRSP) and the Research Exchange Groups (REG) Program, which are detailed in this report. The Centre also plays a brokering role, helping to connect the university with community, health system, and government partners, to foster new research opportunities, to seek funding for applied health research, and to support community-led projects by facilitating community- university partnerships and research collaborations.

#### Vision

To improve the health of individuals and communities through innovative applied health research, education, and engagement programs and to foster a culture of genuine respect for the diversity of perspectives and expertise that community partners bring to enrich and inform research and policy making.



#### Mission

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.



#### Goals

Through inclusive community engagement, NLCAHR has three principal goals:

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



#### Governance

The Director manages NLCAHR and reports to a Board of Directors that supports and guides the Centre's strategic decisions. The Board of Directors is chaired by the Dean of the Faculty of Medicine of Memorial University and includes representatives from the Department of Health and Community Services, the Department of Children, Seniors, and Social Development, and Eastern Health.

## A Tribute to Dr. Stephen Bornstein NLCAHR Director 1999 to 2021

In this year of considerable change, perhaps the most significant event at NLCAHR was the retirement of our Director, Dr. Stephen Bornstein. On behalf of our new Interim Director, Dr. Rick Audas, the NLCAHR team, its Board of Directors, and its many partners past and present, we wish to convey our gratitude to Dr. Bornstein for his inspirational leadership for over twenty years. The growth and innovations he introduced since he began as the founding leader of this fledgling research centre in 1999 have propelled NLCAHR's mission to foster applied health research and public engagement and to create a culture of respect for the diverse perspectives that community partners bring to research and policy making.



Dr. Bornstein ushered the Centre through ongoing growth, change, and innovation, increasing its productivity and raising its profile in the areas of research, health system decision support, public engagement, and integrated knowledge translation. Importantly, he established the Contextualized Health Research Synthesis Program (CHRSP) and the Research Exchange Groups Program to support the use of evidence in provincial decision making. His participation in numerous national organizations was instrumental in connecting our work with that of similar centres across Canada. Through tireless collaboration and profile-raising activities, Dr. Bornstein attracted both attention and funding for NLCAHR's work across Canada and internationally.

Before he arrived at Memorial University in 1999, Dr. Bornstein had completed an undergraduate degree in history at the University of Toronto and had obtained both a Master's degree and a Ph.D. in political science at Harvard University. His doctoral research on French politics and industrial relations brought him to Paris. After that, he did a year of post-doctoral research at the London School of Economics working with a Harvard-based team on a book about European trade unions in the context of the economic downturn of the mid-1970s. His academic career began in 1979 at McGill University where he held various positions including Associate Dean, Faculty of Graduate Studies and Research from 1990 to 1991 and Associate Professor of Political Science from 1996 to 1999. From 1990 to 1995, he worked for the government of Ontario as Assistant Deputy Minister of Intergovernmental Affairs. Here at Memorial, he directed two research centres, NLCAHR and the SafetyNet Centre for Occupational Health & Safety Research (co-directed with Dr. Barbara Neis) and held a joint appointment as a full professor in the Department of Political Science in the Faculty of Humanities and Social Sciences and in the Division of Community Health and Humanities in the Faculty of Medicine. He was also a key proponent of Memorial's Aging Research Centre (ARC-NL) which he helped to establish in partnership with NLCAHR's Research Exchange Group on Aging.

Dr. Bornstein's work as a researcher includes an impressive list of publications on a wide variety of topics: health system organization, knowledge translation, research methods, and occupational health and safety. Most recently, he was lead author of "The Newfoundland and Labrador Health System: A Profile," a critical analysis of how the healthcare system has been developed and managed in Canada's youngest province. Another significant career achievement with important implications for the people of this province was Dr. Bornstein's role in co-creating the Baie Verte Miners' Registry to help track the work records, asbestos exposure, and health history of workers at the Baie Verte asbestos mine and mill and to contribute to ongoing academic and political debates about the health consequences of exposure to crysotile asbestos.

Here at NLCAHR, Dr. Bornstein's unwavering support and mentorship for staff and funded researchers alike not only encouraged professional growth and helped to launch many successful research careers, but also created a highly collegial workplace, marked by a great deal of laughter and good humour. His legacy at NLCAHR in setting the tone for a joyful workplace is an achievement that, for those with whom he worked, is of parallel importance to his many academic accomplishments.

The following is a transcript of our informal "exit interview" with Dr. Bornstein.



**Q| Have you always had an interest in public policy? What catalyst triggered your political science interests?**

A| I have always been interested in how governments operate and how in advanced industrial societies, governments provide services, including medical services, to their citizens.

**Q| Was there a particular mentor or inspiration for your studies/ career track?**

A| At the University of Toronto, I was particularly influenced by a professor of Political Science, Dr. Stephen Dupré, who steered me towards political science rather than history, and towards Harvard University.

**Q| When and why did you come to Newfoundland and Labrador?**

A| I came here because I had fallen in love with a terrific woman who was based here. I was at McGill at the time and Noreen Golfman was a visiting scholar during the summer of 1996. She returned to Memorial and we commuted for a couple of years but ran out of Aeroplan points and cash and decided to get married. I got a sabbatical from McGill, came to St. John's for a year, and was offered a position at Memorial. The rest is history.

**Q| How was that transition? Tell us about your early days here in St. John's.**

A| In my first year or two here, I was puzzled and delighted by how friendly and helpful Noreen's friends were to me. What I discovered was that one of them, the late Paul Pope, had put out instructions that everybody needed to go out of their way to make me feel welcome so that I wouldn't take Noreen back to Montreal with me. It was Noreen they were concerned about, not me.

**Q| Was there anything special (apart from Noreen!!) about this place that made you want to remain here?**

A| It was certainly not the cuisine or the climate! What especially attracted me here was that, aside from Cambridge, Massachusetts, there were more intelligent, amusing, and talented people here per square mile than anywhere I had ever been.

**Q| What led you to become the director here at NLCAHR?**

A| While I was in St. John's on sabbatical, the leaders of the health system here were in the process of creating a research centre that would help provide evidence to enhance the quality of health services and help reduce their costs. They were pretty much ready to go, but the person they had picked to lead the new centre left suddenly for Alberta and they needed to find a replacement. At the time, my only involvement with health research had been an incomplete project comparing the way different developed countries were dealing with the scandal of tainted blood transfusion supplies. So my connection to health services was via scandals (I had also written about a political and national security scandal in France). The outline for the Centre was already in place but what it needed was a leader and a plan for what it would do and how it would contribute to the province's health system. My familiarity with public policy in general and my experience as an assistant deputy minister in the Ontario Government during the Bob Rae years made me seem like a suitable candidate.

**Q| Tell us about NLCAHR's humble origins.**

A| We started in two rooms (with no windows) in the basement of the Health Sciences Centre but with what looked like solid funding from the provincial government and enthusiastic support from the Dean of Medicine at the time, Dr. Ian Bowmer, and from the Dean of Arts, Dr. Terry Murphy. My first big disappointment was

realizing that what looked like a substantial budget allocation was actually two years of funding rolled together. After that, NLCAHR had to make do with half that amount, which was never quite enough.

**Q| What are some of your proudest achievements during your time at Memorial?**

A| I am proud of having kept NLCAHR going for over 20 years through years of limited funding, and having put together a skilled and congenial staff. My proudest achievement is the creation and development of the Contextualized Health Research Synthesis Program (CHRSP) which has allowed a small team of researchers to build a productive partnership with the provincial health system. CHRSP has allowed a fiscally and demographically challenged system to make effective use of up-to-date and locally relevant scientific evidence in its decision making.

**Q| What are your hopes for the future of NLCAHR?**

A| I hope the new leadership can take what we have established and move forward with new ideas and energy. I hope the provincial government will continue to provide funding for our research and will raise the level of that funding to a more appropriate level.

**Q| What do you see as the biggest challenges facing health and healthcare in NL? Any obvious solutions?**

A| The challenges are obvious and enormous as the recent Health Accord NL report has demonstrated. The solutions are much less obvious, as their massive list of proposed, costly, and complicated reforms makes eminently clear.

**Q| What are your plans for retirement?**

A| I am still trying to figure that out.



*As Dr. Bornstein leaves our organization, perhaps the best way that we at NLCAHR can pay tribute and bid farewell will be to continue working in the spirit that he helped to establish: as a team that is dedicated to excellence, to collegiality, and to creating a healthier future for the people of this province.*



Photos, L-R: Inaugural Healthy Aging Awards 2008 with Dr. Parminder Raina (McMaster), Dr. Suzanne Brake and Dr. Sharon Buehler; on a staff hike in 2004; NLCAHR Awards 2009 with Dr. Tracey Bridger and Dr. James Rourke; at a staff cabin outing, 2006, staff moves into 95 Bonaventure Avenue in 2004 (with Dr. Laurie Twells, Annette McGrath, Theresa MacKenzie, Todd Jeans, and Janice Butler).

## Director and Staff 2021-2022



Dr. Rick Audas  
Interim Director



Rochelle Baker  
Manager, Communications,  
Partnerships, and  
Research Exchange Groups



Sarah Mackey  
CHRSP Research Officer, and  
Coordinator, CHRSP Patient &  
Caregiver Advisory Council



Sarah Mallay  
CHRSP Research Officer



Pablo Navarro  
Senior CHRSP Research  
Officer



Colin Walsh  
CHRSP Research Officer



Christie Warren  
CHRSP Research Officer



Tyrone White  
Manager of Finance,  
Administration, and IT

## Student Support

The Centre has been fortunate to work again this year with three very talented part-time graduate student research assistants. Wendy Lasisi, Kazeem Adefemi, and Waseem Abu-Ashour have made valuable contributions to CHRSP and their hard work on the NLCAHR *COVID-19 e-bulletins* has been especially appreciated. We also thank this year's Graduate Student Work Experience Program (GradSWEP) student, Rachel Hewitt, for providing a foundational research report in support of a proposed research repository project.

## Board of Directors 2021-2022

Changes in health system and university leadership have resulted in the following changes to the NLCAHR Board of Directors. We thank our outgoing board members for their service and welcome our new Chair and Board.

