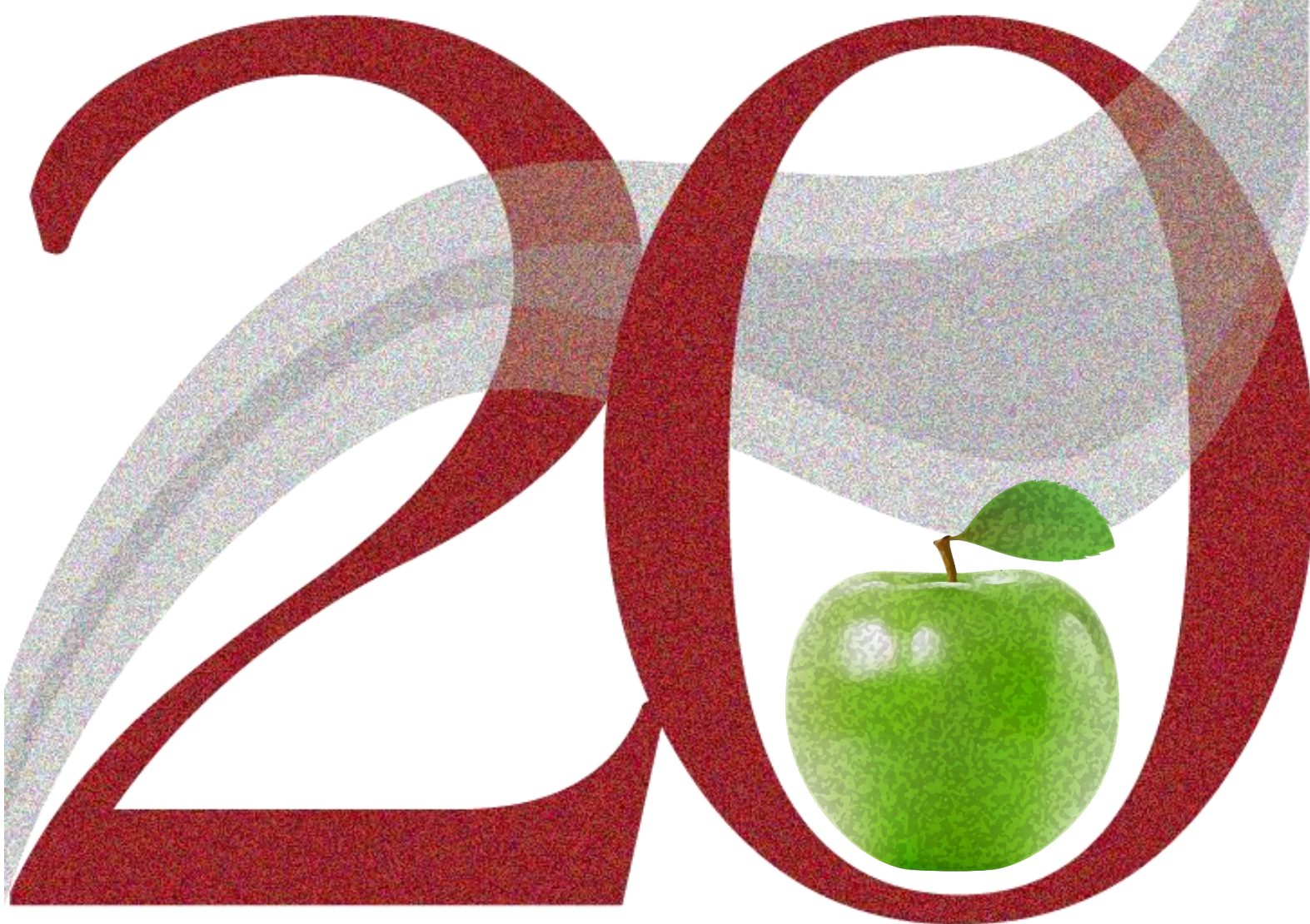


Newfoundland & Labrador Centre for

# APPLIED HEALTH RESEARCH

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



# YEARS

ANNUAL REPORT 2018-2019

“We are what we repeatedly do.  
Excellence, then, is not an act, but a habit.”

-Aristotle





## Message from the **Chair**

This year's annual report marks a milestone as the Newfoundland & Labrador Centre for Applied Health Research (NLCAHR) celebrates its 20th anniversary. Including

actively engaged in identifying community needs, influencing research priorities, and monitoring our success. The Centre's Contextualized Health Research Synthesis Program (CHRSP) has continued its innovative work engaging community and health system partners in studies that address their priority

**...when we work together, we can  
strengthen and grow vital  
partnerships for a healthy future.**

concerns. This year, CHRSP published five new studies for decision makers in our provincial healthcare system and collaborated closely with patient and caregiver advisers from across the province to identify priority research themes for consideration in

personal reflections from academic colleagues, former staff, health system and community partners, this year's report highlights the Centre's many successes in: community collaboration, support for evidence-informed decision making, and helping to launch the careers of many talented researchers.

While it is gratifying to look back at the Centre's progress, we can also look forward to building on its legacy of teamwork and collaboration. Aligned with several key pillars of the Faculty of Medicine's Strategic Plan, *Destination Excellence* 2018-2023, NLCAHR continues working to improve lives through impactful research, to promote healthy communities, to achieve research excellence, and to honour its commitment to social accountability and community engagement. This report provides plenty of examples that show how the Centre has advanced those strategic goals over the past year.

In late 2018, the Board of Directors voted to revise the Centre's terms of reference to include broader representation on the board— from other schools and faculties at Memorial University, from more health system and government partners, and from researchers, patients, and caregivers— in an effort to better reflect the Centre's many collaborative partnerships. We look forward to the support of this expanded board in guiding the strategic directions of the Centre in the coming year.

Within the Faculty of Medicine at Memorial, we believe that the communities we serve should be

forthcoming studies. Likewise, the Centre's Research Exchange Groups provided a catalyst for research collaboration among academic, clinical, and community partners on a wide, and growing, range of priority themes. Highlighted in this year's report are special presentations to these groups by experts from across Canada, by Memorial University researchers, and by numerous health and community services partners. These participants discussed a range of health and healthcare topics via webinar and around the boardroom table at NLCAHR. Both CHRSP and the Research Exchange Groups offer stellar examples of the genuine community engagement that has become a hallmark of the Centre's approach to applied health research.

I thank NLCAHR's Board of Directors, its health system and community partners, and its dedicated director and staff for their leadership and demonstrated commitment to excellence. As we celebrate the Centre's 20th birthday in the pages that follow, we hope you will agree that when we work together, we can strengthen and grow vital partnerships for a healthy future.

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



## Message from the **Director**

Reflecting on the Centre's twentieth anniversary, I admit to feeling a certain sense of pride. Since 1999, health system and community partners, talented staff, academic colleagues, and promising graduate students have worked together to create our small but vital research centre. Each year, we have worked hard to build an organization that contributes to our province's health system and to the health of its residents.

Again this year, our Contextualized Health Research Synthesis Program (CHRSP) has continued the work that one contributor to this report describes as *"harnessing the best that we have to offer for the improvement of health and healthcare at home."* In 2018-2019,

CHRSP made considerable progress: launching an updated topic selection process, working with our new Patient and Caregiver Advisory Council, collaborating with partners here and in other provinces, and generating new studies designed to have a meaningful impact on our healthcare system. CHRSP published reports this year on remote patient monitoring, home dialysis, pre-school screening programs, and provided updated evidence on hyperbaric oxygen therapy. We also stepped up our efforts to deliver an outstanding learning experience for new CHRSP research staff, preparing them for promising futures in health research.

Embodying our steadfast commitment to community-university engagement, our program of Research Exchange Groups has, in the words of another contributor to this report, *"fostered communities of interest among persons with similar concerns and perspectives who might otherwise not have had the opportunity to connect."* With eighteen active Research Exchange Groups and a nineteenth group starting soon, we engaged with more than 1,100 participants and attracted high-profile presenters from Women's College Hospital, BC Cares Foundation, the Ontario Centres for Learning, Research and Innovation in Long-term Care, the University of Waterloo's Research Institute on Aging, the Canadian ADHD Resource Alliance, and the Canadian Academy of Geriatric Psychiatry, to name a few. The Research Exchange

Group also provided a forum to showcase the outstanding research taking place here at Memorial as well as the important work of community partners like The Gathering Place, Connections



**...there is plenty to celebrate when it comes to our history and plenty to look forward to in the years to come.**

for Seniors, and Stella's Circle.

This year also saw the realization of a key long-term goal—the opening of Memorial University's new Aging Research Centre of Newfoundland & Labrador (ARC-NL), located at the Grenfell Campus with an office here at NLCAHR. This new centre, the brainchild of members of NLCAHR's Research Exchange Group on Aging, and the beneficiary of funding from both the provincial government and the university, will fund new research and knowledge exchange on aging while bringing together scholars, public servants and community stakeholders to address the challenges and opportunities of an aging society.

For this special anniversary report, we asked our health and community partners, funded researchers, and former employees to send us their personal reflections on NLCAHR. We thank them for contributing the thoughtful and often touching responses you will find scattered throughout the pages that follow. We hope you will recognize, like them, that there is plenty to celebrate when it comes to our history and plenty to look forward to in the years to come.

A handwritten signature in blue ink, reading "Stephen Bornstein".

Dr. Stephen Bornstein  
Director, Newfoundland & Labrador Centre for Applied Health Research



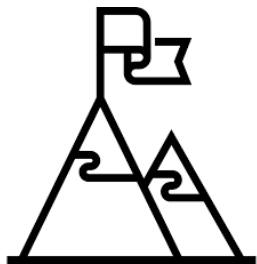
# APPLIED HEALTH RESEARCH

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## Mission

NLCAHR's mission is to contribute to the effectiveness of the health and community services system of Newfoundland & 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 human capacity and resources to undertake and support high-quality applied health research in Newfoundland & 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 & Labrador Centre for Health Information, and Eastern Health. Under new 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.

