

Research at Home



Newfoundland & Labrador Centre for

APPLIED HEALTH RESEARCH

www.nlcahr.mun.ca

Annual Report 2019-2020

Greetings *from the Chair*



Destination Excellence, the Faculty of Medicine's strategic plan, includes the following vision: "Through excellence, we will integrate education, research, and social accountability to advance the health of the people and communities we serve." Again this year, the Newfoundland and Labrador Centre for Applied Health Research (NLCAHR) aligned its work with this vision by prioritizing social accountability in research to advance provincial health and healthcare care goals. The Centre's commitment to community engagement became especially important in early 2020 as provincial health and community partners addressed the public health challenges of a global pandemic.

The Centre's crowning achievement this year was undoubtedly its support for evidence gathering on the novel coronavirus, COVID-19. Anticipating health system needs for up-to-date decision support, NLCAHR developed a webpage that includes links to the latest [COVID-19 research evidence](#). The Centre then began responding to questions of urgent importance to health system leaders and medical officers of health by producing a series of [COVID-19 Quick Response Reports](#). At the same time, graduate student researchers at the Centre began preparing the [NLCAHR COVID-19 e-bulletin](#), a weekly round-up of the latest global evidence on issues related to the pandemic. This important work has been shared nationally: on the websites of the National Collaborating Centre for Methods and Tools and the CIHR's Support for Patient Oriented Research (SPOR) Evidence Alliance, as well as being distributed to the leaders and stakeholders of the National Association of Provincial Health Research Organizations (NAPHRO). Not surprisingly, the Centre has received several letters of appreciation for the quality and timeliness of these rapid decision-support products.

Also outlined in this report are activities carried out during what we may now nostalgically call the "pre-COVID" era, when researchers at NLCAHR's Contextualized Health Research Synthesis Program (CHRS) [completed several studies](#) on priority topics identified in 2019 by provincial health system and patient/caregiver partners. In addition, NLCAHR's Research Exchange Groups Program grew to include twenty active groups with a combined membership now exceeding 1,100 participants from Memorial, other universities, the health system, and the community. The program was the subject of [a special feature in Memorial University's Gazette](#) that illuminated relationships among communities and community organizations and Memorial, with a focus on Memorial's supporting role in community-led work.

NLCAHR also hosted several special events this year. During Memorial University's Research Week in November, 2019, NLCAHR hosted a lunch and learn session for faculty, students, and community partners to learn about the Centre's approach to successful community engagement. In December, the Centre welcomed guests to a special celebration to mark NLCAHR's twentieth anniversary. In January, NLCAHR organized the Faculty of Medicine's annual David Hawkins Memorial Lecture: "*Show Me the Evidence: Building the global knowledge architecture to improve health.*" Dr. Jeremy Grimshaw, Senior Scientist in the Clinical Epidemiology Program of the Ottawa Hospital Research Institute and Tier 1 Canada Research Chair in Health Knowledge Transfer and Uptake, was invited to Memorial University to speak about the history of knowledge translation and the evolving efforts to produce quality health research evidence to support Canadian and global healthcare systems.

On behalf of the Board, I congratulate the director and staff, the learners and the many health, academic and community partners who have contributed to another great year at NLCAHR. Thank you for your hard work in aligning education, research and service activities to address the leading health issues of this province, and beyond.

Dr. Margaret Steele

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



Greetings from the Director



In presenting *Research at Home*, the annual report of the Newfoundland and Labrador Centre for Applied Health Research for 2019-2020, I am proud to highlight the Centre's ongoing achievements in community engagement, in producing flexible and responsive decision-support for provincial health system leaders, and in the continued expansion of our partnerships during what has been a remarkably challenging year here and around the world.

In this province, the 2020s have brought with them a new lexicon. We started the year with a record-breaking blizzard that was aptly dubbed "Snowmageddon" and then, all too soon, terms like "flattening the curve," "social distancing," "contact tracing," and "asymptomatic transmission" became a part of our everyday vernacular. For the team at NLCAHR, the challenges of working from home were compounded by the need to understand and to effectively communicate the health and healthcare implications of a shifting global pandemic while grappling with the rapidly-evolving research literature surrounding the novel coronavirus and COVID-19.

Among the many accomplishments featured in this report, I am especially proud of the way NLCAHR has managed to adapt to new realities and to shift our focus to COVID-related issues. In early 2020, the team moved very quickly into the production of *COVID-19 Quick Response Reports* (twenty-two publications have been completed at the time of writing), and the publication of weekly COVID-19 e-bulletins. In addition to these efforts, researchers in our innovative Contextualized Health Research Synthesis Program (CHRSP) also produced four new studies for healthcare decision makers this year, including research on barriers and enablers to deprescribing medications, an exploration of culturally-appropriate service models that can be used to deliver psychiatric telehealth to Indigenous communities, a look at the evidence for the effective and safe delivery of rural obstetric care, and an update of our 2012 *Evidence in Context* report on hyperbaric oxygen therapy to treat wounds. We are pleased to share these, and CHRSP's other accomplishments in this report, including the submission of a new application to the Canadian Institutes of Health Research for a three-province collaboration to adapt CHRSP for use in other Canadian jurisdictions, and the continuing development of our CHRSP Patient and Caregiver Advisory Council.

Again this year, our Research Exchange Groups have been central to our work. These groups connect researchers, students, practitioners, representatives of government, the health system, and community organizations with engaged citizens whose dedication to advancing research and exchanging knowledge is truly inspirational. With twenty active groups and more than 1,100 participants, the program continues to build capacity for socially accountable, community-inspired, and community-led applied health research in Newfoundland and Labrador.

I am confident that this year's report, appropriately entitled "*Research at Home*," will provide you with new perspectives on the full scope of our activities. As we continue our work within a complex and ever-changing public health and healthcare context, we pledge to maintain our support for health research, our commitment to building research capacity, and our focus on mobilizing research knowledge among health researchers and the communities they serve. I am immensely grateful to our Board of Directors for their continued guidance, to our exemplary staff, and to all of those individuals and partners whose dedication and support continue to propel us forward in these peculiar and extraordinary times.