- Dr. Margaret Steele, Dean of Medicine at Memorial University, stepped down from her role as Chair while she assumed a new role as Memorial University's Interim Vice President Academic and Provost in 2022; Dr. Brenda Wilson, Associate Dean, Community Health & Humanities, is now Chair of the NLCAHR Board.
- Karen Stone was replaced by Andrea McKenna, the new Deputy Minister of Health and Community Services in 2022.
- Susan Walsh was replaced by Alan Doody, the new Deputy Minister of Children, Seniors, and Social Development in 2022.
- David Diamond, former CEO, Eastern Health, now the CEO of Health System Integration for the province, was replaced by Kenneth Baird, Interim CEO of Eastern Health in 2022
- Stephen Clark, former CEO of the NL Centre for Health Information, stepped down in 2022
- Rick Audas, NLCAHR's Interim Director (ex officio) joined NLCAHR in 2021



# THE CONTEXTUALIZED HEALTH RESEARCH SYNTHESIS PROGRAM (CHRSP)

## About the Program



The Contextualized Health Research Synthesis Program (CHRSP) supports evidence-informed decision making in healthcare by producing contextualized knowledge syntheses for health system decision makers in Newfoundland and Labrador. The program provides timely, relevant, and easy-to-understand summaries of scientific evidence, optimizes evidence uptake, and, importantly, CHRSP attunes research questions and evidence to the specific context in which health system decision makers and health workers must apply the findings. CHRSP is an innovative and nationally-recognized program that engages directly with partners from government, the health system, and community, as well as having its own Patient & Caregiver Advisory Council. Every year, CHRSP's partners identify topics for study based on their priority concerns and the need for evidence to inform decisions. These partners then work in collaboration with CHRSP research officers on the studies that will address their stated priority concerns. By asking community and health system partners to identify their own priorities and to participate directly in the research process from start to finish, CHRSP has been described as being the gold standard of integrated Knowledge Translation— a research method that fully involves knowledge users in health research, thereby optimizing research uptake. CHRSP's high level of health system participation has resulted in a correspondingly high level of uptake for the findings of its reports and its studies have directly informed a number of policy and practice directions. In response to the priority health system questions that are posed directly to CHRSP annually, the program has produced:

- 22 *Evidence in Context* reports – fully contextualized evidence syntheses
- 14 *Rapid Evidence* reports – briefer evidence summaries
- 19 *Snapshot* reports—scans that outline policies and practices from other jurisdictions
- 34 *COVID 19 Quick Response* reports— direct answers to health system questions about the pandemic
- 56 *COVID 19 e-bulletins*— regular updates of the latest best evidence about the pandemic

Most recently, CHRSP has been asked to provide evidence to help support the health system transformation/ regional health authority integration now taking place in Newfoundland and Labrador. In addition, senior members of the CHRSP team served on Health Accord NL's Social Determinants of Health Committee, assisting with public consultation and helping to frame the recommendations in the committee's final report.

## Our Valued CHRSP Partners

We appreciate the contributions of the many dedicated health system partners who worked with CHRSP again this year to identify and prioritize topics for study, to serve on research teams, and to assist in the dissemination and uptake of report findings. In this year marked by considerable change, we bid farewell to some of our longstanding CHRSP partners and welcomed new health system leaders and CHRSP Champions whose commitment to evidence-informed decision making is sure to renew and reinvigorate CHRSP in the coming year. We thank our many partners, both new and longstanding, for contributing to CHRSP's continued success by sharing your knowledge and expertise with us.

## CHRSP Health System Partners



**Leader:** David Diamond, former CEO, and Kenneth Baird, Interim CEO  
**Champions:** Judy O’Keefe, Vice President and Chief Information Officer, Cindy Whitten, Clinical Research Scientist, Manager of Applied Health Research Department of Research and Innovation. We thank our outgoing CHRSP Champions from Eastern Health: Krista Butt, Research Analyst, and Farah McCrate, Director, Research and Innovation for their many contributions to the program.



**Leader:** Andrée Robichaud, CEO  
**Champions:** Joanna King, Planning Coordinator, and Craig Davis, Interim VP, People and Transformation. We thank our CHRSP Champion Keith Parsons, Regional Manager, Planning and Performance, who was seconded to the Department of Health and Community Services in 2022.



**Leader:** Michelle House, Interim CEO  
**Champions:** Mariel Parcon, Regional Director Planning and Performance, Tracey Wells-Stratton, Regional Manager Research and Evaluation. We thank Tina Edmonds, former Director, Planning and Performance Improvement, for her service to CHRSP.



**Leader:** Heather Brown, CEO  
**Champions:** Nadine Calloway, Regional Director, Health Information and Privacy, and Niyanta Watal, Policy, Planning and Research Analyst



**Leader:** Andrea McKenna, Deputy Minister. We thank Karen Stone, former Deputy Minister, for her dedicated service to CHRSP  
**Champion:** Donna Roche, Policy Director. We thank our former CHRSP Champion for the DHCS, Alan Doody, for his service to CHRSP and look forward to working with him as he assumes a leadership role in the Department of Children, Seniors, and Social Development.



**Leader:** Alan Doody, Deputy Minister. We thank Susan Walsh, previous Deputy Minister, for her dedicated service to CHRSP.  
**Champion:** Henry Kielley, Director, Seniors, Aging, and Disability Policy



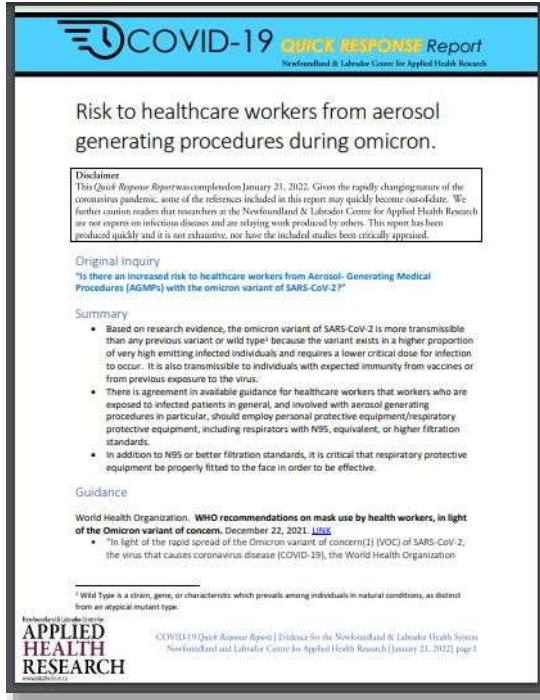
## CHRSP Patient & Caregiver Advisory Council

The CHRSP Patient & Caregiver Advisory Council enhances knowledge translation in research by recognizing the expertise that comes with lived experience. The Council was created to include the perspectives of the people who are directly affected by healthcare policies in the research that informs such policies. Members of the Council come from across the province and bring a rich variety of perspectives to CHRSP. The Council contributes to our research by proposing research themes; by helping us to improve the accessibility of our reports to a wider audience; by participating on research teams as advisors and consultants; and by providing advice and guidance on contextual factors that are of importance to patients and caregivers. In the annual selection of CHRSP topics, the Council votes on the topics that are submitted by the healthcare system and their input is shared with the health system leaders who select topics for study each year. Plans for expanding the Council continue to evolve as we consider new ways of coordinating patient perspectives from both members of the Council and from the members of our Research Exchange Groups. We thank CHRSP Research Officer Sarah Mackey for her work as the Coordinator of the CHRSP Patient and Caregiver Advisory Council again this year and we extend our sincere appreciation to the following members of the 2021-22 CHRSP Patient and Caregiver Advisory Council for their contributions to CHRSP:

- Judi Burgess | St. John's | Eastern Health
- Brenda Critchley | Sandringham | Central Health
- Jon Dalton | St. John's & Fogo Island | Eastern Health
- Paula Rolfe | Corner Brook | Western Health
- Ian Simpson | Corner Brook | Western Health
- Janet Skinner | Happy-Valley- Goose Bay | Labrador Grenfell Health
- David Tutton | Holyrood | Eastern Health

## The CHRSP Pandemic Response

Since the World Health Organization declared the COVID-19 global pandemic in 2020, researchers at NLCAHR have been working on behalf of our healthcare system to provide decision support about the virus and pandemic planning.



Again this year, CHRSP researchers asked our health system partners and provincial medical officers of health to tell us if they had questions about COVID-19 or about pandemic preparedness and public health measures for which reliable scientific evidence would be helpful. This year, in response to health system inquiries, our researchers produced *COVID-19 Quick Response Reports* on a variety of topics, including: standards and practices for first responders managing Code Blue alerts, best practices for first responders conducting auscultation of COVID-19, and a report on risk to healthcare workers from aerosol-generating procedures during omicron. These reports were disseminated to provincial health system decision makers, to medical officers of health and to our colleagues in Memorial University’s Faculty of Medicine and other faculties and schools. These rapid reports were also posted on the websites of the National Collaborating Centre for Methods and Tools and of the CIHR’s Strategy for Patient Oriented Research (SPOR) Evidence Alliance and distributed to the leaders of the National Association of Provincial Health Research Organizations (NAPHRO). Thirty-four [COVID-19 Quick Response Reports](#) have been published on NLCAHR’s website since 2020.



To supplement the *Quick Response Reports*, NLCAHR has also continued to produce its bi-weekly *COVID-19 e-bulletins* to summarize the latest evidence on a variety of topics of interest to decision makers, including clinical presentation, treatment, infection control, issues of concern for healthcare workers, mental health, and wellness. Fifty-five issues of this newsletter have now been published.

As the pandemic continued to affect healthcare and emergency measures as well as public policy, the CHRSP team coordinated rapid decision support, not only for our health system partners and researchers, but also for provincial leaders in education, and for people providing community services across Canada.



## CHRSP Research Publications 2021-2022

CHRSP published the following studies this year, which are detailed below.



### Service Models to Support Families

- **Author:** Pablo Navarro, Senior CHRSP Research Officer
- [Link to Report](#)

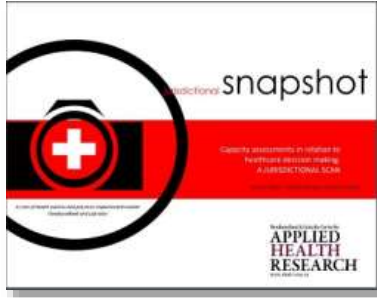
**Research Question:** *What models and practices have other jurisdictions used to underpin family support programs and policy frameworks that focus on prevention or early intervention approaches for children, youth and families?*

**Background:** The Government of Newfoundland and Labrador’s Department of Children, Seniors and Social Development is leading the development of an action plan on prevention and early intervention for families. Prevention refers to primary prevention (i.e., intervening prior to a health effect occurring) while early intervention refers to secondary prevention (i.e., screening to identify health effects in their earliest phase and intervening to prevent further harms). This plan will coordinate government efforts, focus on community partnerships, and identify opportunities to improve outcomes for all children and youth so that they can develop to their full potential. The plan will also include supporting families to help reduce or prevent the need for involving the child protection system as an intervener.

**Study Approach:** A jurisdictional scan of Canadian provinces and four countries: Ireland, Scotland, Australia, and New Zealand.

**Key Findings:** The programs and models included in this report were intended to enable families to effectively cope with raising children, to achieve healthy developmental outcomes for their children, and to raise children with social and emotional competence. Any interventions that might contribute to these outcomes but are not *explicitly intended* to do so (e.g., income assistance programs, mental health and addictions supports, or increasing LGBTQ+ acceptance) were not included in the scope of this study.