## We've come a long way

Back in the last millennium, healthcare and university partners created a new research centre that would foster collaboration: a place where researchers would work with community, government, and health system leaders to produce relevant and responsive research, to build capacity, and to mobilize knowledge for the betterment of the province. NLCAHR has been dedicated to these aims ever since. In its twenty years, NLCAHR has forged partnerships across the province and across the country, recognizing the collective effort needed to address health and healthcare challenges in Newfoundland & Labrador.

### 1999-2003

- NLCAHR opens in September 1999
- Collaborates with Safety Net Centre on occupational health & safety (OH&S) research
- Launches the NLCAHR applied health research awards
- Collaborates with Clinical Epidemiology Research Unit at Memorial's Faculty of Medicine
- Works with health system on directed research contracts

### 2007-2008

- CHRSP publishes its first report (*Options for Rural Dialysis*)
- NLCAHR hosts provincial Knowledge Translation Forum
- Administers new NL Healthy Aging Research Program (NL-HARP) awards
- Hosts visiting lecturers on genomics, OH&S, and rural health research

### 2004-2006

- NLCAHR hosts stakeholder forum for strategic planning
- Collaborates with Knowledge Translation (KT) experts/ health system leaders to develop Contextualized Health Research Synthesis Program (CHRSP)
- Works with Canadian Agency for Drugs and Technologies in Health (CADTH) partners on health technology assessments
- Launches Research Affinity Groups: rural health, aging, women's health

### 2009-2010

- 10-year anniversary celebrates growing national profile for NLCAHR/ CHRSP
- Introduces "CHRSP Champions" to connect researchers with health system
- CHRSP receives \$125,000 from Canadian Institutes for Health Research (CIHR) to produce new studies
- NLCAHR hosts Trudeau Foundation forum on healthcare reform

### 2011-2012

- Centre on Aging Working Group established
- Conference: *Aging Research in NL- Achievements & Prospects*
- CIHR Café Scientifique/ provincial forum: "Who Decides and How?"
- Provincial conference on Building Healthy Communities
- CHRSP featured in Saskatchewan Population Health Research Unit Casebook
- CHRSP launches *Rapid Evidence Reports* and produces first rapid studies

### 2013-2014

- The re-branded "Research Exchange Groups" now number ten groups
- CHRSP report on Falls Prevention presented at national conference
- CHRSP featured in *Face Forward: Memorial University President's Report*
- Co-host NL's first CIHR *Best Brains Exchange*: CHRSP study on healthy aging
- Partner with Toronto Institute of Work & Health to adapt CHRSP for OH&S research
- Administer *Enhancing Healthcare* awards for research to improve patient care

### 2015-2016

- Sixteen active Research Exchange Groups with 619 members
- Workshop to support CIHR's *e-Health Innovations Program*
- Host Health Forum 2015, political town hall prior to provincial election
- Collaborate on Patient and Caregiver Council for CHRSP
- Develop new Evidence Rating System for CHRSP
- Distribute over \$470,000 in funding through various awards programs

### 2017-2018

- Eighteen active Research Exchange Groups with 1063 members
- CIHR *Best Brains Exchange* on mental healthcare delivery
- CHRSP introduces *Snapshot Reports* to meet need for jurisdictional scans
- CHRSP Patient & Caregiver Advisory Council established
- \$100,000 CIHR Bridge Funding for a three-province CHRSP collaboration
- CHRSP featured in peer-reviewed journal *Systematic Reviews*

### 2019 and beyond...

- In its 20 years, NLCAHR has funded or administered funding of over \$3.8 million to support applied health research in Newfoundland & Labrador
- By December 2019, CHRSP will have published 38 studies to support decisions in our provincial health system
- Today, the Centre hosts 19 active Research Exchange Groups with a total membership exceeding 1,100
- Next steps? Expand the board, develop a provincial health research repository, adapt CHRSP for other Canadian jurisdictions, and continue to advocate for research funding

# CONTENTS

*Twentieth Anniversary Report of the Newfoundland & Labrador Centre for Applied Health Research*

## PEOPLE

5 | Our team today  
*Staff and Board of Directors 2018-2019*

6 | Reflections on a collaboration  
*From the Department of Health & Community Services*

8 | People are our legacy  
*Contributions from former staff and funded researchers*

## CONTEXTUALIZED HEALTH RESEARCH SYNTHESIS PROGRAM

19 | What we did this year  
*Activities & Publications*

25 | Harnessing the best  
*Reflections from CHRSP partners*

## CAPACITY BUILDING & ENGAGEMENT

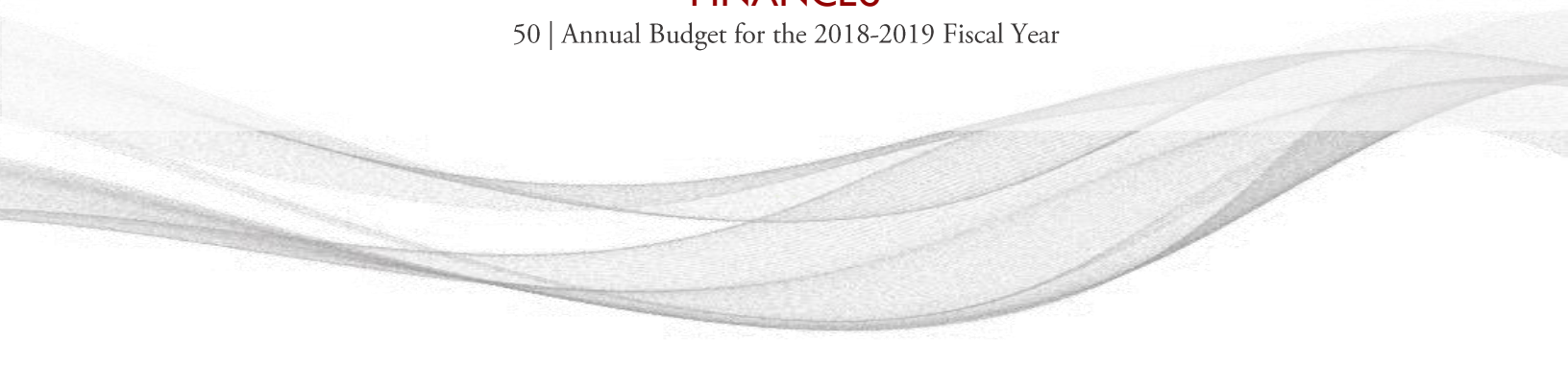
30 | Research Exchange Groups  
*Building capacity through engagement*

37 | Fostering communities of interest  
*Reflections from conveners and community participants*

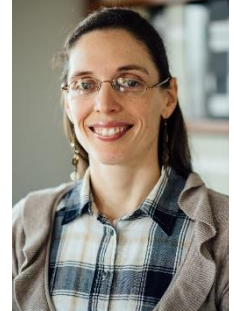
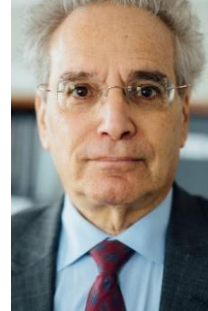
45 | Connections & Commitments  
*Overview of director and staff partnerships and activities*

## FINANCES

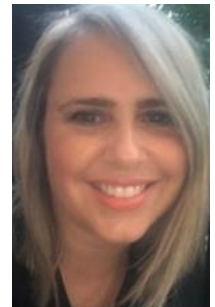
50 | Annual Budget for the 2018-2019 Fiscal Year







# PEOPLE



## Our team today



Dr. Stephen Bornstein  
Director



Rochelle Baker  
Manager of Communications,  
Partnerships, &  
Research Exchange Groups



Wendy Lasisi  
CHRSP Research Officer  
(part-time)



Sarah Mackey  
CHRSP Research Officer



Pablo Navarro  
Senior CHRSP Research  
Officer



Keihan Power  
CHRSP Research Officer



Colin Walsh  
CHRSP Research Officer



Tyrone White  
Manager of Finance,  
Administration, and IT

*NLCAHR welcomed two new CHRSP Research Officers to our team this year— Keihan Power and Colin Walsh. We also said farewell to Aimee Letto and Michelle Ryan who left the Centre to pursue other career opportunities. We thank Aimee and Michelle for their hard work on our CHRSP projects and wish them every success in future.*

## The 2018-2019 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). We thank outgoing board members John Abbott and Donna Ballard for their service. At its meeting on September 28, 2018, the board reviewed the Centre's activities and funding and voted to update the NLCAHR terms of reference to have the board take on an advisory, rather than a governance role, and include broader stakeholder representation.







© Tyrone White

*“NLCAHR is a key part of our local research community.”*

## Reflections on a collaboration

Present and past officials from the Department of Health and Community Services, Government of Newfoundland & Labrador, contributed the following reflections on the Department’s long-standing collaboration with NLCAHR.