Dr. Stephen Bornstein

Director, Newfoundland and Labrador Centre for Applied Health Research



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About Us

Newfoundland & Labrador Centre for

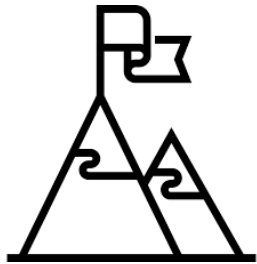
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Mission

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



Goals

NLCAHR has three principal goals: to help build capacity and resources to undertake and support high-quality applied health research in Newfoundland and Labrador; to increase the amount and impact of high-quality applied health research undertaken on priority research themes in the province; and to facilitate the more effective and efficient use of research evidence in the province's health and community services system. These goals are achieved through our support for researchers seeking to locate and obtain funding, through our flagship Contextualized Health Research Synthesis Program, and through our many capacity-building and collaborative activities, including the popular Research Exchange Groups.



Governance

The director manages NLCAHR and reports to the Board of Directors, which is responsible for all policy and strategic decisions and for approving the annual budget. 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, the Newfoundland and Labrador Centre for Health Information, and Eastern Health. Under terms of reference drafted in 2018, the Board of Directors will take on an advisory rather than a governance role and will expand to include a wider range of stakeholders.

NLCAHR Staff for 2019-2020



Dr. Stephen Bornstein
Director



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



Sarah Mackey
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



Sarah Williams
CHRSP Research Officer

NLCAHR welcomed two new CHRSP Research Officers to our team this year— Christie Warren and Sarah Williams. We also bid farewell to Keihan Power who left the Centre to pursue his medical education at Memorial. We thank Keihan for his excellent work on our CHRSP projects and we wish him every success with his studies.

In addition to the full-time staff pictured above, the Centre has been fortunate to work this year with three part-time graduate student research assistants: Wendy Lasisi, Kazeem Adefemi, and Waseem Abu-Ashour. These students have made valuable contributions to our CHRSP projects and their work on our new *COVID-19 e-bulletins* has been especially appreciated.

The 2019-2020 Board of Directors

Dr. Margaret Steele, Dean of Medicine at Memorial University, chairs the NLCAHR Board of Directors whose members include Karen Stone, Deputy Minister of the Department of Health and Community Services, Susan Walsh, Deputy Minister of the Department of Children, Seniors, and Social Development, David Diamond, CEO of Eastern Health, Stephen Clark, CEO of the NL Centre for Health Information, and Stephen Bornstein, NLCAHR Director (ex officio).



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The Contextualized Health Research Synthesis Program (CHRSP)

What is CHRSP?

Now in its thirteenth year, the Contextualized Health Research Synthesis Program (CHRSP) is NLCAHR's flagship program, designed to increase the use of scientific evidence in health and healthcare decision making in Newfoundland and Labrador. Working in partnership with the provincial healthcare system, community partners, patients, and caregivers to identify questions of urgent importance, CHRSP synthesizes existing research evidence and contextualizes the findings to attune the evidence to local realities and capacities. By making sure that decision makers understand not only "what works" but also "what will work *here*," the program optimizes the usefulness of its reports for decision makers.

2019-2010 CHRSP Health System Leaders and Champions

We appreciate the ongoing contributions of the many dedicated health system partners who worked with CHRSP this year to identify and prioritize topics for study, to work with us on research teams, and to assist in the dissemination and uptake of our report findings.



Leader: David Diamond, CEO

Champions: Krista Butt, Research Analyst, Farah McCrate, Director of Research, Janet Templeton, Regional Director of Medicine and Ambulatory Care, Elaine Warren, Vice President and Chief Information Officer



Leader: Andrée Robichaud, CEO

Champion: Vanessa Mercer-Oldford, Director of Corporate Improvement



Leader: Cynthia Davis, CEO

Champions: Hilda Bellows, Regional Director, Quality Management, Mariel Parcon, Regional Manager, Research and Evaluation



Leader: Heather Brown, CEO

Champion: Nadine Calloway, Regional Director, Health Information and Privacy



Leader: Karen Stone, Deputy Minister

Champions: Heather Hanrahan, Director of Regional Services, Andrea McKenna, Assistant Deputy Minister



Leader: Susan Walsh, Deputy Minister

Champion: Henry Kielley, Director, Seniors, Aging and Disability Policy

The 2019-2020 CHRSP Patient and Caregiver Advisory Council

The CHRSP Patient and Caregiver Advisory Council (PCAC) was established in 2017 in recognition of the value that patients and caregivers can bring to applied health research—as full partners who provide both researchers and health system participants with a stronger understanding of the issues and concerns facing patients and caregivers in our province. Members of the Council live within all four Regional Health Authorities of the province, bringing a diverse range of perspectives about health and healthcare from across Newfoundland and Labrador. The Council contributes to CHRSP 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 research considerations and contextual factors 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.

We thank Sarah Mackey for her work as the Coordinator of the CHRSP Patient and Caregiver Advisory Council and we also extend our sincere appreciation to the following members of the 2019-2020 CHRSP Patient and Caregiver Advisory Council for their contributions to CHRSP this year:



Judi Burgess

St. John's | Eastern Health RHA

Brenda Critchley

Sandringham | Central Health RHA

Jon Dalton

St. John's and Fogo Island | Eastern Health RHA

Myra Dean

Botwood | Central Health RHA

Previous experience in Labrador Grenfell RHA

Paula Rolfe

Corner Brook | Western Health RHA

Ian Simpson

Corner Brook | Western Health RHA

Janet Skinner

Happy-Valley- Goose Bay | Labrador Grenfell Health RHA

David Tutton

Holyrood | Eastern Health RHA

CHRSP Publications *in* 2019-2020

This year, CHRSP published the following studies. The findings are detailed below.