- A children’s-rights based approach is common in policy frameworks that are intended to support families through prevention or early intervention. Such approaches are more common outside of Canada than they are within Canada.
- Most family support programs included in this jurisdictional scan were consistent with a social determinants of health framework, and were focused accordingly on environmental/familial determinants of health and child development. As such, the programs were inter-departmental or inter-sectoral in their design.
- Most of the programs included in this analysis took a universal access approach to services instead of taking a means-tested approach, and had a strong emphasis on equity and cultural safety.



## Capacity assessments in relation to healthcare decision making

- **Authors:** Sarah Mackey and Sarah Mallay, CHRSP Research Officers
- [Link to Report](#)

**Research Question:** *What types of processes do other jurisdictions use to carry out capacity assessments for decision making in healthcare settings?*

**Background:** Every day, healthcare professionals face the challenge of determining whether their patients or clients have the mental capacity to make decisions regarding their own healthcare. Professionals may sometimes perceive a given healthcare decision to be detrimental to a patient’s health and may question the capacity of the patient to make sound decisions. Given these realities, health systems require a suitable process for assessing capacity while at the same time promoting client safety, optimizing patients’ rights to make their own decisions, and supporting a person-centered and family-centered approach to care. This report is intended to guide health authorities and care providers who are considering processes for assessing capacity in healthcare settings by highlighting successful approaches that have been used elsewhere.

**Study Approach:** For this study, we searched research databases and other websites to identify how capacity assessments are carried out in healthcare settings elsewhere in Canada and in the United Kingdom, Australia and New Zealand.

**Key Findings:** We identified 14 processes to carry out capacity assessments and found that:

- Definitions are variable: Most jurisdictions use the term “capacity” to describe the ability to make a decision; however, some jurisdictions prefer other terms. Overall, definitions were not consistent.
- Capacity assessments are carried out for a variety of reasons: as part of an informed consent process; to ensure that an individual can make decisions in various domains of life; or as required by legislation.
- Capacity can be assessed in a variety of decision-making domains (e.g., personal care, finance, accommodation, personal safety, etc.) This report focused on decision making in healthcare contexts.
- Legislation in the capacity assessment process is intended to protect people’s rights to exercise autonomy and personal freedom to make their own decisions. Each of the assessments in this report was related to, or was associated with, legislation.
- Assessments must be triggered for a reason: There is widespread consensus that capacity assessments should only proceed when there is a concrete trigger that casts doubt on a person’s ability to make a given decision.
- The assessment process can have variable components: While the capacity assessment processes outlined in this report included a series of steps to be followed when conducting the assessment, the descriptions of these components varied widely.
- A variety of people may be involved in a capacity assessment: For health-related decisions, certain licensed healthcare professionals have the right to assess capacity in their scope of practice – or as indicated within various Healthcare Acts. When capacity assessments are tied to legislation, jurisdictions usually require healthcare providers such as primary physicians, attending teams, or social workers to conduct or coordinate the assessment.



### Virtual Family Supports

- **Author:** Sarah Mackey, CHRSP Research Officer
- [Link to Report](#)

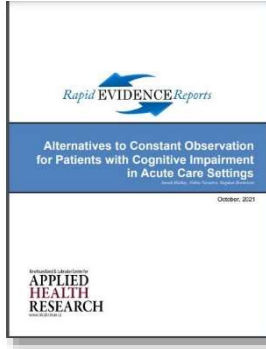
**Research Question:** *How do other jurisdictions provide virtual family support programs, or programs that contain virtual components, to address and prevent child/youth maltreatment?*

**Background:** The Department of Children, Seniors and Social Development has a mandate to foster social development and diversity, build inclusive communities, and to ensure the delivery of critical services to protect children and vulnerable adults. A key objective involves creating safe environments that foster healthy child and youth development and ensuring the delivery of services to protect children, youth and adults from abuse or neglect. However, challenges can arise in providing access to in-person support services, including access challenges resulting from: living in remote areas; COVID-19 public health measures; individual family circumstances. One way to address these challenges and to provide equitable services is the use of virtual family supports that would supplement, or provide an alternative to, in-person family services and supports.

**Study Approach:** For this study, we searched research databases and other websites to identify programs that address and prevent child and youth maltreatment by providing virtual support (e.g., telehealth, teleconferencing, videoconferencing, apps, etc.) or that use these virtual components in combination with in-person support. In particular, we looked for programs that sought to improve family interactions, parenting skills, and child behavior. Our search extended to programs offered elsewhere in Canada and in select international jurisdictions.

**Key Findings:** We identified 14 virtual programs of interest: one originated in Canada and 13 originated in the United States but were also available in other countries, including the United Kingdom, Finland, Sweden, and Australia. The following noteworthy program features were included in this report:

- **Overlapping program components:** While we found variation among programs, we did note a number of components that were common to several, including using a behavioral model, conducting assessments, using observation and feedback, and interventions designed to improve parenting skills.
- **A variety of service users:** The programs we found targeted children/youth, parents/caregivers, and families. Most programs were intended for children and youth at specific age ranges and for service users who met defined criteria/levels of risk.
- **A variety of care providers:** Care providers came from a range of disciplines and were described using a variety of titles, such as: Family Child Worker, Parent Coach, Family Coach, Therapist, Interventionist, Child Psychiatrist, Psychologist, Family Preservation & Reunification Specialist, Counselor, and Trainer.
- **Referral:** Online materials did not consistently outline the referral processes required to access virtual supports; however, some programs did mention referrals from Child Welfare or other formal agencies.
- **Reported outcomes:** Some included programs explored outcomes for virtual delivery in a preliminary way; however, more evaluation will be required for decision makers to gain a comprehensive understanding of the benefits and challenges of virtual family supports, especially in terms of their benefits for higher-risk cases.



## Alternatives to Constant Observation for Patients with Cognitive Impairment in Acute Care Settings

- **Authors:** Sarah Mallay, Pablo Navarro, Stephen Bornstein, NLCAHR
- **External Consultant:** Dr. Anne Bourbonnais, Université de Montréal
- [Link to Report](#)

**Research Question:** *What alternatives to in-person constant observers for older cognitively-impaired patients in acute-care hospitals are cost-effective while maintaining quality standards?*

**Background:** Approximately 50% of patients aged 65 and over who are admitted to hospital experience dementia or some form of delirium that puts them at higher risk for adverse outcomes; yet cognitive impairment is often poorly managed and under-detected in acute-care settings. Constant observation is a care approach that involves having hospital staff provide continuous one-on-one, in-person monitoring to ensure that patients with cognitive impairments remain safe. However, safety outcomes associated with this approach vary and the practice has high associated costs.

Health system decision makers in Newfoundland and Labrador asked CHRSP to identify alternative strategies to care for patients with cognitive impairment that will ensure the safety of this patient group, while maintaining a high standard of care at a sustainable cost.

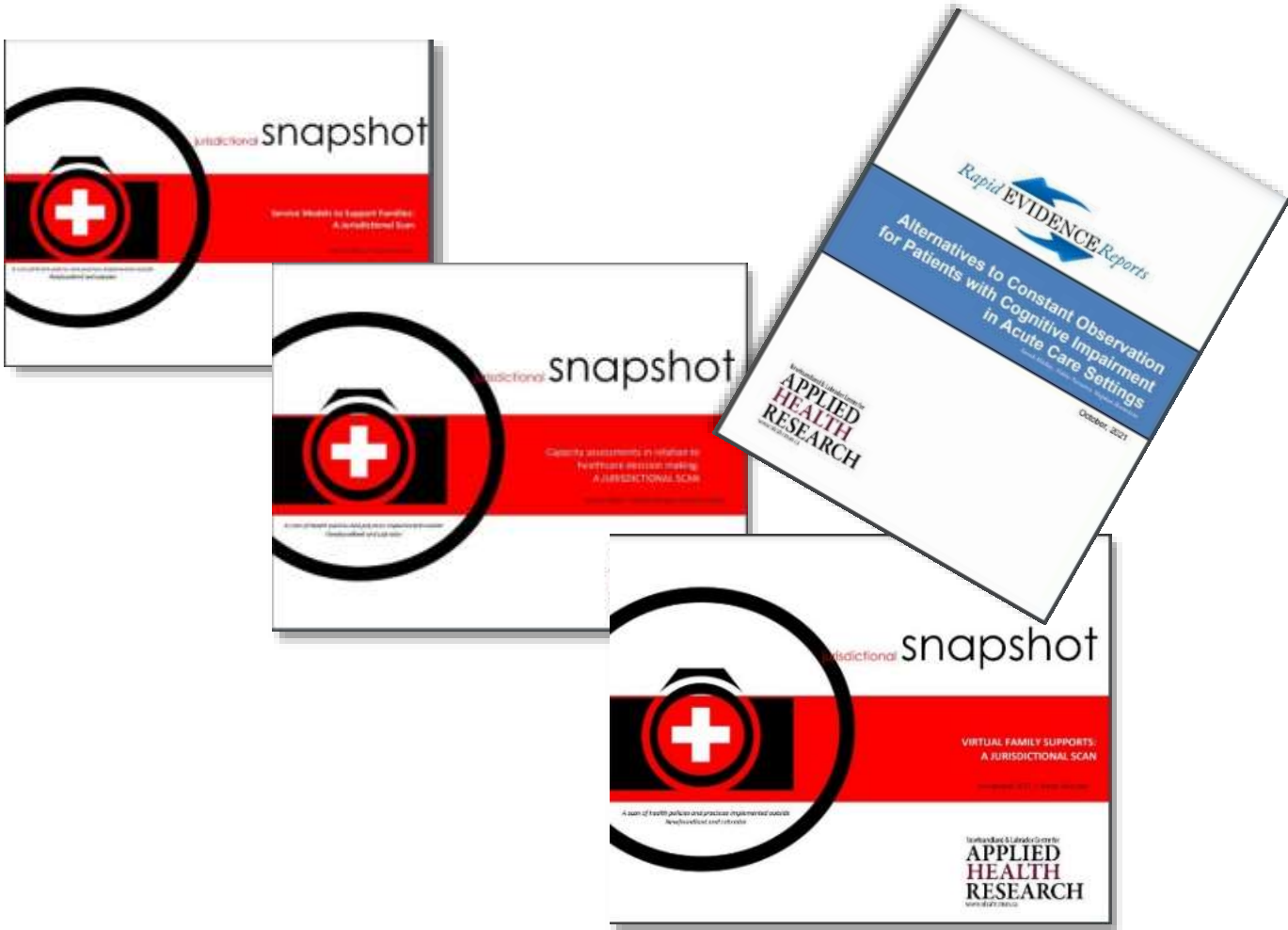
**Study Approach:** This *Rapid Evidence Report* provided a quality appraisal and rapid review of recent high-level research evidence (systematic reviews and recently-published primary studies). The report included a description of the scope and nature of the scientific literature; a summary of the principal features of the available evidence; and a brief analysis of the types of issues that might affect the applicability of the evidence when applied in the local context. The authors benefited from the advice and expertise of Dr. Anne Bourbonnais, Associate Professor in the Faculty of Nursing at the Université de Montréal and researcher at the Research Centre of the Institut Universitaire de Gériatrie de Montréal.