*“The Department of Health and Community Services was one of three entities that provided core funding to establish the Newfoundland & Labrador Centre for Applied Health Research (NLCAHR) in 1999. Since this time, the Department has continued to support NLCAHR through its funding for the Faculty of Medicine.*

*Over the years, officials from the Department of Health and Community Services have continued to collaborate with NLCAHR by sitting on its Board of Directors, participating in Research Exchange Groups, and commissioning NLCAHR to prepare knowledge syntheses through its Contextualized Health Research Synthesis Program (CHRSP) to help inform decision-making at the departmental level.*

*Since 1999, NLCAHR has played an important part in expediting applied health research in our province. Through our connection with NLCAHR, research evidence has become an integral component of all decision making within the Department of Health and Community Services.*

*CHRSP is novel in that it tailors contextualized evidence to the unique settings of Newfoundland & Labrador. While including decision-makers and patients in research projects is becoming more commonplace, this was a relatively new idea decades ago, putting NLCAHR at the leading edge of research innovation. NLCAHR is a key part of our local research community. Not only have they created spaces like the Research Exchange Groups where stakeholders from across the healthcare system may connect, but they also fund and create research knowledge that is unique to our province. On behalf of the Department of Health and Community Services, we congratulate NLCAHR on a successful 20 years and look forward to continuing to collaborate with them on future research endeavours.”*

**Karen Stone**, Deputy Minister  
**Michael Harvey**, Assistant Deputy Minister  
(Policy Planning and Performance Monitoring)  
Department of Health and Community Services  
Government of Newfoundland & Labrador







**John G. Abbott,** former Deputy Minister of the Newfoundland & Labrador Department of Health and Community Services and former Chief Executive Officer (CEO) of the Health Council of Canada, has served on the NLCAHR Board of Directors, was a Health System Leader for CHRSP, founded and currently co-convenes the Research Exchange Group on Cost and Value in Healthcare, and was co-principal applicant with Stephen Bornstein on a bridge-funded CIHR application seeking to expand CHRSP into other Canadian jurisdictions.

## NLCAHR has acted as a convener, facilitator, and integrator of knowledge and decision-making.

*“NLCAHR has been a consistent voice within the Newfoundland & Labrador healthcare system advocating for more research and investigation on emerging issues as well as on past decisions. Its focus on applied research has assisted policy makers in considering relevant factors in the design and implementation of policy and program solutions to the challenges facing the provincial healthcare system. It has acted as a convener, facilitator, and integrator of knowledge and decision-making. It has invoked various methods to bring evidence to the Newfoundland & Labrador healthcare market, and has been successful in doing so on many fronts.*

*For me, NLCAHR has fostered ongoing networking opportunities to engage colleagues, to discuss different perspectives regarding the current state and future prospects of the province’s healthcare system, and in forging consensus that is based on independent analysis. It is one of the few venues in Newfoundland & Labrador to support this important activity.”*



## People are our legacy

*Former staff and funded researchers shared some thoughts on their association with NLCAHR over the years.*

### Reflections from our former staff



**We have harnessed the best that we have to offer for the improvement of health and healthcare at home.**

**Janice Butler**, now retired, was CHRSP's Senior Research Officer and Program Coordinator from 2004 to 2012.

*"I recall working with the Centre when the inspiration for collaborating with health decision makers across the province to support evidence-based decision making in health was first proposed. The task at hand seemed monumental at the time but, in the end, we were successful in launching the Contextualized Health Research Synthesis Program (CHRSP). Throughout my tenure at the Centre, as we developed CHRSP and all of its spin-off products, I was always impressed by the genuine desire on behalf of the senior health system partners, the provincial Department of Health and Community Services, and the expert scientists both at home and abroad, to collaborate and find solutions to the most pressing health system dilemmas in our province. Though our province is geographically large, we are fortunate to be able to build strong interpersonal relationships among our health system stakeholders. In so doing, we have harnessed the best that we have to offer for the improvement of health and healthcare at home."*

**Rob Kean**, Policy, Planning, and Research Analyst, was a Research Officer with CHRSP 2008- 2015.

*"Having worked at NLCAHR for six years or so, I've had occasion to reflect quite extensively on the organization's role and impact. While others would no doubt highlight the more obvious contributions—the funding, the decision support, etc., I'd like to focus on two contributions that may not be quite as apparent to those who have not had the kind of lengthy and intimate association with NLCAHR that I have had. One thing the organization does*

**One thing NLCAHR does really well is to foster communities of interest among persons who have similar concerns and perspectives.**



*really well is to foster communities of interest among persons who have similar concerns and perspectives, but who might otherwise not have the opportunity to connect. The second contribution, and related to the first, is the ability to build consensus around health system priorities, challenges, and solutions. NLCAHR's success in these areas is a testament to the quality of its Knowledge Translation products, but also - and perhaps more importantly - to the effectiveness of the process it developed for bringing stakeholders together and for initiating discussion.*



*What stands out for me most is how NLCAHR gave me my start in the field of health services and evaluation, at a time when I was uncertain as to the direction that my life and career would take. It gave me the opportunity to build strong relationships and to acquire skills that I continue to draw upon every day. NLCAHR also stood by me during some very personally challenging times and enabled me to emerge a stronger and healthier person. My time there was very rewarding indeed, and I will be forever grateful.”*



**Amanda Kinsella**, Intermediate Secretary, Centre for Institutional Analysis & Planning, Memorial University

*“I had the pleasure of working at NLCAHR as their Administrative Staff Specialist and I learned a great deal while working at the Centre. It was such a rewarding professional experience. NLCAHR contributes to applied health research in all kinds of ways... through its CHRSP reports, Research Exchange Groups, and its awards programs. The warm staff of NLCAHR really make it what it is. They go above and beyond, and are an absolute joy to work with. I thoroughly enjoyed my time working there and miss everyone. It’s been my favourite place to work at Memorial.”*

**Dr. Meagan MacKenzie** is an assistant professor of psychology at Ryerson who completed a Social Sciences and Humanities Research Council (SSHRC) and NLCAHR-funded Ph.D. in Experimental Psychology at Memorial University in 2014. From 2014 to 2015, she held a postdoctoral fellowship in the psychology department at Wilfrid Laurier University.

*“I was a student research assistant with the CHRSP team from 2009 to 2013, and I also won an NLCAHR Doctoral Fellowship in 2012. From my perspective, NLCAHR has contributed most to health research in Newfoundland & Labrador by supporting students. NLCAHR graduate fellowships were highly sought-after prizes and students were proud to hold them. Knowing that the Centre valued student work empowered individuals like me to continue working in their fields following graduate studies. Being part of the NLCAHR research community was also helpful beyond research—attending topic-specific meetings allowed for collaboration and networking.*

*My involvement with NLCAHR helped to develop my research, writing, and analytical skills. Working as a research assistant during my Ph.D. provided the benefit of being part of a team where I could see each step of the process from development through to policy recommendations, helping*



**Knowing that the Centre valued student work empowered individuals like me to continue working in their fields following graduate studies.**





*me appreciate the value of research publications to support healthcare decision making. On a more personal note, winning a doctoral fellowship allowed me to complete my dissertation without having to take on extra work. That peace of mind was so valuable. Finally, I am most grateful for having worked for Stephen Bornstein who became a memorable role-model and mentor. Stephen was the type of leader that I aspire to be in my own career. Thank you, Stephen, for always motivating me to do my best.”*



**Theresa MacKenzie**, Academic Staff  
Member in Co-operative Education,  
Memorial University.

*“I had the pleasure of working with the NLCAHR team over nearly a decade: first at the start of the SafetyNet research program and later in knowledge exchange, research capacity development, public engagement, and communications.*

**NLCAHR has been working quietly but diligently over 20 years to support informed decision making in the province’s healthcare system. The Centre has played a key role in bringing stakeholders together to identify areas of interest and to find quality research evidence to support health system decisions.**

*NLCAHR has been working quietly but diligently over 20 years to support informed decision making in the province’s healthcare system. The Centre has played a key role in bringing stakeholders together to identify areas of interest and to find quality research evidence to support health system decisions. In addition, the Centre has funded so many up-and-coming researchers to examine important issues in health services and health policy: these researchers have made valuable contributions to the broad field of applied health research.*

*My years at NLCAHR constituted a period of tremendous professional growth for me: my colleagues at the Centre, in particular, Dr. Stephen Bornstein, encouraged me to develop competencies in public engagement, communications, knowledge translation and project management, among others. The Centre allowed me to become the effective connector between the university and the community that I am today, and I am so grateful for that opportunity.”*



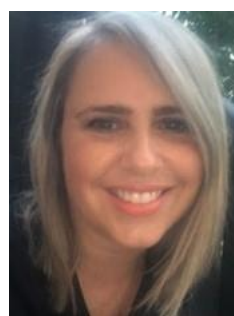
**Dr. David Speed**, Assistant Professor, Department of Psychology, University of New Brunswick, began working with NLCAHR as a Research Officer while doing his Ph.D. in Experimental Psychology at Memorial and worked at the Centre for close to three years before accepting a position at the University of New Brunswick.

*"I think the greatest strength of NLCAHR is its motivation to ensure that the entirety of Newfoundland & Labrador is considered when discussing healthcare policy. The Centre's conscious effort to recognize and celebrate the heterogeneous needs of the province gives it the institutional credibility necessary to inform healthcare decisions. NLCAHR rejects the notion of "What's good for Goose Bay is good for Gander" and tries, instead, to focus on the needs of each part of the province.*

*My job at NLCAHR was the first full-time position I held in my field, and it set an extraordinarily high bar for how good a working environment could be. While the work was certainly rewarding, the people are what made the experience so positive. Despite being gone for the past two years now, my wife still mentions how fond she was of my co-workers, and I am inclined to agree with her. I am really proud of the work that the Centre did developing its new CHRSP Evidence Rating System and that I was able to contribute to something so important. I teach research classes at UNB, and for several of the topics I lecture on, I use NLCAHR as an exemplar of how to do applied health research well."*



**NLCAHR rejects the notion of "What's good for Goose Bay is good for Gander" and tries, instead, to focus on the needs of each part of the province.**



**NLCAHR has a small but mighty team! I am most grateful for my time spent working with such a wonderful and knowledgeable group of people.**

**Melissa Sullivan**, Knowledge Exchange Specialist, Department of Health and Community Services, was a CHRSP Research Officer at NLCAHR (2015-17) and continues to be connected to NLCAHR through her work at the Department of Health and Community Services.