1. An *Evidence in Context* update on Hyperbaric Oxygen Therapy for Difficult Wounds
2. A *Rapid Evidence Report* on Rural Obstetric Care
3. A *Snapshot Report* on Indigenous Tele-psychiatry
4. A *Rapid Evidence Report* on Barriers and Enablers to Deprescribing Medications
5. A new series of *COVID-19 Quick Response Reports* and e-bulletins (ongoing)

Hyperbaric Oxygen Therapy for Difficult Wounds (*Evidence Update*)



The Research Question

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

[Link to Report](#)

Background

In 2012, CHRSP worked with health system partners in Newfoundland and Labrador and with the Canadian Agency for Drugs in Technology and Health (CADTH) to publish a contextualized health evidence synthesis on the clinical and cost effectiveness of hyperbaric oxygen therapy (HBOT) for difficult wound healing. For the 2012 study, the Project Team was led by Pablo Navarro, Senior CHRSP Research Officer at NLCAHR and by Rhonda Boudreau, Research Officer at CADTH. This year, to provide decision makers with more recent evidence on this topic, CHRSP researchers Wendy Lasisi and Pablo Navarro updated the original synthesis with evidence from moderate to high quality systematic reviews published since 2010. Furthermore, the new study was undertaken with an updated version of the CHRSP methodology by using the new CHRSP Evidence Rating System to appraise and assess the quality of the evidence.

Key Findings

The findings of the 2019 evidence update were consistent with those of the original report. The following summarizes the new report’s key findings:

- A strong body of evidence shows that HBOT, as adjunctive therapy, is significantly more effective than usual care in reducing the severity of non-healing diabetic foot ulcers.
- Strong evidence indicates that HBOT, when used to treat diabetic foot ulcers, does not reduce minor amputations whereas weaker evidence points to its effectiveness in reducing major amputations. These seemingly paradoxical findings may be attributed to the fact that those undergoing a minor amputation will no longer require a major amputation.
- HBOT has been shown to be clinically effective in the treatment of delayed radiation-induced injuries of the head and neck and of the pelvic regions by improving wound healing and quality of life. The economic effectiveness of HBOT for treating these wounds is unknown.
- The benefits of HBOT for wound healing will depend on the severity of the injury and on the timeliness of treatment.

- There is insufficient evidence to determine the clinical or economic effectiveness of HBOT for the treatment of non-diabetic pressure ulcers, thermal burns, skin grafts and flaps, and post-organ transplantation revascularization.
- More research is needed to determine the effectiveness of HBOT for healing a variety of wounds. Decision makers can expect future studies to have an impact on the body of evidence for the effectiveness of HBOT to treat conditions for which there is insufficient evidence at present.
- Monitoring and documenting patient outcomes at the St. John's Hyperbaric Oxygen facility in Eastern Health will support future decisions about the most suitable patient populations for Hyperbaric Oxygen Therapy.

Rural Obstetrical Care (*Rapid Evidence Report*)



The Research Question

“What models of obstetric care have been shown to increase safety and promote patient satisfaction in rural areas?”

[Link to Report](#)

Background

Centralization within regions was a pan-Canadian policy initiative designed to address inefficient and costly services across health sectors. The policy often led to the closure or reduction of maternity services in many rural communities, which has tended to produce worsening population health outcomes and a reduction in the quality of care for rural populations. While not completely reversing the initial policy initiative, Canadian health system decision makers are currently re-considering ways to provide rural health services, including maternity services, closer to home in response to community pressures for enhanced rural services. Health systems are also seeking ways to provide improved services to Indigenous populations as called for in the report of Canada's Truth and Reconciliation Commission and included in Canada's commitments as a signatory to the United Nations Declaration on the Rights of Indigenous Peoples. Not surprisingly, decision makers in Newfoundland and Labrador are especially concerned about improving the quality of care for people in rural locations, given the province's significant rural demographics—the majority of municipalities in this province have fewer than 1,000 people. Small communities in the province are also dispersed over a vast geography, posing unique transportation and access challenges for women seeking obstetric care. For this report, CHRSP Research Officers Colin Walsh and Keihan Power, and the CHRSP Program Director, Dr. Stephen Bornstein worked with Dr. Jude Kornelsen, an associate professor in the Department of Family Practice, co-director of the Centre for Rural Health Research at the University of British Columbia, and honorary professor at the Sydney Medical School in Australia.

Key Findings

The following key messages are included in this report:

- Evidence-informed decision making on rural obstetric care is challenged by the lack of robust research evidence on this topic. Being unable to provide a comprehensive guideline for the delivery of rural obstetric services, this report focused instead on the issue that is most often

highlighted in the literature—the skills and effectiveness of the various professionals who provide obstetric services for women in rural areas.

- Evidence from two high-quality systematic reviews suggests that, when compared to other models of care, midwifery models of care are associated with improved outcomes, fewer interventions, and increased patient satisfaction.
- Evidence from a moderate-quality review suggests that outcomes of perinatal surgical care by General Practitioners with Enhanced Surgical Skills (GPSS) and by specialists are comparable.
- The Joint Position Paper on Rural Maternity Care provides a series of recommendations regarding the provision of obstetric care in rural areas. In terms of service models, inter-professional models of care are recommended.
- Numerous contextual issues will have an impact on the applicability of the research findings to rural communities in Newfoundland and Labrador. These include: geography, population size, population density, service demand, and health human resources/workforce models. The unique characteristics and challenges of healthcare delivery in rural Newfoundland and Labrador should be considered when developing strategies or designing obstetric service models for rural women.

Indigenous Tele-Psychiatry (*Snapshot Report*)



The Research Question

“What tele-psychiatry programs have been established elsewhere in Canada and in select international jurisdictions to provide inclusive and culturally-appropriate care to Indigenous peoples living in rural and remote communities?”

[Link to Report](#)

Background

The province of Newfoundland and Labrador is home to four peoples of Indigenous ancestry: the Inuit, the Innu, the Southern Inuit, and the Mi'kmaq. The continental portion of the province, Labrador, is home to the Inuit of Nunatsiavut, the Innu Nation of Nitassinan, and the Southern Inuit of NunatuKavut. The geographic dispersion of Indigenous peoples in Labrador, in combination with the northern climate, can make delivering mental healthcare services challenging. This jurisdictional scan was prioritized by the provincial healthcare system to support decision making on tele-health services for Indigenous peoples in the Labrador region. In 2017, the Government of Newfoundland and Labrador made a commitment to address gaps in mental health and addictions services, to strengthen existing services, and to abolish barriers of stigma and timely access to care across the province. The policy document *Towards Recovery: A Vision for a Renewed Mental Health and Addictions System for Newfoundland and Labrador* outlines several recommendations for improved mental health services. Acting on these recommendations, Labrador-Grenfell Health has begun providing tele-psychiatry services to communities in Labrador. However, the psychiatrists who provide these services are often located outside of the region and are not always familiar with Labrador's geographic or cultural contexts. In order to support the tele-psychiatry service, the Department of Health and Community Services requested this jurisdictional scan of tele-psychiatry programs and other technology-delivered mental health services serving predominately Indigenous populations in order to determine how these programs have been designed to provide inclusive and culturally-appropriate care.