**Key Findings:** CHRSP focused on research evidence for alternatives to constant observation that would be effective in terms of *quality of care* and *cost* and found that:

- There is not a large body of evidence on this topic. The studies we did find varied widely in terms of the interventions being studied and the quality of the research.
- The evidence suggests that some alternatives to in-person constant observation can help to reduce requests for constant observation and to reduce the number of constant observation hours required. These interventions can also improve cost efficiency without compromising patient safety. Some of the more promising interventions had the following components:
  - Using multidisciplinary teams;
  - Encouraging patient mobility;
  - Including vision and hearing protocols, feeding assistance, and patient orientation;
  - Including continence management and maintaining sleep/wake cycles;
  - Staff education; and
  - Creating and using guidelines for constant observation.
- More structured interventions with multiple components resulted in more consistent improvements in constant observation outcomes. The results for less structured interventions with fewer

components were more variable. The following interventions, all of which included multiple, structured components were found to improve constant observation outcomes:

- The Hospital Elder Life Program (HELP);
- Multicomponent interventions involving Patient Engagement Specialists; and
- Certain volunteer-based programs.
- Although there was overlap in the components included, no two interventions were the same. As a result, we could not draw any firm conclusions from the available evidence as to what combination of components would result in a successful intervention.



## CHRSP Studies in Progress

CHRSP researchers are currently at work on the following research, based on the priorities of our health system partners:

- Patient Decision Aids in Obstetrics | *Evidence in Context Report*
- Harm Reduction for People Who Inject Drugs | *Expedited Synthesis/Evidence in Context Report*
- Chronic Pain Management | *Evidence in Context Report*
- Improving transportation to primary healthcare in rural NL | *Snapshot Report*

## A Special Collaboration: Revitalizing CHRSP in 2022

CHRSP is committed to continuous improvement and the program is constantly evolving in response to changing health system needs. In late 2021 and early 2022, the CHRSP team initiated a methodological review, undertook a survey of its health system partners, and commenced broad consultations with leaders in provincial healthcare to determine how they might improve CHRSP to better meet health system needs for decision support in the coming years. This work included consultations on methodology with the Institut national d'excellence en santé et en services sociaux (INESSS) in Quebec, an organization that involves health and social service professionals, researchers, clinicians and managers. Overall, we wanted to learn how other jurisdictions solicit topics from knowledge users and to find out whether any additional knowledge synthesis and decision-support products might be considered for adaptation in CHRSP.

Given the changes anticipated within our provincial healthcare system in the coming years, including the proposed integration of health services under a single provincial authority, the team considered this to be an appropriate time to speak with our partners about ways to: increase contact between our health system and CHRSP; shorten the topic submission timeline; increase consultation during topic development; standardize scoping searches for all selected CHRSP topics; offer the option for an expedited *Evidence in Context* report and to provide our partners with broader analysis options, overall. This methodological review culminated in a meeting in early 2022 with our valued CHRSP Champions and other senior officials from across the provincial healthcare system. After the meeting, the following new directions were agreed upon:

- NLCAHR will work with leaders of the province's health system integration team to provide decision support, as required as the process of integrating services from four regional health authorities to a new single provincial health authority unfolds.

- NLCAHR will assign a dedicated CHRSP liaison to each of its health system partnering organizations.
- NLCAHR will adopt a modular approach to CHRSP studies— providing increased opportunities to check-in and consult with our health system partners.
- In addition to the annual topic submission process, NLCAHR will work with our partners on a mechanism whereby the health system can submit “emergency topics” at any time throughout the year, as may be required.
- When submitting topics annually, our partners will work with CHRSP to locate existing publications that address the issue of concern in an effort to clarify search terms and research parameters for all CHRSP studies.
- CHRSP will undertake a scoping search for all topics selected for treatment as either *Rapid Evidence Reports* or as *Evidence in Context Reports* and will report the results.
- A feasibility assessment for each topic will be conducted at the beginning of the project rather than being attempted before the topics are voted on; the results of the scoping search will be used to inform which report methodology to pursue.
- CHRSP will ensure more regular communication with our Champions so that our partners are apprised of all consultations and key project milestones.
- The *Evidence in Context* report is an overview of evidence, or a systematic review of systematic reviews. In cases where the literature already includes recent, high-quality overview(s) CHRSP will offer Health System Partners the option to conduct a contextualization of a previously-published overview, thereby providing a shortened timeline or expedited *Evidence in Context* report.
- Where required, CHRSP will offer our partners the option for a review of health economic evidence, the methodology for which is still being developed.
- In an effort to respond to the many changes anticipated in our provincial healthcare system in 2022, the next round of topic selection will roll out in the fall of 2022.





# Research Exchange Groups

## About the Program

NLCAHR established the Research Exchange Group (REG) program in 2008 to engage with our community and to build research capacity. The program started with three groups (Aging, Autism and Rural Health) and has, over fourteen years, grown exponentially, in both the number of active groups and the level of overall public engagement. The program brings together academic researchers and students, health professionals, decision-makers, community group members, patients, and caregivers who share a common interest in a variety of applied health research

topics. (See sidebar) This year, program membership continued to expand, an indication of the growing interest in applied health research across the province and around the world. This year, the combined total membership is roughly 1,550. With a focus on knowledge translation and research development, participants in the program continue to seek new collaborative opportunities.

Activities this year included: an international summit on COVID-19 in the circumpolar region, a special speakers' series on therapeutic approaches for people in prison, presentations on research projects, consultations to inform research and policy, and presentation about innovative community programs from a variety of partners.

Each Research Exchange Group offers its participants an opportunity to connect with people from a range of disciplines and backgrounds. Participants tell us that networking with people who share their interests is a key benefit of membership.

### 2021-2022

## Research Exchange Groups

1. Attention Deficit and Hyperactivity Disorder (ADHD)
2. Aging
3. Autism
4. The Arts & Health
5. Bullying and Health
6. Chronic Disease
7. Cost & Value in Healthcare
8. Eating Disorders, Disordered Eating & Body Image
9. Gender, Sexuality, and Health
10. Global Health
11. Harm Reduction & Critical Drug Studies
12. Horticultural Therapy
13. Human-Animal Interaction & Wellness
14. Indigenous Health
15. Mental Health
16. Midwifery & Maternal Health
17. Military Families' & Veterans' Health
18. Oral Health
19. Palliative and End-of-Life Care
20. Rural Health
21. Service Learning and Community Engagement

### New Groups being planned for 2022:

22. Health and the Built Environment
23. Critical Disability Studies



## Leadership, Composition, Topics

The table below provides a summary of NLCAHR's Research Exchange Groups, including their leaders, group membership, and the topics under discussion. Unless otherwise indicated, group conveners are faculty at Memorial University. All activities of these Research Exchange Groups, including links to presentations and publications, can be found online here: [http://www.nlcahr.mun.ca/Research\\_Exchange/](http://www.nlcahr.mun.ca/Research_Exchange/)

RESEARCH EXCHANGE GROUP ON ATTENTION DEFICIT HYPERACTIVITY DISORDER (ADHD)		
CONVENERS	55 MEMBERS	TOPICS
Dr. Jacqueline Hesson Faculty of Education	researchers and students community members clinicians and educators	lifestyle and behaviour medications substance use
Dr. Ross Connolly Student Wellness Centre	decision makers people with ADHD families and caregivers	supports for parents technology supports coaching
RESEARCH EXCHANGE GROUP ON AGING		
CONVENERS	151 MEMBERS	TOPICS
Dr. Sharon Buehler Faculty of Medicine, retired	older adults researchers and students community members	healthy aging ageism social determinants of health
Dr. Gail Wideman School of Social Work	clinicians decision makers families/caregivers	cognition mobility age-friendly caregiving public policy
Dr. Carla Wells Western Regional School of Nursing, retired		
RESEARCH EXCHANGE GROUP ON AUTISM		
CONVENERS	65 MEMBERS	TOPICS
Andreae Callanan, Ph.D. Candidate, Autistic scholar, Memorial University	researchers and students community members clinicians and educators	education lived experience support for parents
Rachel Hogan, Autism Society NL	decision makers	programs of the Autism Society of NL
Rebecca Vinci, Graduate student in neuroscience, Memorial University	Autistic people and people with Autism Spectrum Disorders families/caregivers	access to services
RESEARCH EXCHANGE GROUP ON ARTS & HEALTH		
CONVENERS	135 MEMBERS	TOPICS
Dr. Natalie Beausoleil Faculty of Medicine & Dr. Jane Gosine, School of Music, cross-appointed to the Faculty of Medicine	artists and musicians researchers and students community members clinicians and arts-based therapists decision makers	public policy social prescribing arts-based therapies arts-based research methods the impact of the arts on well-being neuroscience community engagement
RESEARCH EXCHANGE GROUP ON BULLYING & HEALTH		
CONVENER	60 MEMBERS	TOPICS
Dr. Gerald White Faculty of Medicine/ Faculty of Education, retired	researchers and students community members clinicians educators decision makers people with lived experience	cyber bullying, school bullying identity-based bullying workplace harassment impacts of bullying on health prevention, resilience restorative justice

RESEARCH EXCHANGE GROUP ON CHRONIC DISEASE		
CONVENER	60 MEMBERS	TOPICS
Dr. April Pike Faculty of Nursing	researchers and students community members clinicians decision makers families/caregivers	women's cardiovascular health COVID-19 impacts on people with chronic disease chronic disease policy frameworks COPD diabetes chronic kidney disease disease management and prevention social determinants of health
RESEARCH EXCHANGE GROUP ON COST & VALUE IN HEALTHCARE		
CONVENERS	92 MEMBERS	TOPICS
Dr. Gerard Farrell Faculty of Medicine  Dr. Hai Van Ngyuen School of Pharmacy	researchers and students health economists community members clinicians decision makers patients/caregivers	improving service quality community health approaches technologies and health safely reducing costs appropriate diagnostic testing innovative approaches to care remuneration models
RESEARCH EXCHANGE GROUP ON EATING DISORDERS, DISORDERED EATING & BODY IMAGE (EDDEBI)		
CONVENER	52 MEMBERS	TOPICS
Dr. Pamela Ward Centre for Nursing Studies	researchers and students community organizations clinicians decision makers people with lived experience	weight bias and stigma eating disorder treatments supports for people with eating disorders and their families
RESEARCH EXCHANGE GROUP ON GENDER, SEXUALITY, & HEALTH		
CONVENER	65 MEMBERS	TOPICS
Dr. Sulaimon Giwa School of Social Work	researchers and students community members clinicians educators decision makers	LGBTQ+ healthcare considering gender and sexuality in research and knowledge translation women's health
RESEARCH EXCHANGE GROUP ON GLOBAL HEALTH		
CONVENER	50 MEMBERS	TOPICS
Dr. Jill Allison Faculty of Medicine	researchers and students community members clinicians decision makers	global health and healthcare equity rural and urban healthcare sustainable development goals health practitioners' experience learning globally
RESEARCH EXCHANGE GROUP ON HARM REDUCTION/CRITICAL DRUG STUDIES		
CONVENERS	63 MEMBERS	TOPICS
Jane Henderson, Eastern Health Opioid Dependence Treatment Centre of Excellence and Carolyn Taylor, Eastern Health , Mental Health & Addictions	Researchers and students community members clinicians educators decision makers people with lived experience	harm reduction approaches lived experience life after prison homelessness and housing opioid dependency treatment supports for people who inject drugs