*"Recently, NLCAHR conducted a research study for our Division through its Contextualized Health Research Synthesis Program that helped guide program development. Several of my colleagues, myself included, are also members of Research Exchange Groups. Our participation in CHRSP and in the Research Exchange Groups helps ensure our work is evidence-informed and contextualized to the Newfoundland & Labrador setting. My role at NLCAHR helped develop my applied health research skills – skills necessary for my role with government. NLCAHR has a small but mighty team! I am most grateful for my time spent working with such a wonderful and knowledgeable group of people."*



## Reflections from funded researchers

**Dr. Roberta DiDonato**, MSPACCC R-SLP, Ph.D., Adjunct Professor, Faculties of Science and Medicine, Research Director, Discipline of Anesthesia, Memorial University, and Speech-Language Pathologist at Eastern Health, has had her research funded by NLCAHR and participates in several of our Research Exchange Groups. Dr. DiDonato received three NL-HARP awards to support her research on age-related hearing loss and on vision and aging; additionally, she was co-investigator on research into clear speech communication that was funded by the Enhancing Healthcare in NL awards. She has published her research as an applied health researcher and given numerous presentations at NLCAHR-hosted events, conferences and symposia.



*“NLCAHR made me the applied health researcher that I am today! The Centre has been an extremely important part of the 'village' that allowed me to complete my Ph.D. in Experimental Cognitive Psychology and then to continue doing applied health research as a post-doc. As a mature student with a 30+ year professional career in allied health, returning to do doctoral studies was daunting. Applying for that first grant was particularly intimidating but it was made so much less so by Tyrone White, NLCAHR's Awards Officer. Being successful with that first grant gave me the confidence and skills I needed to obtain other grants, not only with NLCAHR but also with the CIHR and beyond. Becoming part of the Research Exchange Group on Aging was especially influential. The collegial atmosphere for showcasing my own research findings and having other prominent and seasoned researchers provide critical but encouraging support allowed me to grow further professionally.*

*The Centre accomplishes its goal of supporting and increasing the capacity for health research and for evidence-informed decision making by providing grants and fellowships for graduate students and project grants for post-doctoral researchers in diverse fields. It is also a forum and catalyst for collaboration and discussion through its many Research Exchange Groups—these groups bring key players from healthcare, government, and the private sector around the table with researchers to have the kinds of discussions that move research projects forward. Further, the groups develop synergies— not only among members within one group interested in a given topic but also among the different Research Exchange Groups whose work, while devoted to different domains of applied health research, often involves convergent goals.*

*Lastly, the atmosphere and culture of the NLCAHR is so transparent and warm that it feels like you are gathering together with friends and family on a common mission - research for creating the best evidence-informed decisions for healthcare delivery in Newfoundland & Labrador.”*

**The culture of NLCAHR is so transparent and warm that it feels like you are gathering together with friends and family on a common mission - research for creating the best evidence-informed decisions for healthcare delivery in Newfoundland & Labrador.**







**Dr. Maria Mathews**, Professor, Department of Family Medicine, Schulich School of Medicine & Dentistry, Centre for Public Health and Family Medicine, the University of Western Ontario (Western) received research funding from NLCAHR, participated in workshops, served on peer review committees, participated in the mentorship program, had her students funded by NLCAHR, and tells us that she appreciated the advice and assistance of the Centre's staff, especially that of Dr. Stephen Bornstein.

*"I am most grateful for the funding that the NLCAHR used to offer to support research. When I first*

*arrived at Memorial, I applied to a number of agencies for a grant to look at out-of-pocket costs for cancer care – to the CIHR, to the Canadian Breast Cancer Foundation (CBCF), and to the NLCAHR. Each of the applications was for a slightly different amount and the full project costs were just over \$100,000 – the amount we requested in our CIHR application. I found out the results from each competition within a few weeks of each other. We got the CBCF grant. We got the NLCAHR grant. We got the CIHR grant. I decided to decline the CBCF and NLCAHR grants because they overlapped with the CIHR Grant. At that time, I had understood that Memorial University would automatically provide matched funding (through the Industrial Research and Innovation Fund) for which I had been pre-approved but was shocked to find out a few weeks later that I would have to find my own matched funding if I wanted to accept the CIHR grant. I remember being in a mad panic and contacting Dr. Bornstein to see if there was any way that I could still have the NLCAHR grant as matched funds. He said yes!!! And then CBCF provided the remaining matching funds so that I could get my first ever CIHR grant!!! I am immensely grateful to the NLCAHR for letting me have that opportunity because it meant that I was eligible to apply for a CIHR New Investigator grant (which I eventually got). And that first grant, as well as other development grants I got from NLCAHR, gave me a track record – which allowed me to get my next CIHR grant, and the one after that, and the one after that ... which eventually helped me to become a nominee for a Tier One Canada Research Chair at Western.*

**That first grant ...gave me a track record which allowed me to get my next CIHR grant, and the one after that, and the one after that ... which eventually helped me become a nominee for a Tier One Canada Research Chair at Western.**

**Needless to say, NLCAHR has had a profound impact on my career, for which I am deeply grateful.**

*Needless to say, NLCAHR has had a profound impact on my career, for which I am deeply grateful. I hope that NLCAHR is able once again to provide grant funding in the future to help support the careers of other promising researchers. More importantly, the findings from that first study laid the evidence base for changes to the Medical Transportation Assistance Program so more residents from Newfoundland & Labrador are able to get transportation subsidies when they seek healthcare. The study findings also convinced the Canadian Cancer Society to build Daffodil Place which assists more than 600 patients each year when they travel to St. John's for cancer care. None of this would have been possible without that grant funding from NLCAHR."*





**I can honestly say that I attribute my success, in large part, to my first few tentative steps at NLCAHR.**

**Dr. Michelle Ploughman**, BSc.PT, MSc., Ph.D., Canada Research Chair (Tier II); Rehabilitation, Neuroplasticity and Brain Recovery and Assistant Professor, Discipline of Medicine, Faculty of Medicine, Memorial University received research funding from NLCAHR and served as a peer reviewer for our awards program. Dr. Ploughman is also a former convener of the Research Exchange Group on Aging.

*"I just wanted to say how important NLCAHR was in terms of launching my career. I was funded by NLCAHR as a post-doc to undertake a study examining healthy aging with Multiple Sclerosis (MS). At the time (2009), this was not a popular topic, but ten years later, I have been invited almost everywhere (Denmark next) to talk about it since we now know that people with MS are living longer than ever before. I was able to leverage NLCAHR funding to obtain other small grants to bring on other provinces which helped this project to grow into the largest study of health and aging with MS ever. I have nine publications and countless abstracts and presentations and I still have three more papers in draft. I've just finished a book chapter on this topic. So many students 'cut their teeth' on that data and the project also helped launch the careers of fellow researchers (Ph.D. student at Queens) and research-minded clinicians.*

*I was able to serve on NLCAHR peer review panels and this was a training ground for my future success in grant applications. I now sit on grant panels for multiple agencies including the CIHR, the Parkinson's Society UK, the MS Society UK, the Health Bureau of Hong Kong, MS Research Australia, Italian Ministry of Health and others. Dr. Bornstein wrote multiple letters of support for me when I was looking for jobs and I can honestly say that I attribute my success, in large part, to my first few tentative steps at NLCAHR."*





**Dr. Elizabeth Russell**, Assistant Professor, Psychology Department, Trent University

**NLCAHR facilitates health researchers' abilities to work alongside those more rural populations and to employ partnerships and community-based approaches, strengthening our results but, more importantly, allowing our results to matter and, I believe, to positively impact the people and communities in the more rural and remote areas of the province.**

*"NLCAHR funded both my Master's and Ph.D. research and so this organization holds a very special place in my heart. My research projects would not have been otherwise possible, especially at the Ph.D. level, when you consider the travel and funds required to conduct rural, community-based research in Newfoundland & Labrador. My Master's of Science project, Psychosocial and Health-Related Predictors of Body Image Dissatisfaction: A Quantitative and Qualitative Approach was awarded \$18,000 from NLCAHR and my Ph.D. research on Age-Friendly Community Capacity Building in NL received \$22,000 in NL-HARP funding. The timing for funding the Ph.D. project could not have been more perfect, as it supported the travel that was required to obtain a representative sample of participants and communities from across the province, allowing me to properly evaluate the provincial program under study. So, more than just funding student research, this support directly facilitated the effective evaluation of a provincial program. I was then able to present my research findings for both projects at various NLCAHR-hosted conferences, symposia, roundtables, and exchange groups.*

*In 2012-13, I worked part-time at NLCAHR researching a CHRSP Evidence Update on options for dialysis services in remote NL—a great opportunity to work on health research outside of my dissertation topic while still working on my Ph.D. This project also provided experience with different methods and dissemination approaches. I was also a member of the Research Exchange Groups on Eating*

*Disorders, Disordered Eating and Body Image and on Aging. Recently, my colleague Dr. Mark Skinner and I presented "Rural Aging and Age-Friendly Rural Communities: Insights from Trent University" to the Research Exchange Group on Aging.*

*In my current line of research, I have obtained funding from the SSHRC Insight Development Program as a Principal Investigator and have received an Internal SSHRC grant from Trent University to explore a topic/theory that emerged from my NLCAHR-funded dissertation. I would not be studying this topic today, nor would I be financially supported by SSHRC to do so, had my original project not been funded by NLCAHR. I do not believe the project would have been robust enough for the key finding that is now under study to emerge as an important topic for further research (i.e. rural age-friendly community sustainability).*