Key Findings

Our jurisdictional scan found sixteen tele-psychiatry programs or applications (apps) of interest: nine Canadian tele-health programs, three programs from the United States, and four online applications that have been developed for use in Australia and in New Zealand.

- The identified tele-psychiatry program models used throughout Canada and the United States have many common features.
- The e-mental health applications we found varied in terms of the target age groups and the conditions treated, but all were designed for, or adapted for use by, Indigenous peoples.
- The following key features of the various programs and applications we identified have been designed to improve the cultural appropriateness of tele-psychiatry for Indigenous peoples:
 - ✓ providing community support for the program;
 - ✓ including traditional healing approaches;
 - ✓ taking a holistic view of health;
 - ✓ adapting the program to patient capacities;
 - ✓ making reciprocal visits (i.e., providers visiting communities or local health workers visiting consulting providers);
 - ✓ educating the care provider; and
 - ✓ enhancing local capacity.

Deprescribing Medications: Barriers and Enablers (*Rapid Evidence Report*)



The Research Question

"What barriers and enablers to deprescribing medications are identified in the scientific research literature?" [Link to Report](#)

Background

Negative health outcomes can result from the use of multiple medications (polypharmacy) and the incorrect or unnecessary use of medications. Deprescribing is a solution that may help to address these health risks through a process of safely stopping or reducing harmful or unnecessary medications. Decision makers in Newfoundland and Labrador recognize that deprescribing has the potential to improve quality of care and patient health outcomes. To help increase uptake for this approach, our provincial health system partners asked the CHRSP team to examine high-level research evidence that identifies barriers and enablers to deprescribing.

For this report, Sarah Mackey, CHRSP Research Officer, and Dr. Stephen Bornstein, CHRSP Program Director benefited from the advice and expertise of Dr. Justin Turner, Senior Advisor on Science Strategy for the Canadian Deprescribing Network.

Key Findings

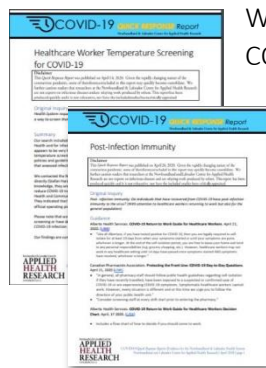
- The research evidence on barriers and enablers to deprescribing medications is largely qualitative in nature and is based on the perspectives of patients and providers rather than on tested interventions.
- Although evidence indicates some willingness on the part of both patients and providers to support deprescribing in principle, in practice, deprescribing involves a complex interplay of

patient, provider, and system-level factors that affect whether medication reduction or cessation will be enabled or inhibited.

- For older patients and patients with multiple morbidities, the complexity of medication management increases with the number of medications being prescribed. This complexity poses challenges to deprescribing.
- Research suggests that improvements in system-level communication and coordination of care among multiple providers would likely improve deprescribing outcomes. Other helpful system supports include interface management, accurate patient records, and IT support.
- When preparing deprescribing resources for patients, decision makers should consider levels of literacy and health literacy, patient preferences, and the need to clearly present both the risks and the benefits of deprescribing. Evidence also suggests that receiving information about deprescribing directly from a healthcare provider is beneficial to patients.

Summary List : Barriers and Enablers to Deprescribing Medications		
Level	Barriers	Enablers
Patient-level	<ul style="list-style-type: none"> • Attitudes and perspectives about the consequences of <i>not</i> taking medications • Lack of knowledge about medications/ medication management • Influence of patient characteristics 	<ul style="list-style-type: none"> • Attitudes and perspectives about the consequences of taking medications • Positive, trusting patient-prescriber relationships • Improved knowledge and understanding of their medications and of deprescribing • Influence of patient characteristics
Provider-level	<ul style="list-style-type: none"> • Perspectives and concerns about negative outcomes of deprescribing patient medications • Concerns about negative consequences for inter-professional relationships • Limitations of knowledge, skills or experience 	<ul style="list-style-type: none"> • Perspectives and concerns about negative outcomes of continuing patient medications • Positive and trusting provider-patient relationships • Improving provider knowledge, skills and experience
System-level	<ul style="list-style-type: none"> • Lack of multidisciplinary coordination and communication • Lack of time or funding required for consultation • Lack of other practical supports at the system-level 	<ul style="list-style-type: none"> • Access to professional or technical support • System-level knowledge and skills improvement • Support for system-level cultural and attitudinal changes

COVID-19 *Quick Response Reports* and e-bulletins

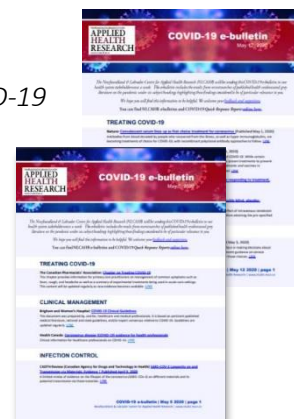


When the province of Newfoundland and Labrador experienced its first cases of COVID-19, researchers at NLCAHR created an [information hub on the NLCAHR website](#) to provide decision makers with a single online link to reliable sources of research evidence about the novel virus.

Researchers at NLCAHR then asked our CHRSP health system partners and our provincial Medical Officers of Health to let us know if they had any specific questions about the novel coronavirus/COVID-19 for which rapid evidence summaries might be helpful. Not surprisingly, we began to receive numerous requests for evidence summaries on topics ranging from COVID-19 and homelessness to sustained viral detection, from asymptomatic transmission to re-opening health services. These *COVID-19 Quick Response Reports* are [published online](#) and are disseminated to provincial health system decision makers and to colleagues at Memorial University's Faculty of Medicine. These rapid reports are also posted on the websites of the National Collaborating Centre for Methods and Tools and the CIHR's Strategy for Patient Oriented Research (SPOR) Evidence Alliance. They are also being distributed to the leaders and stakeholders of the National Association of Provincial Health Research Organizations (NAPHRO). In addition to CHRSP's work in this area, the webpage also includes reports produced by the Faculty of Medicine's Primary Health Research Unit.