RESEARCH EXCHANGE GROUP ON HORTICULTURAL THERAPY		
CONVENERS	62 MEMBERS	TOPICS
Dr. Jan Buley Faculty of Education	researchers and students community gardeners food security advocates	nature and health food security Horticultural Therapy in correctional settings
Jennifer Joy Russell Occupational Therapist, Inclusion Consultant Government NL	horticultural therapists occupational therapists health system decision makers municipal workers	gardening know-how the evidence for Horticultural Therapy and its impact on health and wellness
RESEARCH EXCHANGE GROUP ON HUMAN-ANIMAL INTERACTION WELLNESS		
CONVENERS	60 MEMBERS	TOPICS
Dr. Carolyn Walsh Department of Psychology	researchers and students clinicians and therapists veterinarians	animal-assisted therapies animal ownership and aging zoonotic diseases
Dr. Gail Wideman School of Social Work	neuroscientists pet owners	canine research ethical considerations understanding animal behaviours
RESEARCH EXCHANGE GROUP ON INDIGENOUS HEALTH		
CONVENER	105 MEMBERS	TOPICS
Dr. Fred Andersen Assistant Professor, School of Social Work	Indigenous community members researchers and students clinicians educators decision makers patients and caregivers	Indigenous-led research Indigenous health knowledge Indigenous health initiatives climate change and its impacts on Indigenous health ethical research practices cultural sensitivity and respect
RESEARCH EXCHANGE GROUP ON MENTAL HEALTH		
CONVENER	118 MEMBERS	TOPICS
Brittany Howell, Policy Planning and Research Analyst at Eastern Health	researchers and students community clinicians decision makers people with lived experience families/caregivers	resilience access to care addictions public policy suicide prevalence and prevention post-secondary student mental wellness
RESEARCH EXCHANGE GROUP ON MIDWIFERY AND MATERNAL HEALTH		
CONVENERS	65 MEMBERS	TOPICS
Dr. Ann Noseworthy, Retired Midwife, Association of Midwives of Newfoundland and Labrador and Sarah Harnum, Registered Midwife, Central Health	researchers and students midwives obstetricians nurses community members social workers decision makers	perinatal mental health Indigenous midwifery initiatives decision support in obstetrics reproductive healthcare access fertility

RESEARCH EXCHANGE GROUP ON MILITARY FAMILIES AND VETERANS' HEALTH		
CONVENER	57 MEMBERS	TOPICS
Dr. Gail Wideman School of Social Work	researchers and students military personnel and families veterans community members government representatives	building a more military and veteran- friendly community post-traumatic stress injuries reintegration from military service into civilian life
RESEARCH EXCHANGE GROUP ON ORAL HEALTH		
CONVENER	45 MEMBERS	TOPICS
Cindy Holden Registered Dental Hygienist	dental hygienists and dentists oral health researchers community partners	community oral health programs provincial dental care oral care and quality of life for seniors
RESEARCH EXCHANGE GROUP ON PALLIATIVE AND END-OF-LIFE CARE		
CONVENERS	51 MEMBERS	TOPICS
Dr. Susan MacDonald Faculty of Medicine  Dr. Gail Wideman School of Social Work	researchers & students community partners clinicians decision makers patients and families/caregivers	patient/ caregiver experiences life and aging with chronic illness Medical Assistance in Dying paramedics providing palliative care
RESEARCH EXCHANGE GROUP ON RURAL HEALTH		
CONVENER	54 MEMBERS	TOPICS
Dr. Nathaniel Pollock Faculty of Medicine	researchers and students clinicians decision makers patients and caregivers	access to healthcare telehealth health equity health service delivery challenges rural strengths and capacities
RESEARCH EXCHANGE GROUP ON SERVICE LEARNING/COMMUNITY ENGAGEMENT		
CONVENERS	93 MEMBERS	TOPICS
Dr. Jill Allison Faculty of Medicine  Ms. Elayne Greeley Community Employment Collaboration	researchers and students community members patients and caregivers clinicians decision makers leaders of social enterprises community advocates	critical approaches to engagement barriers & facilitators to community engagement building community research capacity understanding community needs

In early 2023, NLCAHR hopes to introduce a new group on Critical Disability Studies.

## Research Exchange Group Highlights in 2021-2022

Following are highlights from the many presentations hosted by the Research Exchange Groups this year.



Thea Penashue is the first to give birth to her second child inside a tent. The same day her mother was born 50 years ago. (Jesse Quabe/OIG)

### **The Innu Midwifery Project: Restoring Midwifery and Community Birth** | Thea Penashue, Gisela Becker, June Fry and Kathleen Cranfield

updated the Research Exchange Groups on Indigenous Health and on Midwifery and Maternal Health about the progress made to reintroduce midwifery to Sheshatshiu and Natuashish in Labrador. The Innu Midwifery Project is drawing on Innu Elders' knowledge of Innu birthing practices to support the training of Innu midwives using a culturally specific, hands-on, and individually-paced learning approach. The presenters

described how restoring midwifery to Innu communities will result in Innu babies being born into Innu hands on Innu lands, fostering a greater connection to the land and culture, continuation of cultural practices and culturally safe care, and empowering women in the context of their childbearing experience. Thea Penashue is the Health Manager with the Innu Round Table Secretariat (IRT) and Co-chair of the IRT Midwifery Steering Committee. Gisela Becker is a registered midwife and midwifery consultant with the Innu Round Table Secretariat in Labrador, and Chief Advisor for midwifery implementation with the Government of Prince Edward Island. June Fry, BN, RN, is in her 38th year of her nursing career. Kathleen Cranfield is a registered midwife in Fort Smith, NWT and a midwifery consultant with the Innu Round Table Secretariat in Labrador.



### **The Impact of Childhood Adversity on Health: Looking Through a Harm Reduction Lens** | Dr. Meredith Mackenzie

of the Street Health Centre in Kingston, Ontario spoke at this co-presentation of the Research

Exchange Group on Harm Reduction and the Provincial Opioid Dependence Treatment Centre of Excellence. Dr. MacKenzie talked about her work with individuals who have experienced adverse childhood experiences, many of whom are at risk of worse health outcomes as adults. Dr. MacKenzie's presentation was the most widely-attended talk in the history of the Research Exchange Groups with over 100 people registered, most of them healthcare providers in mental health and addictions services from across the provincial healthcare system. The talk focused on the impact of adversity on health and well-being and what community carers can do to support and improve health equity.

### **Circumpolar Perspectives on the COVID-19 Pandemic: Moving beyond the numbers** | This webinar, co-

hosted with the International Union for Circumpolar Health and the Research Exchange Group on Rural Health, brought together public health leaders from Denmark, U.S.A., Canada, Norway, and Greenland to share their perspectives on regional experiences with the pandemic. The session looked "beyond the numbers" to better understand the social and health system challenges and successes in diverse circumpolar contexts. With Anders Koch, MD, PhD, MPH, Department of Infectious Diseases, Statens Serum Institut, Copenhagen, Denmark; Anne Zink, MD, FACEP, Chief Medical Officer, Alaska Department of Health and Social Services, Anchorage, Alaska; Wayne Clark, PhD, Executive Director, Indigenous Health Initiatives Program, Faculty of Medicine and Dentistry, University of Alberta; Josee Lavoie, MA, PhD, Professor and Director, Ongomiizwin Research Indigenous Institute of Health and Healing,



Max Rady College of Medicine, Community Health Sciences, University of Manitoba; Jon Øyvind Odland, Professor, Department of Public Health and Nursing, Norwegian University of Science and Technology; and Henrik L. Hansen, MD, Chief Medical Officer, Government of Greenland



**Growing a Stronger Sense of Community: How the Bonaventure Community Garden and a Neighbourhood Composting Project Support Health, Connection, and Ecological Stewardship** | The Research Exchange Group on Horticultural Therapy hosted this discussion about lessons that have been learned through a collaboration among Stella's Circle, King's Gate Condominiums, Social Justice Co-op and many others in nourishing and creating a community garden in St. John's. The Bonaventure Community Garden is home to Stella's Circle employment and therapeutic

programs in partnership with Kings Gate Condominiums. Since every garden needs good soil and the planet needs less waste, the project also includes a community compost pilot project, organized by the Social Justice Co-op in partnership with the City of St. John's, Multi-Materials Stewardship Board (MMSB) and Food First NL. Presenters were: Viviana Ramírez Luna, Environmental Scientist, and Zero Waste Consultant and Advocate; Rob McLennan, a community-based social worker at Stella's Circle; Michelle Sullivan, Ph.D., MSM, a Registered Social Worker and a retired Faculty member of the School of Social Work at Memorial University who serves on the Board of Directors of the Kingsgate Condominium Corporation; and Gail Simoes Re, an avid supporter of the Bonaventure Community Garden and a community philanthropist.

**How Can Your Research Support Public Policy? An Introduction to the Department of Children, Seniors and Social Development** | The Honourable John Abbott, Minister, and Susan Walsh, Deputy Minister, Department of Children, Seniors and Social Development, Government of NL, spoke with several of NLCAHR's Research Exchange Groups in a special forum hosted by the Research Exchange Group on Cost and Value in Healthcare. The presenters told us about the Department's mandate and the various policy areas for which research could support their work in supporting children, families, seniors, and persons with disabilities in this province.



**Talk to Your Doctor—Stories of the Rural Physician** | Our Research Exchange Groups on Rural Health and on the Arts and Health invited Lindsay Webster and Daniel Rees, two medical students from Memorial's Faculty of Medicine to share their documentary film. The students crossed the province over 14 days and spoke to 11 doctors in nine communities, pulling back the curtain on

the often challenging but rewarding career of the rural doctor. The Research Exchange Groups spoke with the filmmakers about rural health and healthcare and about the process of filmmaking as an effective research methodology to explore this important health topic.