*Newfoundland & Labrador is an incredibly vast, unique province. However, the generalization of research findings from external jurisdictions or from the Avalon Peninsula alone is simply neither possible nor accurate. From my view, NLCAHR facilitates health researchers' abilities to work alongside those more rural populations and to employ partnerships and community-based approaches, strengthening our results but, more importantly, allowing our results to matter and, I believe, to positively impact the people and communities in the more rural and remote areas of the province. This invaluable contribution to understanding and supporting the health and wellness of the people and Newfoundland & Labrador is made possible by NLCAHR through its many avenues for research support.*

*I cannot stress enough how significant NLCAHR has been for my career - it not only helped me conduct more thorough research but also showed me that seasoned researchers viewed my research as both important and worth doing. This moral support is invaluable – I still have my grant acceptance emails from Dr. Bornstein and have looked back on them many times! Furthermore, NLCAHR provided opportunities for me to present my research—opportunities that many graduate students would normally be unable to access, giving me the confidence to present at academic conferences and to teach. NLCAHR valued and still values my work and, indeed, it values me as a researcher, and I believe my current career as a tenure-track assistant professor can be attributed in no small way to the ongoing support of the kind people and the diverse, effectively-targeted funding and dissemination programs at NLCAHR. Thank you for providing me with this opportunity to share my experiences, and congratulations on this monumental anniversary!”*



**Dr. Laurie Twells,**  
Associate Professor School  
of Pharmacy  
and Faculty of Medicine,  
Memorial University  
Scientific Lead,  
CIHR NL Support Unit

*“I started with the NLCAHR in 2002 as a research assistant with Dr. Verna Skanes, and continued on when Dr. Stephen Bornstein returned, until 2005, when I left to work full-time on my Ph.D. Stephen was always very supportive of my completing the Ph.D. and I am grateful for his support.*

*The NLCAHR has played an important role as an applied health research agency. In the early days, the funding for students and research projects was critical in encouraging applied health research at Memorial. The Research Exchange Groups provide a forum and common place to bring groups of people together who were interested in learning about, and doing something about, a specific research area. The Centre's CHRSP reports provide high-*



*quality reviews of topics that matter to this province and they have helped to inform evidence-based based practices, programs, and policy-making in Newfoundland & Labrador.*

*I owe a lot to the NLCAHR and to Dr. Stephen Bornstein— NLCAHR is where I was first exposed to working as a researcher and it is where I started my research career, which has led me to where I am today.*

*While I was working at the NLCAHR, I was asked to organize a provincial forum on obesity and to invite experts in Canada to speak on: the temporal trends of obesity, the health burdens associated with obesity, the potential causes and contributors to the problem and proposed solutions. The list of attendees included Canadian experts Dr. Diane Finegood, Dr. Robert Ross, Dr. Peter Katzmarzyk and Dr. Ian Janssen, all of whom continue to be leading obesity researchers in Canada and on the global stage.*

*Almost 20 years ago, concerns that obesity would impact an individual's health, the health system, and society were just emerging. This work experience, and exposure to the complexities of obesity as a health issue, led me to do doctoral work in this area that resulted in my completing my Ph.D. in 2008.*

*With this work, I secured a tenure-track joint faculty position with the School of Pharmacy and the Faculty of Medicine. Over the last ten years, I have published almost 50 papers on obesity and health-related areas. These include: the epidemiology of adult and childhood obesity in Canada, the relationship between BMI and coronary artery disease, the deletion of the MC4R Gene in childhood obesity, the impact of obesity on the healthcare system, the impact of bariatric surgery on long-term health-related quality of life, weight loss expectations after bariatric surgery, and the impact of sleeve gastrectomy on clinical, quality of life, and economic outcomes. Qualitative studies have focused on: the histories of weight gain in patients waiting for bariatric surgery, the impact of gender on the choice to have weight loss surgery, and how patients perceive waiting for surgery and the inequities around access to an elective surgery for which provision is limited. This work has led to the development of national and international collaborations.*

*Working with the Centre gave me a good grounding in how to conduct high-quality research and also gave me experience in writing. I also made many connections and established collaborations during this time that have helped my career progress, a number of those relationships providing mentoring for me as well.*

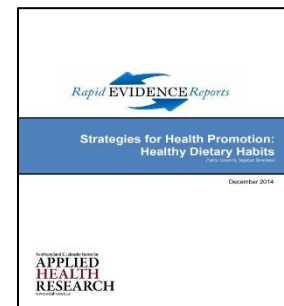
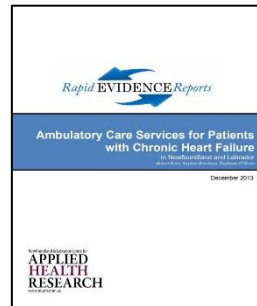
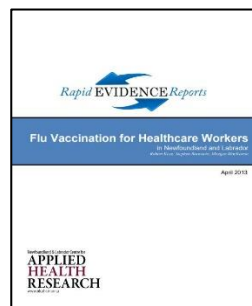
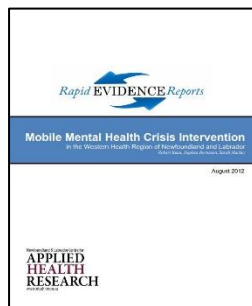
*During my time at the NLCAHR, I met a number of colleagues that I continue to work with today. It seems that having a history of working with the NLCAHR and our common positive experiences there are often a talking point when we meet. I have noticed over the years, that this brings people together, gives us a common ground. We often agree that the NLCAHR was an amazing place to start our research careers in applied health research.”*

**During my time at the NLCAHR, I met a number of colleagues that I continue to work with today.**

**We often agree that the NLCAHR was an amazing place to start our careers in applied health research.**

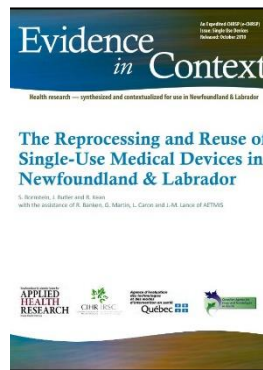
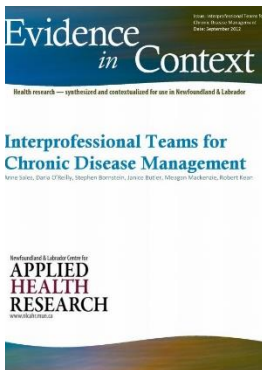
**-Dr. Laurie Twells**





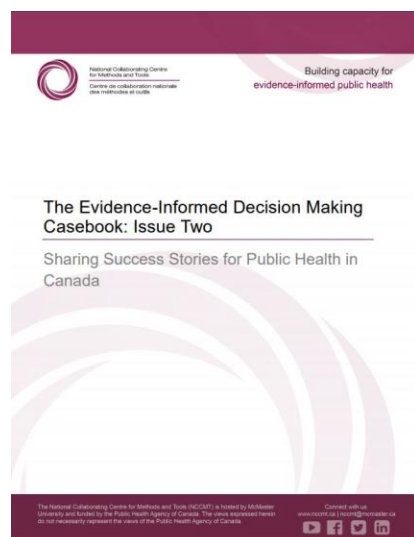
# CHRS P

## The Contextualized Health Research Synthesis Program





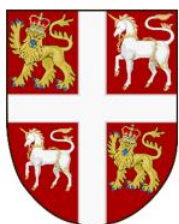
## What we did this year: CHRSP Highlights



**Success Stories** | CHRSP was featured in a national publication again this year—the *Success Stories* issue of the Evidence-Informed Decision Making Casebook series, a publication of the National Collaborating Centre for Methods and Tools (NCCMT). In a [feature article](#) about CHRSP’s integrated Knowledge Translation methodology, we highlighted research uptake from our 11-year collaboration with provincial stakeholders and described how CHRSP produces timely, relevant, easy-to-read scientific evidence to support health system decisions in this province. Then, in a special NCCMT *Peer-to-Peer* webinar on November 28, 2019, our CHRSP team outlined for a national audience how CHRSP involves healthcare decision makers in every step of the process and, importantly, how the program attunes health evidence to the unique characteristics and capacities of healthcare delivery here in Newfoundland & Labrador.



Ontario



Newfoundland &amp; Labrador



Manitoba

**Adapting CHRSP for Rural Places** | The CHRSP team worked this year on a CIHR bridge-funded partnership with research experts in knowledge translation, rural health, and Indigenous health, the NL Department of Health and Community Services, health researchers at Laurentian University, health system partners in the North East Local Health Integration Network and Health Quality Ontario, researchers at the University of Manitoba and decision makers in Manitoba’s Southern Health- Santé Sud, together with knowledge translation experts at Memorial University and the Ottawa Hospital Research Institute.

Using this funding, we developed training materials to adapt CHRSP for use in other jurisdictions, completed an evidence update from a previous *Evidence in Context* study on non-pharmacological interventions to reduce agitation and aggression among long-term care residents with dementia; carried out a re-contextualization of this study for use by decision makers in Ontario; and worked with our partners in Manitoba to re-contextualize the study for use in Manitoba. Working closely with a multi-faceted team, we submitted a proposal to the Canadian Institutes for Health Research to adapt CHRSP for rural health systems in Ontario and Manitoba and to plan for partnerships with Indigenous peoples in all three provinces to develop an Indigenous-informed iKT methodology for decision support. Although we were not awarded funding in the fall of 2018, our team continues its collaboration to develop a new proposal for funding in 2020.