To supplement these reports, CHRSP has also produced a series of weekly *COVID-19 e-bulletins* that round up the latest evidence on a variety of topics of interest to decision makers, including treatment, infection control, COVID-19 and healthcare workers, and mental health and wellness, to name a few.

At the time of writing, the CHRSP team is continuing its work with colleagues in the Division of Community Health and Humanities and at the Primary Health Research Unit at Memorial's Faculty of Medicine to coordinate rapid decision support on COVID-19 for health system partners across the province.



Studies in Progress/ Studies to Commence in 2020

CHRSP researchers are now working on the following reports:

- Experiences in Palliative Care: Home vs. Healthcare Settings (*Evidence in Context* Report)
- Support for Vulnerable Families (*Snapshot* Report)
- Mental Health Supportive Employment Services (*Rapid Evidence* Report)
- Rapid Access Clinics for Chronic Obstructive Pulmonary Disease (*Snapshot* Report)

The following reports are scheduled to commence later in 2020:

- Cardiac Management using Remote Patient Monitoring (*Evidence in Context* Report)
- Identification and Management of High-Risk Obstetric Cases (*Evidence in Context* Report)

CHRSPP's Cross-Canada Collaboration: *CIHR 2020 Spring Grants Competition*

Again this year, the CHRSPP team at NLCAHR prepared a funding application to the Canadian Institutes for Health Research (CIHR) for a four-year integrated Knowledge Translation project that will adapt the CHRSPP method for use in two Canadian regions with significant rural populations— Northern Ontario and Southern Manitoba – with a view to future expansion into new provinces and territories. In 2016, a proposal for a similar project was awarded \$100,000 in CIHR Bridge Funding which was used to develop a 2018 proposal. The 2018 application received sufficiently positive peer review comments for the team to forge ahead with a renewed proposal that has now been submitted to the 2020 Spring Grants Competition. This latest proposal builds on the ongoing teamwork and collaboration that has been undertaken among knowledge translation and applied health research experts at NLCAHR, at the Ottawa Health Research Institute, at the University of Manitoba and at Laurentian University, and that also includes health system partners and Indigenous Health advisers in all three provinces.



The new proposal envisions adapting the proven CHRSPP method for use in Ontario and Manitoba, including new collaborative partnerships with Indigenous peoples in all three provinces to develop an Indigenous-informed iKT methodology that will be the subject of a subsequent application to CIHR. In the 2020 proposal, we have outlined how research/ health system teams in multiple provinces plan to work together, building on now-established partnerships to identify priorities, synthesize scientific evidence, and tailor the findings for use within different healthcare settings. This research project will facilitate knowledge exchange and shared work among researchers, communities, and health systems by effectively integrating knowledge users into the research process; it will create opportunities for multi-jurisdictional collaboration across provincial boundaries; and it will uncover the common as well as the context-specific challenges facing rural health systems.



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Engagement

Research Exchange Groups

Building capacity for research and supporting collaboration among university, health system, and community partners, the Research Exchange Groups Program of NLCAHR had another year of growth in 2019-2020. Group membership, diversity, and participation continue to rise—evidence of a growing interest in collaborative research across the province. Highlights this year included the establishment of a new group on Human-Animal Interaction and Wellness ([featured as part of an article about the program in Memorial's Gazette](#)) and a presentation about the program by its manager, Rochelle Baker, in the speakers' series of the Faculty of Medicine's Division of Community Health and Humanities, "[Peoples' Health Matters.](#)"



2019-2020 Groups:

1. Attention Deficit and Hyperactivity Disorder (ADHD)
2. Aging
3. Autism Spectrum Disorder (ASD)
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. Military Families' & Veterans' Health
17. Oral Health
18. Palliative and End-of-Life care
19. Rural and Northern Health
20. Service Learning and Community Engagement

The groups encourage participation from across the province, across Canada, and around the world by ensuring that all meetings are accessible by webinar. Group members participating and presenting at meetings this year came from New York, Nunatsiavut, Ontario, Quebec, and British Columbia, to name a few of the diverse locations and perspectives represented at our meetings. With a focus on knowledge translation and research team development, group members are always on the look-out for new collaborative opportunities. Activities are determined by the members and may include: presentations on planned, ongoing, or completed research projects; presentations on interventions, programs, and services in a diverse array of health and community organizations; discussions of journal articles on topics of interest; identifying knowledge gaps and developing research agendas; providing support and feedback to

graduate students conducting research; developing research teams; and organizing workshops, guest lectures, and symposia. Each Research Exchange Group at NLCAHR offers its participants a unique opportunity to connect with people from a range of disciplines and backgrounds who share their interests—this opportunity to meet others and to learn about their work is valued by participants as a key benefit of membership.

Research Exchange Groups: An Overview

The table below provides an overview of each of the twenty active Research Exchange Groups. All meetings hosted by our Research Exchange Groups, including links to presentations and publications, can be found online here: http://www.nlcahr.mun.ca/Research_Exchange/.

RESEARCH EXCHANGE GROUP ON ATTENTION DEFICIT HYPERACTIVITY DISORDER (ADHD) exchanging practice knowledge and research about attention deficit hyperactivity disorder		
CONVENERS Dr. Jacqueline Hesson & Dr. Kristen Williams	47 MEMBERS researchers and students community members clinicians educators decision makers people with ADHD families/caregivers	TOPICS lifestyle medications behaviours substance use gaming addictions supports for parents coaching for adults with ADHD
RESEARCH EXCHANGE GROUP ON AGING exchanging practice knowledge and research about healthy aging, respecting the expertise of seniors		
CONVENERS Dr. Sharon Buehler & Dr. Gail Wideman	140 MEMBERS seniors researchers and students community members clinicians decision makers families/caregivers	TOPICS healthy aging ageism social determinants of health cognition mobility age-friendly caregiving public policy
RESEARCH EXCHANGE GROUP ON AUTISM SPECTRUM DISORDER (ASD) exchanging practice knowledge and research about autism spectrum disorder		
CONVENER Ms. Tess Hemeon Chief Operating Officer (Advocacy & Communications) Autism Society NL	60 MEMBERS researchers and students community clinicians educators decision makers people with ASD families/caregivers	TOPICS screening and detection lived experience support for parents programs and supports at the Autism Society of NL access to services