**Collaborative Songwriting: Working with Persons Living with Dementia to Challenge Stigma** | This presentation to the groups on Arts and Health and on Aging focused on the use of collaborative songwriting as a way to highlight the capabilities of individuals living with dementia. Taylor Kurta is an award-winning singer-songwriter, music therapist, and Ph.D. student at the University of Waterloo in the Department of Recreation and Leisure Studies. Her research focuses on using critical arts-based methodologies to challenge the stigma associated with dementia.

**How I Learned to Stop "Normalising" and Love Being Autistic** | Andreae Callanan is autistic, is a writer and doctoral student in English literature at Memorial University, and is a Pierre Trudeau Foundation and Vanier

scholar whose Ph.D. research includes poetry and autism, lived experience of autism and autism memoir, among other areas of exploration into the world of neurodiversity. In this engaging presentation, she asked the REG on Autism to think about what happens when we stop viewing autism as a problem to be solved, and start approaching it from a place of love, admiration, and respect. From her unique vantage point as a neurodivergent scholar, autism parent, and researcher, Andreae talked about the generative potential of autistic thinking, sensing, and knowing.

**Patshitinikutau Natukunisha Tshishenuat Uitshuau (A Place for Elders to Spend their Last Days in Life):**

**Developing an Innu Approach to Palliative Care** | Dr. Russell Dawe and Dr. Xixi Gong (Faculty of Medicine, Memorial) with Mr. Jack Penashue (Innu Nation) presented to the groups on Indigenous Health and on Palliative Care about an NL-SUPPORT-funded community-based, patient-oriented research project investigating the cultural needs and practices of the Innu in Sheshatshiu, Labrador regarding end-of-life care.



**Never Let a Good Crisis Go to Waste: Lessons Learned from Community Engagement in the Time of COVID-19**

| The COVID-19 pandemic has posed challenges and provided opportunities in terms of learning and engagement in community, health, and educational contexts. As we shared the collective responsibility to protect public health and to support those more negatively affected than ourselves, we also discovered strengths and limitations in terms of our capacity for meaningful engagement. This experience led our

groups to ask some important questions: How can we affect community engagement at a time of physical distancing and isolation? How can we best serve our communities in this time of need? Taking this opportunity to check in with REG members from the community, the university, and the health system, this discussion included approaches that are working to support continued social engagement and ways to provide or participate in genuine opportunities for connection.

**The Aging Well Project** |Stephanie Ryland BSW, MSW, RSW, Aging Well Social Work Lead in Corner Brook discussed a collaboration in Eastern Health and in Western Health that was founded by Healthcare Excellence Canada (formally the Canadian Foundation for Healthcare Improvement and the Canadian Frailty Network). The Aging Well Project strives to improve delivery of quality healthcare within the home, community, and primary care clinics for older adults.

**Autism, Parenting, and Critical Disability Studies** | The proposal for an Interdisciplinary Ph.D. research project was presented by Andrew Dixon who spoke about how, in research about autistic adults, there is plenty of work being done on sexual health, on joining the workforce, and on independent living but there is, however, very little research being done to address the next phase of life: parenting.



**Dysphagia and Oral Health: Implementing a modified Free-Water Protocol in Long-Term Care** | Dr. Roberta Didonato and Cindy Holden, RDH, MPH, spoke about an NL-SUPPORT funded study that was initiated after a meeting of the REGs on Oral Health and on Aging. This project was conducted at Pleasant View Towers in St. John's to look at an oral health intervention within the LTC setting.



**Research on Chronic Disease in Newfoundland & Labrador** | Dr. Richard Buote presented his doctoral research to the REG on Chronic Disease. His work examined factors associated with glycemic control, hospitalization, and mortality among NL residents with diabetes mellitus. Within this project, he examined the effect of family physician turnover on patients with diabetes in NL. Related to this project, he worked on a population-based, cross-sectional analysis of NL adults with diabetes mellitus.

**Supporting a Home First Philosophy in the Delivery of Community-Based Health Services** | Deena Waddleton, Manager of Community Health Planning, and Joanne Rose, Health Consultant, both with the Department of Health and Community Services, Government NL, spoke with the REG on Aging about provincial policies and programs to support aging in place for older adults in Newfoundland and Labrador.



**COVID-19 Research in Tłıchq Region** | The quick onset of COVID-19 left countries and communities in need of emergency management procedures. Health policies and programs were implemented quickly and were continuously updated as we learned more about the disease. However, to best serve a population, decision-makers must evaluate implemented health policies to

recognize potential impacts on community members. This is especially true in northern and Indigenous communities where health systems have unique features to which they must adapt, including experiences relating to remote geographies, Indigenous values, and health equity. The Tłıchq community of Behchokq̄ in the North West Territories was identified through research partnership as a community where a qualitative case study to understand these effects could be conducted safely. This project involved in-depth, semi-structured interviews with Elders, community members, and local Tłıchq policy and service delivery staff. Katherine Fleury, U Calgary and Tyanna Steinwand, Research Operations Manager at Tłıchq Government, presented findings from this research project to the groups on Indigenous Health and on Rural Health.



Inmates at HMP, who are known as “The Inside Gardeners” designed the logo for the Phoenix Garden Program.

**The Phoenix Garden Speakers' Series** | The Phoenix Garden Program at Her Majesty's Penitentiary (HMP) in St. John's was created by a group of volunteers who connected through NLCAHR's Research Exchange Group on Horticultural Therapy. The program offers people inside the prison an arts-based curriculum that combines mindfulness and creativity with hands-on gardening and landscaping training. The Phoenix Gardeners connect to the natural world while strengthening other bonds too—to the self, to each other, and to the community. NLCAHR helped the group to organize a special speakers' series this year as an opportunity for participants in the program to connect with a range of professional expertise and experience to support continuing growth and inspiration for the program. The Speakers' Series included talks from The John Howard Society's Melissa Noseworthy on trauma in the roots of our experience; from Jamala Taylor and Andrew Winn of the Insight Garden Program in California about the ecosystem of care that is being nourished by this gardening program



in 10 California Department of Corrections and Rehabilitation prisons on 12 different yards; and finally, the series included a talk from social worker Brenda Halley on the work of the Friday Wellness Group, a community garden in downtown St. John's that supports people struggling with mental health issues. This program was established as a partnership between Eastern Health and The Anglican Cathedral of St. John the Baptist with a grant from Eastern Health's Healthy Communities Partnership Fund.

**Supporting Maternal Mental Health in NL** | Martha Traverso-Yepez, Ph.D., Honorary Research Professor, Community Health and Humanities, Faculty of Medicine, Memorial University, discussed her research related to maternal mental health including a study entitled: Engaging Mothers to Make Mental Health a Critical Item in Primary Health Care Assessment and another project on the effectiveness of wraparound supports for young mothers experiencing at-risk environments.

**Autism Research: Past, Present, and Future** | Dr. Kimberly Maich is a Professor in the Faculty of Education at Memorial University who is also an Ontario Certified Teacher, Board-Certified Behaviour Analyst (Doctoral), and Registered Psychologist, who focuses her research and clinical practice on issues related to autism—as often as possible. As a member of the REG on Autism, Dr. Maich discussed numerous research projects, including her work on Canadian perspectives on Autism, Autism and housing, ASD case studies, ASD and parents, picture books, sexuality, media representations, ASD and social skills - and welcomed the potential opportunity to build a Research Centre on Autism for this province in the future.



**Why Are Health Choir Members Motivated to Join and Continue their Participation?**

| Timothy Brennan, a third-year medical student at Memorial University who holds a Master's of Health Ethics degree from Memorial University, a Master's of Music degree in Piano Performance from the University of Florida, and a Bachelor of Music (Honours) degree in Piano Performance and Composition from Memorial University shared his research findings about health

choirs. An under-studied area of inquiry about health choirs is the motivation behind individual decisions to join and to continue participation. Timothy surveyed two health choirs for this project: the Better Breathing Choir (St. John's), and Singing with Parkinson's (Toronto, ON) and shared his results with the REG on Arts and Health.

**Tour of the 365 Greenhouse at the Elaine Dobbin Centre for Autism/ Autism Society of NL** | The Research Exchange Groups on Autism and on Horticultural Therapy got together to kick off the Fall 2021 Season with a guided tour (provided by the Autism Society of NL) of the 365 Greenhouse at the Elaine Dobbin Centre for Autism in St. John's. The groups met the greenhouse team and learned about how the Autism Society Newfoundland Labrador and Iron & Earth East teamed up on the first greenhouse of its kind to be built in this province. The 365 Greenhouse Project showcases renewable energy technologies, highlights issues surrounding food sustainability and serves as a community-building and educational tool.

**Dance for Health** | Hilary Walsh is a multidisciplinary artist and health professional who sees the value of the arts within healthcare. She began her journey as a dance artist and teacher in St. John's. Always an academic, Hilary's love of dance drew her to study kinesiology – a field that merged her passions for dance and science. Feeling pulled towards healthcare, Hilary pursued a Master's in Public Health focusing on population and community health. This opened her mind to view health from a holistic perspective, where environments, society, and economic trends all have an impact on human health. Seeing



the benefit of movement and dance for health, her goal has been to integrate dance into her practice as a healthcare practitioner. This presentation to the REG on Arts and Health covered Hilary's current process of weaving dance into her work as an occupational therapist both with children and with older adults.

**The Canadian Autism Spectrum Disorder Alliance (CASDA)** | Dr. Jonathan Lai, Executive Director spoke with the group on Autism about CASDA, which was founded in 2007, shortly after the Senate Committee Report "Pay Now or Pay Later: Autism Families in Crisis" sent a clear message to the autism community: We need to work together with a unified voice. CASDA will play an active part in developing a robust National Autism Strategy that ensures that all Autistic people in Canada have full and equal access to the resources they require to achieve their full potential.

**Random Acts at Memorial University: Student Engagement and Music** | This presentation, intended for those who do research and practice in community engagement programming, showcased the "Random Acts at Memorial" music-engagement program through Memorial University's Student Life Department. In this session, Julia Halfyard (Coordinator of New Student Experiences at Memorial and Ph.D. Candidate, Faculty of Education) spoke with the Research Exchange Groups on Community Engagement and on Arts and Health about the role of music engagement in enhancing a sense of place and belonging for students on campus.

**Recreation Therapists in the Social Prescribing Framework** | Furthering the ongoing discussions about social prescribing among members of the REG on Arts and Health, Cassandra McLean, Recreation Therapy (Hons), Certified Therapeutic Recreation Specialist (CTRS), Recreation Development Specialist II at Eastern Health talked about how Recreational Therapists and Therapeutic Recreation Specialists can align with goals for social prescribing in Newfoundland and Labrador.