## CHRSP Health System Partners 2018-2019

*CHRSP continued its collaboration with provincial health system stakeholders in 2018-2019. Our thanks to these partners for their contributions to evidence-informed decision making in Newfoundland & Labrador:*



Health System Leader: David Diamond, CEO  
CHRSP Champions: Krista Butt, Research Analyst, Mike Doyle, Director of Research (now retired), Janet Templeton, Program Director, Cancer Care, Elaine Warren, Vice President and Chief Information Officer



Health System Leader: Andrée Robichaud, CEO  
Former Leader: Louise Jones, Interim CEO  
CHRSP Champion: Vanessa Mercer Oldford, Director of Corporate Improvement



Health System Leader: Cynthia Davis, CEO  
CHRSP Champions: Hilda Bellows, Regional Director, Quality Management  
Mariel Parcon, Regional Manager, Research & Evaluation;  
Former Champion: Donna Hicks, Vice President, Information and Quality



Health System Leader: Heather Brown, CEO  
CHRSP Champions: Paula March, Vice President Patient Safety & Quality, and Peter Deegan, Vice President of Corporate Services and Chief Financial Officer  
Former Champion: Nadine Calloway, Director, Health Information and Management



Health System Leader: Karen Stone, Deputy Minister  
Former Leader: John Abbott, former Deputy Minister  
CHRSP Champions: Heather Hanrahan, Director of Regional Services, Michael Harvey, Assistant Deputy Minister, Policy Planning and Performance Monitoring



Health System Leader: Susan Walsh, Deputy Minister  
Former Leader: Donna Ballard, former Deputy Minister  
CHRSP Champion: Henry Kielley, Director, Seniors & Aging and Disability Policy  
Former Champion: Mary Reid, Director of the Disability Policy Office



## CHRSP Patient and Caregiver Advisory Council

By working with stakeholders from the provincial health system, CHRSP was built upon an inclusive process to support evidence-informed decision making. Recognizing that its research approach could be even more inclusive, CHRSP has been strengthened in recent years by adding a critical dimension to its collaboration—the perspectives of patients and caregivers.

Our Patient and Caregiver Advisory Council (PCAC) was developed to reflect the value that patients and caregivers add to the CHRSP research process—as collaborators who will help us to better understand the unique issues and concerns of patients and caregivers in Newfoundland & Labrador. Members of PCAC have contributed to the CHRSP research process in a variety of ways, including advising us about the research themes that are important to them, providing input into the 2019 topic selection process for CHRSP, and providing feedback on our plain-language summaries. Beginning in 2020, they will contribute their own proposed studies to the topic selection process for CHRSP.

We thank the members of the 2018-2019 CHRSP Patient and Caregiver Advisory Council for working with us: Judi Burgess, Brenda Critchley, Jon Dalton, Myra Dean, Edie Newton, Paula Rolfe, Ian Simpson, Janet Skinner, and David Tutton.

## CHRSP Publications 2018-2019

CHRSP completed its 34th study this year and has now published 20 *Evidence in Context* reports, 10 *Rapid Evidence* Reports and 4 *Snapshot* Reports, all of which can be [found online](#). The following studies were published this year:



### Home Dialysis Strategies

CHRSP completed a jurisdictional scan of strategies or practices used in other jurisdictions to increase the uptake of home dialysis. Provincial decision makers requested this project to contribute to the goals set out in *The Way Forward: Chronic Disease Action Plan*. For this study, we contacted senior national leaders in dialysis service and care across Canada (and in selected international jurisdictions) and asked for information about strategies, programs or policies they have used to increase

the uptake of home dialysis by healthcare providers and patients. Where possible, we asked about physician remuneration and about barriers and enablers to home dialysis. We found the following strategies to be the most frequently used in other jurisdictions:

- **Home First Strategies:** Provinces across the country are focusing their efforts on creating a culture where the home of a patient is the first place considered for dialysis therapy.





- **Assisted Peritoneal Dialysis Programs:** These programs involve healthcare workers providing assistance to individuals who wish to remain at home, but who, for a variety of reasons, are unable to perform the tasks required for peritoneal dialysis independently.
- **Standardized Modality Education:** The goal of modality education is to increase patient knowledge to support informed decision-making about dialysis modalities.
- **Financial Support Programs:** Some jurisdictions are attempting to address the financial barriers associated with home dialysis modalities by creating financial support programs and reimbursement for patients.
- **Modality/Transition Coordinators:** Many renal programs across the country have a specific individual hired to provide modality education and ease a patient's transition into dialysis.
- **Educational Sessions for Renal Staff:** Staff education, through formal sessions or grand rounds, have proved important for many renal programs.



### Remote Patient Monitoring

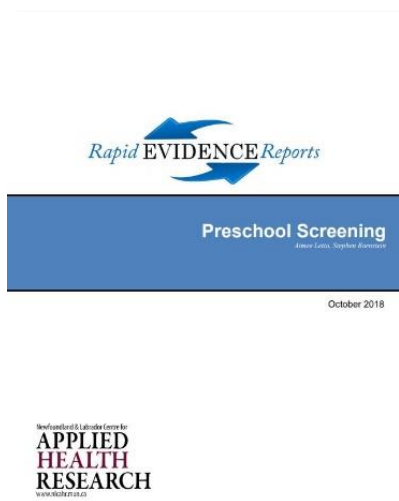
CHRSP completed this jurisdictional scan to find out how other regions integrate remote patient monitoring (RPM) into existing models of care for individuals with chronic disease or complex care challenges. The information gathered for this *Snapshot* is intended to help inform the implementation and evaluation of remote patient monitoring for those living with chronic disease in remote and rural Newfoundland & Labrador. Our scan uncovered 22 active RPM initiatives or programs, 24 RPM pilot studies or ongoing research projects, and five RPM

services or products not linked to a health system. The noteworthy features of these programs and services include:

- Most RPM programs are either targeted towards people with chronic disease or are designed specifically for patients with certain conditions, such as chronic obstructive pulmonary disease, chronic heart failure, or diabetes.
- RPM programs are typically aimed at improving understanding of various health conditions or promoting their home-based self-management through technology and education. Most programs provide a device that the patient learns to use in order to submit health data that is then reviewed by a healthcare professional in consultation with a primary care physician.
- Canadian RPM approaches typically involve partnerships that include a health authority and some combination of acute, home health, residential care, or community services.
- Most of the information on patient and system outcomes reports improvements in patient outcomes and reductions in acute-care utilization among people who are remotely monitored.



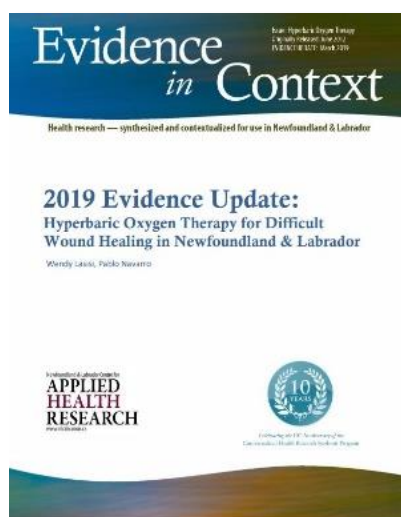
- When information about cost was available, the cost measures reported included: cost avoidance, cost of staff time, implementation costs, net gain, average cost per patient, or operational costs. In all cases, the RPM approach produced cost savings.



### Preschool Screening

For this report, we were asked to identify the health and development concerns for which our preschool population should be screened. We worked with expert consultant Dr. Rebecca Gokiart, Associate Professor and Associate Director of the Early Childhood Measurement and Evaluation Community-University Partnership for the Study of Children, Youth and Families (CUP) at the University of Alberta. The evidence we found related to preschool screening included: vision and hearing screening, global development screening, language development screening, and screening for Autism Spectrum Disorder.

- There is little high-quality evidence on the effectiveness of preschool screening for vision, hearing, and development. Nevertheless, most jurisdictions operate these screening programs for their preschool populations.
- Short-term health outcomes are more frequently studied than long-term health or educational outcomes.
- Existing guidelines for screening may be of interest to decision makers. They provide different ways of weighing the evidence and determining the value of screening programs.
- Evidence shows that the diagnostic accuracy of a number of specific tools is sufficient for effective, validated screening of preschool populations.



### Evidence Update: Hyperbaric Oxygen Therapy

In 2012, we published a report on hyperbaric oxygen therapy (HBOT) for difficult wound healing. To provide decision makers with updated evidence on this topic, our researchers looked at new evidence from moderate to high quality systematic reviews published since 2010. We also used the new CHRSP Evidence Rating System to assess the quality of the evidence overall. The findings of this update were generally consistent with those of the original report.

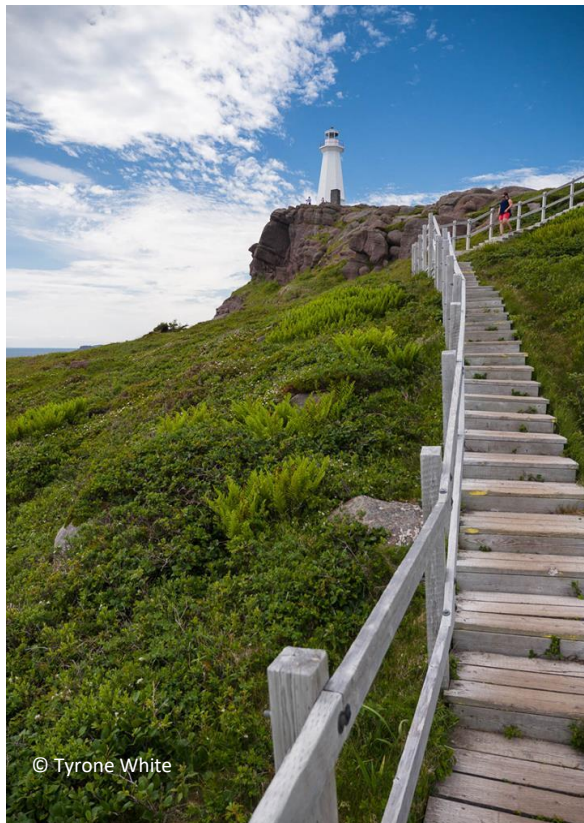
The benefits of HBOT for wound healing will depend on the severity of the injury and on the timeliness of treatment.