RESEARCH EXCHANGE GROUP ON ARTS & HEALTH exchanging practice knowledge and research about arts-based therapies, their health benefits, and on arts-based research methods		
CONVENERS Dr. Natalie Beausoleil & Ms. Haley Toll	102 MEMBERS artists and musicians researchers and students community members clinicians and arts-based therapists decision makers	TOPICS public policy arts-based therapies arts-based research methods the arts and well-being neuroscience

RESEARCH EXCHANGE GROUP ON BULLYING & HEALTH exchanging practice knowledge and research about the impacts of bullying and harassment on health		
CONVENER Dr. Gerald White	57 MEMBERS Researchers and students community members clinicians educators decision makers people with lived experience	TOPICS cyber bullying school bullying identity-based bullying workplace harassment impacts of bullying on physical and mental health prevention, resilience restorative justice

RESEARCH EXCHANGE GROUP ON CHRONIC DISEASE exchanging practice knowledge and research about chronic disease management, treatment, prevention		
CONVENERS This group is seeking a new convener	53 MEMBERS researchers and students community members clinicians decision makers families/caregivers	TOPICS infant feeding research policy frameworks COPD Diabetes chronic kidney disease management and prevention social determinants of health

RESEARCH EXCHANGE GROUP ON COST & VALUE IN HEALTHCARE exchanging practice knowledge and research about how to improve value/ lower costs in healthcare		
CONVENERS Dr. Gerard Farrell & Dr. Hai Van Ngyuen	84 MEMBERS researchers and students health economists community members clinicians decision makers patients/caregivers	TOPICS 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) exchanging practice knowledge and research about eating disorders, disordered eating & body image		
CONVENER Dr. Pamela Ward	58 MEMBERS researchers and students community organizations clinicians decision makers people with lived experience	TOPICS weight bias and stigma eating disorder treatments supports for people with eating disorders and their families

RESEARCH EXCHANGE GROUP ON GENDER, SEXUALITY, & HEALTH exchanging practice knowledge and research about gender, sexuality and health in a variety of disciplines		
CONVENER Dr. Sulaimon Giwa	58 MEMBERS researchers and students community members clinicians educators decision makers	TOPICS LGBTQ+ healthcare considering gender in research and knowledge translation women's health matters pornography and public health LGBTQ+ sexual health abortion access

RESEARCH EXCHANGE GROUP ON GLOBAL HEALTH exchanging knowledge about global health research and practice		
CONVENER Dr. Jill Allison	44 MEMBERS researchers and students community members clinicians decision makers	TOPICS global health issues health and healthcare equity rural and urban healthcare sustainable development goals opportunities to collaborate health practitioners' experience learning globally

RESEARCH EXCHANGE GROUP ON HARM REDUCTION/CRITICAL DRUG STUDIES exchanging practice knowledge and research about approaches to reduce harm and to de-stigmatize drug use		
CONVENER Dr. Christopher Smith	31 MEMBERS researchers and students community members clinicians educators decision makers people with lived experience	TOPICS harm reduction approaches lived experience life after prison homelessness and housing safe works access programs supports for people who inject drugs

RESEARCH EXCHANGE GROUP ON HORTICULTURAL THERAPY exchanging knowledge about research on the health benefits of gardening, nature, and the practice of horticultural therapy in a variety of contexts		
CONVENERS Dr. Jan Buley & Dr. Jennifer Russell	47 MEMBERS researchers and students community gardeners food security advocates horticultural therapists occupational therapists health system decision makers municipal workers	TOPICS nature and health food security uses and settings for Horticultural Therapy gardening the science behind how and why Horticultural Therapy works

RESEARCH EXCHANGE GROUP ON HUMAN-ANIMAL INTERACTION WELLNESS exploring human-animal relations and their impact on the health and well-being of both people and animals		
CONVENERS Dr. Carolyn Walsh & Dr. Gail Wideman	42 MEMBERS researchers and students clinicians and therapists veterinarians neuroscientists pet owners	TOPICS animal-assisted therapies zoonotic diseases canine research ethical considerations the use of therapy animals understanding animal behaviours

RESEARCH EXCHANGE GROUP ON INDIGENOUS HEALTH exchanging respectful practices and research on Indigenous health topics		
CONVENER Mr. Fred Andersen (2020) Dr. Jennifer Shea (2019)	54 MEMBERS community members researchers and students clinicians educators decision makers families/caregivers	TOPICS Indigenous-led initiatives Indigenous health knowledge Nunatsiavut Health's Indigenous Health Initiatives climate change and its impacts on Indigenous health ethical research practices cultural sensitivity and respect

RESEARCH EXCHANGE GROUP ON MENTAL HEALTH exchanging practice knowledge and research about mental health across a variety of disciplines and approaches		
CONVENER Dr. Shelly Birnie-Lefcovitch (2020) Dr. Colleen Hanrahan (2019)	105 MEMBERS researchers students community clinicians decision makers people with lived experience families/caregivers	TOPICS resilience access to care addictions public policy suicide prevalence and prevention post-secondary student mental wellness

RESEARCH EXCHANGE GROUP ON MILITARY FAMILIES AND VETERANS' HEALTH with meetings hosted at the Department of National Defense, this group promotes health & well-being for veterans and military families		
CONVENER Dr. Gail Wideman	56 MEMBERS researchers and students military personnel and families veterans community members government representatives	TOPICS 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 exchanging practice knowledge and building capacity for research on oral health in Newfoundland & Labrador		
CONVENER Ms. Cindy Holden, RDH	38 MEMBERS dental hygienists dentists oral health researchers community partners clinicians decision makers	TOPICS community oral health programs provincial dental care oral care and quality of life in long-term care inter-professional collaboration seniors' oral health

RESEARCH EXCHANGE GROUP ON PALLIATIVE AND END-OF-LIFE CARE exchanging practice knowledge and research about palliative approaches to care across the lifespan and at end of life		
CONVENERS Dr. Susan MacDonald & Dr. Gail Wideman	45 MEMBERS researchers & students community partners clinicians decision makers patients and families/caregivers	TOPICS patient/ caregiver experiences life and aging with chronic illness Medical Assistance in Dying paramedics providing palliative care