**Safe Supply: A Look at the Evidence for Harm Reduction** | Pablo Navarro, Senior CHRSP Research Officer and member of the provincial harm reduction task force, spoke about the research evidence related to "Safe Supply" or "Safer Supply" as an alternative to illegal drugs for people who are at significant risk of overdose. Safe Supply services provide quality-controlled pharmaceutical substances, such as opioids or stimulants, for people who use drugs and are intended to reduce the risk of overdose from toxic or contaminated drugs (e.g., fentanyl) as part of a harm reduction strategy.

**Midwives' Roles in Health Systems** | In this presentation to the REG on Midwifery and Maternal Health, Dr. Cristina Mattison, Assistant Professor, Health Research Methods, Evidence, and Impact, Faculty of Health Sciences, McMaster University, Adjunct Scientist, Obstetrics and Gynecology, McMaster University discussed her research on the crucial role of midwives in Canadian healthcare systems.

**Women and Cardiac Rehabilitation** | Dr. Carolyn Baer, MD, FRCPC, Assistant Professor, Division of General Internal Medicine, Department of Medicine at Dalhousie University shared her considerable expertise on women's cardiac health with the REG on Chronic Disease and discussed the many challenges that women face when undergoing cardiac rehabilitation.



**Nothing About Us Without Us- How can we engage people with lived experience in research and policy decisions on harm reduction?** | This important conversation was hosted by the REG on Harm Reduction and Critical Drug Studies. It involved a roundtable gathering among people with lived experience of mental health and addictions together with leading national and provincial research partners who talked about the pragmatic and ethical considerations for community-led participatory research that includes people with lived experience.



**Botanical Gardens Site Visit & Arts / Horticultural Therapy Workshop** | For this very special outing of the REG on Horticultural Therapy, Dr. Jan Buley, Faculty of Education, together with Memorial University Botanical Gardens Nursery Manager, Tim Walsh welcomed a group of people with lived experience of mental health and addictions issues to attend a nursery tour of the Botanical Gardens and to participate in a Creative Writing and Horticultural Therapy Workshop in the Botanical Gardens greenhouse.

**Pallium Canada Project on Palliative Care for Indigenous Peoples in Labrador and in Newfoundland** | Cynthia Wesley-Esquimaux, Ph.D., from the Chippewas of Georgina Island First Nation, is a professor at Lakehead University in Ontario working with a small team— Ms. Tareyn Johnson, MA, University of Ottawa, and Ana Gonzalez, MA Candidate, Lakehead University— under contract with Pallium Canada, to create a new learning module inclusive of Cultural Safety, Cultural Intelligence, and Cultural Humility for the use and benefit of palliative care professionals who work with Indigenous peoples. Their intention in this meeting was to start the process of building, through conversations in this province — with health directors, clinicians, caregivers, researchers, Indigenous community members and others— a learning platform where all can acquire an enhanced understanding of cultural approaches to palliative and end-of-life support for Indigenous Peoples.



**The Phoenix Garden Project at HMP: What happens when you create beauty and plant seeds of humanity inside prison walls?** | At this update to the Research Exchange Group on Horticultural Therapy about the innovative Phoenix Garden Project at Her Majesty's Penitentiary (HMP), Dr. Jan Buley (Education) and Tim Walsh (Botanical Gardens) discussed an innovative program in which volunteers from university and community (the Outside Gardeners) meet with a team of Inside Gardeners within HMP to deliver a curriculum that combines mindfulness and creativity with hands-on gardening and landscaping training.

**ElderDog Canada- Starting a Pawd in NL** | A conversation with leaders from ElderDog Canada and members of the Research Exchange Groups on Aging and on Human-Animal Interaction and Wellness to discuss what would be required to start an ElderDog Canada Pawd in NL. ElderDog Canada is a volunteer-led organization that assists older pet owners with the care of their canine companions.

**First Light's Aboriginal Patient Navigator Program: A decade of Successful Collaboration with Eastern Health** | Katie Dicker, Senior Aboriginal Patient Navigator (APN), First Light; Solomon Semigak, APN, First Light; Mollie Butler, Regional Director Professional Practice & Indigenous Health at Eastern Health; and the late Andrew Harvey, Director of Housing and Social Supports at First Light, spoke with the REG on Indigenous Health about the 10+ years of the Aboriginal Patient Navigator (APN) Program, a successful collaboration between Eastern Health and First Light in St. John's. The APN serves Indigenous people who are navigating the healthcare

system by providing support with system navigation, advocating for funding and supports, and providing interpretation services.



**Our Place in the Web of Life: Human-Animal Interaction and Social Work** | Dr.

Cassandra Hanrahan is an Associate Professor in the School of Social Work at Dalhousie University. She has a deep interest in the human-animal bond and the ways in which human and other animal interactions inform our health, mental health and wellbeing. Her inquiries in this area extend to the inter-relatedness of human, other animal, and environmental health and welfare, with a focus on anthropocentrism and social work, human privilege, and post-humanism. Dr. Hanrahan provided an overview of her research on human-animal interaction and relations, animal-assisted interventions, and social work practice to the Research Exchange Group on Human-Animal Interaction and Wellness.

**Health before Conception: Research on Fertility & Exercise** | Dr. Katie Wadden is a CIHR post-doctoral fellow in the Faculty of Medicine at Memorial University who completed her Ph.D. in Rehabilitation Sciences at the University of British Columbia. She spoke with the REG on Midwifery and Maternal Health about her research on an exercise program for women experiencing infertility. For patients with an elevated BMI who are experiencing infertility, weight loss is often a recommended therapeutic intervention as it has been shown to have a positive impact on fertility outcomes. However, fertility physicians and nurses have minimal time and resources to evaluate those potentially modifiable risk factors (e.g., diet and physical inactivity) associated with obesity. Dr. Wadden's research program in reproductive health was initiated in direct response to the growing number of patients with obesity and infertility, combined with a gap in healthcare services that support them. Findings from the research carried out by Dr. Wadden and her team will help to develop innovative interventional research that targets cardio-metabolic health before conception.

**Horticultural Therapy for Older Adults Living in Long-Term Care: Focusing on People with Cognitive Impairments**

| Bianca van der Stoel is a Horticultural Therapist, a board member of the Canadian Horticultural Therapy Association (CHTA), and the Education Committee Coordinator for the CHTA whose aim is to promote the value and need for horticultural therapies in all settings: from Long Term Care environments, to hospitals, to schools, and far beyond. Bianca spoke about the many engaging and meaningful activities centered on the modality of horticulture in her practice, including a variety of programs that she offers to focus on goals such as physical mobility, socialization, sensory stimulation, or experiences of contribution and purpose.



**About First Light** | Executive Director Stacey Howse talked with the REG on Indigenous Health about the work of First Light, a registered non-profit organization that serves the urban Indigenous and non-Indigenous community alike by providing programs and services rooted in the revitalization, strengthening and celebration of Indigenous cultures and languages in the spirit of trust, respect, and friendship. Stacey shared with the group details about the many programs, social supports, social enterprises and other opportunities for Indigenous peoples to connect with each other through First Light.

**The Newfoundland and Labrador Context for Obstetrics Services: A Focus Group Discussion** | Colin Walsh and Christie Warren of NLCAHR's Contextualized Health Research Synthesis Program (CHRSP) are conducting research for a CHRSP *Evidence in Context* report on the use of Patient Decision Aids in decision-making during the childbearing year. The team had already gathered and synthesized the scientific evidence when they

initiated a focus group with members of the REG on Midwifery and Maternal Health to help place that evidence in context for Newfoundland and Labrador in support of locally relevant healthcare decision making.

**Canine Nutrition: What Really Constitutes a Species-Appropriate, Balanced, Safe and Healthy Diet?** | Members of the REG on Human-Animal Interaction and Wellness invited Dr. Laura Dominguez, DZM, MSc, CVA, a respected veterinarian, to speak about the health impacts of good nutrition and the importance of promoting health of our animal companions as a key component of establishing healthy (and more affordable!) relations with our canine companions. This presentation provided a brief overview of canine nutrition history; processed vs fresh diets; commercial vs home-made diets; age/breed/activity related dietary adjustments; food availability and budgets for pet owners.



**Experience of Reproductive Healthcare in Rural Canada** | Dr. Lisa Morgan from the University of Ottawa discussed her research project with the REG on Midwifery and Maternal Health. Dr. Morgan's research was undertaken with a goal to improve reproductive healthcare service provision in rural contexts. Her study examined the experiences of women in Northern Ontario with respect to their uptake of reproductive healthcare services and found that women residing rurally, without a family physician,

and lower socioeconomic statuses are statistically more likely to prefer a midwife for their reproductive healthcare. The survey results indicate a preference for female healthcare providers by the majority of interviewees. Changes driven by strong health policy may be required to engage women in recommended reproductive healthcare more fully.

**Rurality and Suicide in Ontario, Canada** | Dr. Rebecca Barry is a Postdoctoral fellow under the supervision of Dr. Dallas Seitz at the University of Calgary's Cumming School of Medicine. She presented the results of three studies on rurality and suicide in Ontario, Canada: the first was a population based case-control study examining the relationship between rurality and attempted suicide and death by suicide. The second study examined help-seeking prior to a suicide attempt or death by suicide among those living in rural and urban areas. The third study examined the relationship between travel time to care and suicide. Dr. Barry's research indicated that rurality is a risk factor for suicide. The REGs on Rural Health and on Mental Health learned that rural males are almost two times more likely to die by suicide compared with urban males, and both rural males and females have an elevated risk of suicide attempts compared with urban residents.



**Perinatal Mental Health** | Dr. Archana Vidyasankar talked about perinatal mental health in Newfoundland and Labrador, which has among the highest rates in Canada of anxiety and depression in pregnancy and the postpartum period. This reality has motivated Dr. Vidyasankar, a psychiatrist, to create change. She, along with

other passionate individuals, helped initiate the Perinatal Mental Health Alliance of Newfoundland and Labrador to gather community groups, healthcare providers, interested parties, government, educators and many more like-minded people to help support our young families.

## Engagement Activities: NLCAHR Director and Staff

Again this year, the Centre's director and staff were connected with other organizations at the local, provincial and national levels.

### Local and Provincial Engagement



#### **The Aging Research Centre of Newfoundland & Labrador**

The Centre's Director, Dr. Rick Audas, serves on the Core Leadership Team of the Aging Research Centre of Newfoundland & Labrador - ARC-NL - a provincial research centre devoted to studies on aging. ARC-NL was established in 2018 by a working group of NLCAHR's Research Exchange Group on Aging. Today, with funding from Memorial University and the province's Department of Children, Seniors, and Social Development, ARC-NL is situated at Grenfell

Campus with a satellite office at NLCAHR. This research centre fosters collaboration between the Grenfell and St. John's campuses to create a provincial network of researchers studying late life issues, prioritizing knowledge mobilization, and promoting engagement with older adults. Rochelle Baker helps to coordinate the ARC-NL's activities with those of the Research Exchange Group on Aging. Tyrone White has provided support for the administration of ARC-NL in 2022 as well as administering the ARC-NL Awards Program.