- As a treatment for diabetic foot ulcers, strong evidence indicates that HBOT does not reduce minor amputations, while weak evidence points to its effectiveness in reducing major amputations. These findings may be attributed to the fact that those undergoing a minor amputation will no longer require a major amputation.
- A strong body of evidence shows that HBOT, as adjunctive therapy, is significantly more effective than usual care to reduce the severity of non-healing diabetic foot ulcers.
- 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.
- 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 revascularization after organ transplantation.
- More research is needed to determine the effectiveness of HBOT for healing other types of wounds.
- 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.

## What we're working on now

The CHRSP team is at work on the following studies for our provincial healthcare partners:



**Barriers and Facilitators to Care Transitions:** *What does the scientific evidence tell us about barriers and facilitators to effective handover of care between healthcare providers during transitions of care?*

**De-Prescribing Medications:** *What are the barriers and facilitators to de-prescribing medications?*

**Rural Obstetrics Services:** *What models of obstetrical care have been shown to increase safety and promote service satisfaction for patients in rural areas?*

**Experiences in Palliative Care: Home vs. Healthcare Settings:** *What are the experiences of patients and families that use a palliative/end-of-life program for a death at home compared to the experiences of people that use these services in a healthcare facility?*





## Harnessing the best: reflections from CHRSP partners



**Cynthia Davis**, CEO of Western Health, is a CHRSP Health System Leader and a participant in our Research Exchange Groups.

*“Western Health’s partnership with NLCAHR is an important one. Western Health staff have participated in CHRSP projects, Research Exchange Groups, engagement initiatives, and researcher partnerships.*

**NLCAHR’s ability to synthesize health research into easily-understood documents provides an efficient approach to applying evidence-based care that otherwise would be difficult to obtain by individual organizations.**

*Through NLCAHR, evidence-based knowledge is shared with organizations across Newfoundland & Labrador which, in turn, has supported or developed new and existing program development. NLCAHR’s ability to synthesize health research into easily-understood documents provides organizations with an efficient approach to applying evidence-based care that otherwise would be difficult to obtain by individual organizations. Our experience with the NLCAHR team has demonstrated the kind of engagement that is based on collaboration, responsiveness, reliability and professionalism. Congratulations on your 20th Anniversary.”*

**Heather Brown**, President and Chief Executive Officer, Labrador-Grenfell Health

*“I have been connected with the NLCAHR team for many years in my role as a healthcare decision maker in Newfoundland & Labrador. This has included my relationship with their flagship program, CHRSP. I have been involved in creating topics for CHRSP and in prioritizing research topics in health services delivery. I have been a contributor and health system sponsor in several research projects and have supported the contextualization process in many instances. As a health system decision maker, I recognize and value the decision-making support that this process provides. The Centre is building capacity for applied health research in our system – work that has value for the Regional Health Authorities that do not have research as a part of their mandate. NLCAHR facilitates evidence-informed decision making by providing high-quality contextualized research that makes sense to decision makers. The findings from their studies help us to ensure quality outcomes. Sound decision-making support then helps us to optimize the use of resources, having an impact not only on the health and community supports system but also on the health of the population. My personal connection with NLCAHR has been longstanding. I have experienced first-hand how the Centre’s work impacts on health and community services delivery in the province. Findings in so many CHRSP reports, such as the studies on acute care of the elderly, dialysis options for rural and remote care, as well as community-based service models for seniors have been used to make improvements in services. In my work with the NLCAHR team on various reports, I have been shown a great deal of respect for my knowledge and experience as a health system decision maker in this province.”*



**I have experienced first-hand how the Centre’s work impacts health and community services delivery in the province.**





**Janet Templeton**, Program Director of the Cancer Care Program at Eastern Health, is a CHRSP Champion who has served on CHRSP project teams and is a participant in our Research Exchange Groups.

**The Centre supports the RHAs to conduct high-level research, as, in many cases, the clinical expertise is certainly available but not always the research expertise...**

*“Initially, we started linking with NLCAHR through our Evidence Informed Practice Council (EIPC) at Eastern Health. As Director of Clinical Efficiency at that time, I was working with Dr. Brendan Barrett and the Council to increase the use of evidence to practice and to implement process improvements from an efficiency and effectiveness perspective. Pablo Navarro joined as our link with NLCAHR and assisted in the development of some structure and processes that would support that process within Eastern Health.*

**This linkage is very valuable as the clinical and research community connect on applying the evidence to practice.**

*NLCAHR assists and also challenges the Regional Health Authorities (RHAs) to think of the areas of patient care and population health that are important to Newfoundland & Labrador and that require a focused approach to be addressed within the province. The Centre then supports the RHAs to conduct high-level research, as, in many cases, the clinical expertise is certainly available but not always the research expertise, which has always been a limiting factor within the healthcare system. This linkage is very valuable as the clinical and research community connect on applying the evidence to practice.*

*I would like to acknowledge the support from Pablo Navarro when we established the EIPC. Also, the Research Exchange Groups have really brought communities of practice together and allowed a network to develop, as we have seen in the recent example of the Research Exchange Group on Palliative and End-of-Life Care, which has connected people who perhaps would not have had an opportunity to connect otherwise.”*

**We don't always have the time and the resources to wade through all the evidence and we don't always have the specialized research expertise to appraise the literature, to do systematic searches, to figure out what works best. CHRSP's research expertise means this important work is done for us - and it is done incredibly well.**



**Vanessa Mercer Oldford**, Vice President, People and Transformation, Central Health, is a CHRSP Champion and has served as a consultant on CHRSP studies.

*“CHRSP supports health system decision making and really helps us when we implement new practices, programs, and policies. There is so much health evidence out there—and the reality on the ground is that healthcare administrators are very busy. We don't always have the time and the resources to wade through all the evidence and we don't always have the specialized research expertise to appraise the literature, to do systematic searches, etc. in an effort to figure out what works best. CHRSP's research expertise means this important work is*



*done for us—and it is done incredibly well. CHRSP then takes decision support one step further by contextualizing the evidence to help us figure out how it can be applied within our unique provincial healthcare contexts, adapting the evidence to suit our local capacities and challenges. As a result, we rely on CHRSP studies to guide decisions and to make sure quality improvements are evidence-based.*

*One of the most admirable aspects of the program has been a willingness to adapt and respond to changing health system needs. Decision makers don't always need a full 'Evidence in Context' report; oftentimes, an evidence summary (Rapid Evidence Report) or a jurisdictional scan (Snapshot) are exactly what we need. It is also sometimes good for us to know what the evidence does not say about an issue, to refute suggestions that sometimes arise based on a single article or based on weak or insufficient evidence. The ability of CHRSP to recognize and respond to our specific needs has been incredible. The studies on how to conduct patient surveys and how to reduce acute care length of stay were particularly helpful. We turn to the CHRSP team when we need to focus on a given issue to make sure our decisions align with the best evidence. Our Quality Improvement teams have benefitted tremendously from our close relationship with the CHRSP team. Thank you to the CHRSP team for your work over the years; here at Central Health, we continue to look forward to our work together."*



**NLCAHR has enabled important linkages between health researchers and decision makers—our partnership with the Centre is important and valuable for our work in quality and for our ongoing pursuit of excellence as an organization.**

**Kelli O'Brien**, Vice President, Long Term Care, Rural Health and Quality, Western Health is a CHRSP Champion and participant in our Research Exchange Groups. She has worked on CHRSP project teams including studies on options for rural dialysis services, falls prevention for seniors, community-based service models for seniors, exercise interventions in long-term care, and managing agitation in long-term care residents with dementia.

*"I have worked with NLCAHR in many capacities over the years. When I served as a peer reviewer for the NL-Healthy Aging Research Program (NL-HARP) awards, I enjoyed having the opportunity to review all the great applied health research projects being proposed and to contribute to the selection process as a health system decision maker. I also had the opportunity to speak about the provincial health system's engagement with CHRSP when I co-presented at the national CU-Expo Conference with Dr. Stephen Bornstein in 2013. I have participated on a number of Research Exchange Groups as well— mostly the group on Aging— where I have presented initiatives undertaken by Western Health, including restorative care, reducing antipsychotic use in LTC, and a joint presentation with colleagues from Central Health on improving quality of care for frail elderly LTC residents with diabetes. I was also fortunate to be a member of the original research team led by Dr. Les Cake that received NL-HARP funding to conduct a cross-country jurisdictional scan to "Build an Evidence-Based Framework for a Newfoundland & Labrador Centre on Aging" in 2011. Participating in these early efforts to lay the groundwork towards establishing the Aging Research Centre (ARC-NL) announced in December 2018 was a unique, and a very positive, opportunity.*





*NLCAHR has encouraged the development and use of applied health research to support evidence-informed decision makers by providing research into health services, technology, and policy. Tangible examples of this work can be illustrated through the CHRSP program and through the Research Exchange Groups (REGs). The REGs provide an excellent forum for collaboration and discussion amongst researchers, academics, students, clinicians and decision makers.*

*With CHRSP, NLCAHR has successfully engaged decision makers as partners in order to respond to priority areas for health research to support evidence-informed policy decisions. NLCAHR has enabled important linkages between health researchers and decision makers—our partnership with the Centre is important and valuable for our work in quality and for our ongoing pursuit of excellence as an organization.”*

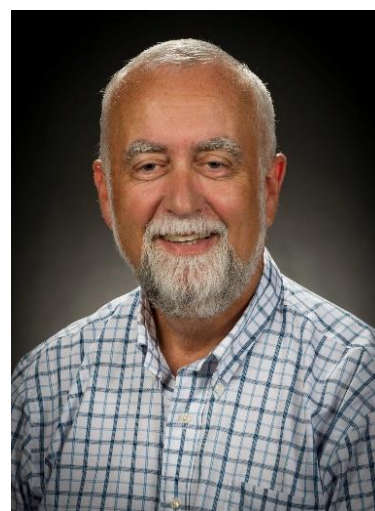


**Dr. Howard Bergman**, MD, FCFP, FRCPC, FCAHS Chair, Department of Family Medicine, Professor of Family Medicine, Medicine and Oncology, Special Advisor (International) to the Dean, Faculty of Medicine, McGill University, was involved with NLCAHR as first author and team leader of the CHRSP report, *Community-Based Service Models for Seniors in Newfoundland & Labrador*, published in 2013. In 2014, he was invited to speak at a symposium in Corner Brook in preparation for the creation of the new Aging Research Centre (ARC-NL). Dr. Bergman was also a presenter at a CIHR-sponsored Best Brains Exchange on Community-Based Service Models for Seniors in 2014.