RESEARCH EXCHANGE GROUP ON RURAL AND NORTHERN HEALTH RESEARCH exchanging research and practice knowledge about health and healthcare in rural and northern places		
CONVENER This group is now seeking a new convener	54 MEMBERS researchers and students community clinicians decision makers people with lived experience families/caregivers	TOPICS access to healthcare telehealth health equity health service delivery challenges rural strengths and capacities

RESEARCH EXCHANGE GROUP ON SERVICE LEARNING/COMMUNITY ENGAGEMENT health sciences and other disciplines connecting with community partners with an interest in health equity		
CONVENERS Dr. Jill Allison & Ms. Elayne Greeley	88 MEMBERS researchers and students community members patients and caregivers clinicians decision makers leaders of social enterprises community advocates	TOPICS critical approaches to engagement barriers & facilitators to community engagement combined efforts- working together building community research capacity understanding community needs

A healthy interest

How community engagement at NLCAHR builds research potential

special feature: Community Collaboration

Part of a special feature that illuminates the synergistic relationship between individuals, communities and community organizations and Memorial, with a focus on Memorial's supporting role in community-led work.

Sept. 20, 2019

BY ROCHELLE BAKER
Dog whisperers, pet owners, neuroscientists, psychologists, veterinarians and people who work with therapy animals.

They're all members of a newly formed research exchange group, facilitated by Memorial's Newfoundland and Labrador Centre for Applied Health Research (NLCAHR), dedicated to learning how the bonds between people and animals affect the health and well-being of both.

Hendrie Hogan, a clinical occupational therapist with Eastern Health, will be among them. So will Erin Gallant, a peer support counsellor and owner of Stable Life, an equine-assisted therapy program for adults with mental health and addiction issues.

"I joined up to learn about the research that can inform my practice, and, hopefully, to participate in studies at the local level," Ms. Hogan said.

Ms. Gallant agrees.

One of the "staff members" at Stable Life.

PHOTO: RICH SLENNARD

Campus and Community

Public Engagement

Research

Student Life

Teaching and Learning

Special Features

[Read the Gazette article about NLCAHR's Research Exchange Groups](#)

People's Health Matters

Community Health and Humanities
Seminar Speaker Series

**RESEARCH EXCHANGE GROUPS:
Healthy Engagement at NLCAHR**

Friday, January 31, 2020
1 p.m.
Lecture Theatre B,
Faculty of Medicine

ROCHELLE BAKER
Manager, Communications, Partnerships & Research Exchange Groups
NL Centre for Applied Health Research (NLCAHR), Faculty of Medicine, Memorial University

NLCAHR's Research Exchange Groups are organized around the principle that when it comes to health and healthcare, academics are not the only experts. Welcoming people with lived experience together with partners from health, community, and academic settings, the program fosters research that respects diverse expertise. Twenty active groups have been organized around topics ranging from aging and autism to mental health and palliative care. Over 1,100 group members exchange knowledge, build collaborative teams, and promote the use of health evidence. For Memorial's learners, staff, and faculty, the groups provide a chance to find out what's happening in your community, to discuss your research, and to meet people who share your interests. Open to all and free to attend, the program asks you to bring only your curiosity (and maybe a bagged lunch).

Rochelle Baker has worked for over 20 years as a communications professional in both the academic and private sectors. She is passionate about making the best health evidence accessible to a wide variety of audiences and is honoured to work every day with so many talented academic and community partners who are dedicated to improving health and healthcare in Newfoundland & Labrador.

For more information contact:
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[Link to the "Peoples' Health Matters" presentation slides](#)

Special Events

Lunch and Learn Session: Healthy Collaboration at NLCAHR | Community Engagement in Practice

In November, 2019, NLCAHR's director and staff welcomed guests to an interactive lunch and learn session, organized for Research Week 2019. At this session, we outlined how researchers at NLCAHR work every day with community and health system partners to support research that promotes health and well-being in Newfoundland and Labrador. We discussed the Centre's inclusive approach to research and collaboration and invited participants to talk about their own work and to tell us how both CHRSP and the Research Exchange Groups programs might be enhanced to ensure that inclusivity and community engagement are embedded in all core activities. [LINK TO PRESENTATION](#)



NLCAHR's Twentieth Anniversary Celebration

In December, 2019, the Centre celebrated its twentieth anniversary with a special reception attended by former staff, NLCAHR-funded researchers, community partners, faculty, and students. Dr. Margaret Steele, Dean of Medicine, spoke on behalf of the NLCAHR Board of Directors about the Centre's history and its contributions to evidence-informed decision making in health and healthcare as well as its capacity-building activities since 1999. The Centre's director and staff were especially pleased to welcome so many former staff members who returned to help us mark this important milestone.



David Hawkins Lectureship in Health Sciences Research



Dr. Jeremy Grimshaw

Dr. David Hawkins (1937-2011) was appointed Memorial University's third Dean of Medicine in 1987. In 1991, he served as a vice-president and then as interim president of the Medical Research Council of Canada (MRC). In 1993, the MRC and Memorial University jointly endowed the David Hawkins Lectureship in Health Sciences Research. On January 15, 2020, NLCAHR, as the event organizer, together with the Faculty of Medicine and the Office of Research at Memorial University welcomed Dr. Jeremy Grimshaw as our guest lecturer for this annual lectureship.

Dr. Grimshaw is a world leader in implementation research and knowledge translation. His innovative work focuses on how to increase the use of evidence-based research by healthcare professionals and healthcare systems to improve quality of care. Elected as a Fellow of the Royal Society of Canada in 2019, Dr. Grimshaw is a Senior Scientist, Clinical Epidemiology, Ottawa Hospital Research Institute, Professor, Department of Medicine, University of Ottawa, and Tier 1 Canada Research Chair in Health

Knowledge Transfer and Uptake. He is also a Fellow of the Canadian Academy of Health Sciences and a Corresponding Fellow of the Royal College of Edinburgh and has twice received the CIHR Knowledge Translation award. In 2018, the Canadian Institutes for Health Research (CIHR) awarded Dr. Grimshaw the Barer-Flood career achievement award for Health Services and Policy Research. Dr. Grimshaw has produced over 550 peer-reviewed publications and has received over \$50 million in CIHR funding as a Principal Investigator and \$67 million as a Co-Investigator, including a prestigious CIHR Foundation Award Grant.