#### **Canadian Mental Health Association of Newfoundland and Labrador: Advisory Committee**

Rochelle Baker served on the advisory committee that helped guide a research project of the Canadian Mental Health Association of NL (CMHA-NL) to produce a 2021 report on mental health in the province from the perspectives of people with lived experience, including quality of care, addressing mental health stigma, and access to appropriate supports for a variety of mental health and addictions issues. "Embracing Experiences" is the first independent public report on Newfoundland & Labrador's Mental Health & Addictions System. The report is based on interviews with 40 people across the province and includes their stories about mental health services. Rochelle Baker provided editorial assistance and advice on creating accessible content for this study which is now available online: [cmhanl.ca/resources/](https://cmhanl.ca/resources/).

#### **Healthy Built Environment Working Group**

The former Building Healthy Communities Collaborative (BHCC) which was co-chaired by Pablo Navarro, Senior CHRSP Research Officer, is now part of a Healthy Built Environment Working Group organized by the provincial Department of Children, Seniors, and Social Development (CSSD) together with the Department of Health and Community Services. Pablo Navarro co-chaired this working group, which includes former members of the BHCC and representatives from the government and the healthcare system.

#### **City of St. John's Environment and Sustainability Experts Panel**

Pablo Navarro was invited to sit on the City of St. John's Environment and Sustainability Experts Panel which is responsible for assisting the City's progress in environmental and sustainability issues. The Experts Panel provides expertise, opinion, and perspective about environmental and sustainability matters as they relate to the City of St. John's energy intensity, greenhouse gas emissions, adaptation resilience, and overall environment.

### **Statistics Canada Research Data Centre, Memorial University**

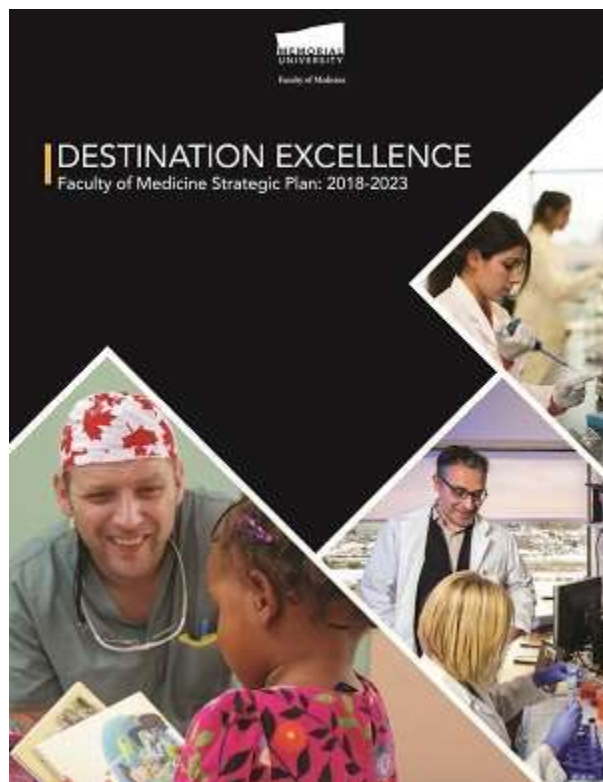
Dr. Rick Audas is the Academic Director of the Statistics Canada Research Data Centre, Memorial University. The Research Data Centre houses a wide variety of Statistics Canada data sets, which can be made available to researchers, free of charge, with approved projects.

### **Master's of Applied Health Services Research (MAHSR) Program**

The Centre's Interim Director, Dr. Rick Audas, is also the Memorial University Academic Lead for the Master's of Applied Health Services Research (MAHSR) program. This degree is jointly offered by University of New Brunswick, University of Prince Edward Island, Saint Mary's University and Memorial University.

### **Undergraduate Medical Curriculum at Memorial University**

Dr. Audas is the Undergraduate Curriculum Liaison in the undergraduate medical program for The Division of Community Health and Humanities and a member of the management team of Phase 3 of the undergraduate medical program.



### **Destination Excellence Implementation Steering Team**

Destination Excellence 2018-2023 is the Faculty of Medicine's strategic plan, designed with an important goal in mind— achieving excellence in education, research and engagement with the communities with whom we serve and partner. As part of Destination Excellence, the faculty's vision for the future and strategic directions and goals are articulated in its mission statement: *Through excellence, we will integrate education, research and social accountability to advance the health of the people and communities we serve.* The Faculty has established short and long-term priorities and is now in the process of implementing them. The implementation process has included iterative engagement with faculty, staff, learners, alumni, the university, and community partners. Rochelle Baker serves on the Destination Excellence Implementation Steering Committee and was a member of the committee's Social Accountability Team.

### **Health Accord NL- Social Determinants of Health Committee**

Health Accord NL was created in November 2020 to re-imagine the NL healthcare system to best deliver services to meet the needs of people in communities across the province. It is mandated to deliver a 10-Year transformation of the health system with short, medium, and long-term goals to create a system that better meets the needs of Newfoundlanders and Labradorians. The Accord is made up of six working committees: Social Determinants of Health, Community Care, Hospital Services, Aging Population, Quality Health Care, and Digital Technology Senior CHRSP Research Officer, Pablo Navarro served on the Social Determinants of Health Committee.

## National Engagement



### **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.

### **Canadian Health Services and Policy Research Alliance (CHSPRA)**

The Centre's Interim Director, Dr. Rick Audas serves on the

executive of this national organization that was developed under the leadership of CIHR's Institute for Health Services and Policy Research (IHSPR). CHSPRA involves partners, stakeholders, health services/ policy research leaders with the aim of bringing greater collaboration and coordination to health services policy research activity and investment in Canada and optimizing the relevance and impact of IHSPR investments in high priority areas of pan-Canadian interest. This Alliance provides an important vehicle for advancement of the Pan-Canadian Vision and Strategy for Health Services and Policy Research.

### **The COVID-19 Evidence Network to Support Decision-making (COVID-END)**

The COVID-19 Evidence Network to Support Decision-making (COVID-END) is a time-limited network that brings together more than 50 of the world's leading evidence-synthesis, technology-assessment and guideline development groups around the world. COVID-END helps those supporting decision-making about COVID-19 to find and use the best available evidence (i.e., to support the evidence-demand side of the pandemic response); and it helps researchers to avoid waste by reducing duplication in and better coordinating the COVID-19 evidence syntheses, technology assessments and guidelines being produced (i.e., to support the evidence-supply side of the pandemic response). Given the work that NLCAHR has been producing to support evidence-informed decision making about COVID-19, our Senior CHRSP Research Officer, Pablo Navarro was invited to join the COVID-END network.

### **National Alliance of Provincial Health Research Organizations (NAPHRO)**

Dr. Rick Audas represents NLCAHR as a member of NAPHRO, a voluntary association of provincial health research funding organizations. NAPHRO provides a forum to share ideas, communicate lessons learned, and define opportunities for collaboration with respect to issues and challenges confronting the health research enterprise across the country. The Alliance meets in person twice a year and by teleconference three times a year, to share information and identify potential opportunities for working collaboratively on common issues.



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

### **The National Collaborating Centre for Environmental Health-Healthy Built Environment Forum Champions**

The National Collaborating Centre for Environmental Health developed an online discussion forum to enhance networking and to foster linkages among Healthy Built Environment (HBE) practitioners, policy-makers, and researchers. Research evidence has established HBE as a critical influence on human physical, mental and social health. As a result, public health agencies and educational institutions across Canada have incorporated HBE into their mandates and curricula as part of their efforts to improve population health outcomes. Pablo Navarro was invited to participate and is one of two members from Newfoundland and Labrador to serve in this forum.

### **Strategy for Patient-Oriented Research (SPOR) Evidence Alliance**

NLCAHR, as an organization that produces evidence syntheses for its health system partners, is a member of the SPOR Evidence Alliance, a partnership between researchers, patients, healthcare providers, policymakers, and other decision makers who are committed to building a Canadian health system that is increasingly informed and improved using best available evidence and innovations uncovered by the health research community. The Alliance is jointly funded by the Canadian Institutes of Health Research and 41 public agencies and organizations across Canada to create a collaborative research environment that is centred on patients and health system decision-makers as part of the Strategy for Patient-Oriented Research initiative.

## **Professional Development**

CHRSP Research Officer and Patient-Caregiver Advisory Council Coordinator Sarah Mackey participated in many professional development/ educational opportunities this year, including:

- Engaging Public and Patient Partners in Rapid Reviews, National Collaborating Centre for Methods and Tools (NCCMT) Webinar
- Foundations in Patient-Oriented Research Training Overview: NL-SUPPORT
- Ethics and Patient Engagement: An Online Panel Discussion, NL- SUPPORT
- CIHR Patient-Oriented Research Training Program:
  - CIHR's Foundations in Patient-Oriented Research Training: Module 1, part 1
  - IHR's Foundations in Patient-Oriented Research Training: Module 1, part 2
  - CIHR's Foundations in Patient-Oriented Research Training: Module 1, part 3
  - CIHR's Foundations in Patient-Oriented Research Training: Module 2
  - CIHR's Foundations in Patient-Oriented Research Training: Module 3
- Maritime SPOR SUPPORT Unit (MSSU): The Science and Practice of Patient Engagement and Setting Research Priorities



Newfoundland &amp; Labrador Centre for Applied Health Research

**Annual Budget & Expenditures**

April 1, 2021 – March 31, 2022

<b>Operating Funds from the Faculty of Medicine</b>			
<b>CATEGORY</b>	<b>BUDGET</b>	<b>SPENT</b>	<b>REMAINING</b>
Salaries & Benefits **	\$439,408	\$472,056	-\$58,239
Operating Expenditures	\$8,400	\$18,254	-\$10,354
Payment to CHRSP Consultants	\$12,000	\$1,000	\$11,000
Office Space/Rental	\$65,000	\$39,968	\$25,032
<b>Totals</b>	<b>\$524,808</b>	<b>\$531,278</b>	<b>-\$6,470</b>
<b>**Both budget and spent amounts include amounts paid to employees in relation to retroactive pay for negotiated salary increases.</b>			

Total funding from the Faculty of Medicine at Memorial University was \$524,808 of which \$378,500 was provided by the Department of Health and Community Services as part of the Faculty of Medicine's operating grant for NLCAHR

NLCAHR also received a grant from Unity Health Toronto as a member of the SPOR Evidence Alliance:

Funds received	\$70,000
Funds spent (salary)	\$53,000
<b>Funds remaining</b>	<b>\$17,000</b>