At the lecture, Dr. Grimshaw spoke to a large audience about the history of building a global knowledge architecture to improve health and healthcare and the importance of systematic review evidence to inform decision making, highlighting CHRSP as an innovative addition to this work in Canada.

[LINK TO VIDEO OF THE PRESENTATION](#)

Engagement Activities

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

Aging Research Centre of Newfoundland & Labrador (ARC-NL)



Aging Research Centre - Newfoundland and Labrador

ARC-NL was the brainchild of a working group of our Research Exchange Group on Aging which saw the need to establish a provincial research centre devoted to studies on aging. With funding from Memorial University and the province's Department of Children, Seniors, and Social Development, ARC-NL was approved by Memorial University's Board of Regents in December of 2018. Under the direction of Dr. Veronica Hutchings, ARC-NL (with offices at Grenfell Campus and a satellite office at NLCAHR) fosters collaboration between the Grenfell and St. John's campuses to create a provincial network of researchers studying aging-related issues. ARC-NL prioritizes knowledge mobilization and engagement with older adults. Dr. Stephen Bornstein is a member of the ARC-NL Core Leadership Team. Rochelle Baker helps to coordinate ARC-NL's activities with those of the Research Exchange Group on Aging and served as the St. John's Coordinator in 2019, a role that has since been taken on by Dr. Sharon Buehler.

Healthy Built Environment 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). Pablo Navarro served on this working group again this year, along with former members of the BHCC and representatives from provincial government and the health system.

Implementing the Faculty of Medicine's Strategic Plan

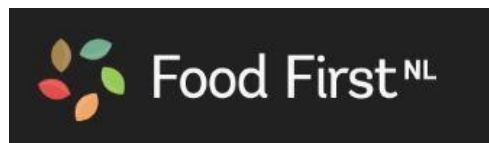
The director and staff at NLCAHR continued to engage this year with strategic planning in the Faculty of Medicine by attending a planning session in November, 2019 that helped to inform the process, an excellent opportunity to offer support for the plan's implementation, particularly as it relates to: impactful research, healthier communities, research excellence and social accountability. Rochelle Baker serves on



the *Destination Excellence* Implementation Steering Committee and is also a member of the committee's Social Accountability Team.

Food First Newfoundland & Labrador (FFNL)

Pablo Navarro served again this year on the FFNL "Everybody Eats" Project Advisory Committee to build support for informed discussions on, and a common vision for, the future of food security in Newfoundland and Labrador. Food First NL is a provincial, membership-based, non-profit organization dedicated to improving food security for everyone in the province. Food First NL's mission is to actively promote comprehensive, community-based solutions to ensure access to adequate, healthy food for all.



Faculty of Medicine Senior Management Committee

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

Canadian Mental Health Association of Newfoundland and Labrador- Advisory Committee



Rochelle Baker serves on an advisory committee that is helping guide a research project being undertaken by the Canadian Mental Health Association that will produce a 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.

Newfoundland and Labrador Health Systems Profile

Dr. Stephen Bornstein, with co-authors John Abbott, Aimee Letto, Melissa Sullivan, and Pablo Navarro, is completing work on a new book, Newfoundland and Labrador Health Systems Profile, to be published by the University of Toronto Press in 2021. This book, sponsored and directed by the North American Observatory on Health Systems and Policies, is part of a series of structured health system analyses within each province, territory, and state in North America. The North American Observatory is a collaborative partnership of academic researchers, governments, and health organizations working to promote evidence-informed policy decision-making across the continent. Although there is considerable variation in healthcare policies across Canada, most health policy scholarship in this country has taken a broad national perspective. By producing individual volumes that focus on the specific contexts of each Canadian province and territory, this new series will illuminate the specific social, political, economic, and epidemiological realities of healthcare policy across the country to help scholars draw more analytic evidence-based policy conclusions. Dr. Bornstein's detailed profile of Newfoundland and Labrador outlines provincial organizational and regulatory healthcare frameworks and includes chapters on provincial financing, physical infrastructure, service provision, and technological resources.

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 director serves on the executive committee 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, and health services and policy research leaders. Its aim is to bring greater collaboration and coordination to health services and policy research activity and investment in Canada and to optimize 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. Dr. Bornstein also co-chairs CHSPRA's committee on training modernization which has created the Health Impact Fellowships, a new graduate and postgraduate fellowship program of CIHR that emphasizes training in the skills required for non-academic employment as well as innovative approaches to experiential learning.

McMaster University Optimal Aging Portal Expert Advisory Committee

Dr. Stephen Bornstein is a member of this committee that identifies, prioritizes, and evaluates issues for a web portal relevant to seniors and their caregivers, researchers, clinicians, and policy makers.

National Alliance of Provincial Health Research Organizations (NAPHRO)



Dr. Stephen Bornstein is a member and past co-chair 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. 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.

Collaboration on University of Toronto dementia services project

The Centre's director is working with a team at the University of Toronto on a comparative policy analysis of programs to support people with dementia and co-existing complex needs and their caregivers. The project, under the leadership of Dr. Gregory Marchildon, is connected with the North American Observatory of Health Systems and Policies being established at the Institute of Health Policy, Management, and Evaluation at the University of Toronto.

Strategy for Patient-Oriented Research (SPOR) Evidence Alliance

NLCAHR, as an organization that produces evidence syntheses for 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 around patients and health system decision-makers as part of the Strategy for Patient-Oriented Research initiative.



Finances

NLCAHR | Faculty of Medicine | Budget

April 1, 2019 – March 31, 2020

Operating Funds			
	BUDGET	SPENT	REMAINING
Salaries and Benefits	\$400,476	\$413,696	\$13,220
Operating Expenditures	\$8,400	\$9,970	\$1,570
Hosted research conferences and meetings	\$600	\$0	\$600
Travel/Representation	\$1,000	\$1,004	\$4
CHRSP Consultants	\$12,000	\$1,800	\$10,200
TOTALS	\$422,476	\$426,470	\$3,994

- Revenue from the Faculty of Medicine \$422,476