*“In my association with NLCAHR, I was most impressed with Stephen Bornstein’s leadership, how the team managed to be so productive with relatively limited resources; how it sought out the best expertise and worked with them in a very user-friendly manner; and how it was able to locate the best evidence and then contextualize that evidence to the Newfoundland and Labrador context in a very practical way.”*

**Dr. Roger Butler**, Clinical Associate Professor Family Medicine, Faculty of Medicine, Memorial University, has worked with CHRSP on numerous projects over the years, is an NLCAHR-funded researcher, and is a participant in our Research Exchange Groups Program.

*“I have had the privilege to be involved in several CHRSP projects, as well as in the Research Exchange Groups program, and I have received at least two NLCAHR research grants. NLCAHR acts as an honest broker to help synthesize research in the Newfoundland & Labrador context for NL clinicians to help them make better evidence-based decisions where they simply do not have the time nor skills to sift through the complex data research minefield. The Centre has certainly increased the capacity for health research. For example, the project on Home-Based Dementia Care that I completed with the help of NLCAHR research funding has gone on to have our province secure \$1.7 million in federal government funding to support a Home-Based Dementia Care program for those individuals with moderate to severe dementia.*



*I think the “Evidence in Context” series, especially the reports on Community-Based Service Models for Seniors, and Age-Friendly Acute Care, to mention only two, have provided government with vital data to make better decisions in these areas. I think it is essential in this healthcare environment, with its limited financial resources, that we use the wisdom of the CHRSP process to answer key questions that healthcare administrators are posing. This service has no doubt prevented us already from going down the wrong expensive care roads. We need an honest broker who has no vested interest to help government make better healthcare decisions. CHRSP is one such program with a proven track record. I think Stephen Bornstein and his group have the unique capacity to get the right people to make change in the room. That is a special gift. Plus, I like his enthusiasm and positivism. He has been a guiding light in some of the stormy times and we, as a province, are indebted to him. I hope NLCAHR is around for many years to come as it fills a special gap and can get communication links going that take research concepts into reality.”*

**NLCAHR acts as an honest broker to help synthesize research in the Newfoundland and Labrador context for NL clinicians to help them make better evidence-based decisions.**

-Dr. Roger Butler





# CAPACITY BUILDING & ENGAGEMENT





## Research Exchange Groups

In 2018-2019 our Research Exchange Groups program continued to foster communities of interest among researchers, clinicians, community, health system and government partners. The diversity of membership and participation were on the rise again this year. New groups on Palliative and End-of Life Care and on Human-Animal Interaction and Wellness were established while an older group on the Health Impacts of Fracking concluded its work. The combined membership of these groups now exceeds 1,100.

<b>BY THE NUMBERS</b>	<b>Groups</b>	<b>19</b>
	<b>Meetings</b>	<b>93</b>
	<b>Members</b>	<b>1191</b>

### 2018-2019 Research Exchange Groups:

1. Attention Deficit and Hyperactivity Disorder (47 members)
2. Aging (140 members)
3. Autism Spectrum Disorder (60 members)
4. The Arts & Health (102 members)
5. Bullying and Health (57 members)
6. Chronic Disease (53 members)
7. Cost & Value in Healthcare (84 members)
8. Eating Disorders, Disordered Eating & Body Image (45 members)
9. Gender, Sexuality, and Health (58 members)
10. Global Health (44 members)
11. Harm Reduction & Critical Drug Studies (31 members)
12. Horticultural Therapy (40 members)
13. Human-Animal Interaction and Wellness (39 members)
14. Mental Health (105 members)
15. Military Families' & Veterans' Health (56 members)
16. Oral Health (38 members)
17. Palliative & End of Life Care (40 members)
18. Rural, Northern & Aboriginal Health (64 members)
19. Service Learning and Community Engagement (88 members)

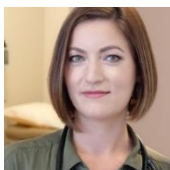
Membership in the groups is open to everyone. Connecting in person and through webinar, group participants and guest speakers join us from across the province, across Canada, and around the world. Dedicated to knowledge translation and research development, our group members are always on the lookout for new collaborative opportunities. Activities are determined by the members and often include: presentations on planned, ongoing, or completed research; presentations from community partners and clinicians on interventions, programs, and services; group discussions about journal articles of interest; identifying knowledge gaps and developing research agendas; providing support and feedback to students doing graduate research; developing research teams; and organizing workshops, guest lectures, and symposia.

Each Research Exchange Group offers its participants a chance to build connections with people from a range of disciplines who share their interests—our participants tell us that a key benefit of membership is the opportunity to meet with others and to connect with their work.



## Fostering communities of interest in 2018-2019

*The presentations highlighted below represent the diversity of research interests among different Research Exchange Groups. Increasingly, invitations to talks organized by one group are extended to multiple groups—reflecting the tremendous collaborative potential of exploring health and healthcare issues from different perspectives.*



Dr. Danielle Martin

**Better Now: Six Big Ideas to Improve Healthcare for All Canadians:** lessons learned from Canadians about their desire for change, presented by Dr. Danielle Martin, MD, CCFP, MPP. Dr. Martin is a family doctor and national media commentator on the health issues that matter to Canadian families. She practices in the Family Practice Health Centre at Women's College Hospital where she is also the Vice-President of Medical Affairs & Health System Solutions.

**New breast screening recommendations** of the Canadian Task Force on Preventive Health Care, presented by Dr. Anne Kearney, School of Nursing

**Autism and entrepreneurship:** An examination of the effectiveness of self-employment as a model to address the economic isolation experienced by individuals with autism spectrum disorder- Research for a Master's of Arts in Community Development, presented by Gregory Knott, University of Victoria



Dr. Suzanne Brake

**The Seniors' Advocate for Newfoundland & Labrador: Outreach and advocacy for healthy aging,** presented by Dr. Suzanne Brake, Seniors' Advocate for Newfoundland & Labrador

**Frequency, Patterns, and Prevention of Cyber Bullying and Victimization,** presented by Dr. Brett Holfeld, Assistant Professor, Psychology, Grenfell Campus, Memorial University



Dr. Mark Skinner

**Age-Friendly Communities:** a pilot project to inform a multi-year, multi-province research project, presented by Dr. Elizabeth Russell, Trent University, and Dr. Mark Skinner, Canada Research Chair in rural aging, health and social care, Trent University

**Exploring the Intersections of Age and Sexuality:** Concerns among LGBTQ+ Older Adults about Moving from Independent Living to Residential Care, presented by Rebecca Matthews who shared her research for a Master's in Aging at Queen's University

**Sharing responsibility in Bangladesh:** perceptions of male partners regarding the effects of female contraception, presented by Sadia Chowdhury, BSS (Hons) MSS (Hons) University of Dhaka, Graduate Student in Gender Studies at Memorial University





Dr. Doron Almagor

**The Canadian ADHD Resource Alliance (CADDRA):** programs, research resources and opportunities for new partnerships in Newfoundland & Labrador, *presented by Dr. Doron Almagor, Board Chair of CADDRA*

**Autism and Sensory Processing - An Overview from Lived Experience,** *presented by Trudy Goold, an advocate for people with Autism Spectrum Disorder (ASD) who illuminated how ASD has an impact on lived experience and sensory processing*



Lora Bruyn-Martin

**The Schlegel Villages: housing for seniors with dementia** and the Research Institute for Aging at the University of Waterloo, new **Knowledge Mobilization approaches** to support healthy aging research, *presented by Susan Brown, Lora Bruyn-Martin, and Scott Mitchell from the University of Waterloo*

**Examining the Relationship between Insomnia Symptoms and Dialectical Behavioural Therapy Treatment Outcomes in Binge Eating Disorder,** *presented by Megan Van Wijk who shared research for an Master's of Science in Experimental Psychology at Memorial University*

**Transversing: a collaboration using the arts to explore the lives and experiences of transgender people,** *presented by Dr. Pamela Ward (Nursing/ Medicine) and Daze Jeffries, Graduate Student (Gender Studies), Memorial University*

**The BC Care Providers Association: creating dementia-friendly environments** in long-term care, *presented by Mr. Michael Kary, Director of Policy and Research, BCCPA*



Dr. Keri-Leigh Cassidy

**The Canadian Academy of Geriatric Psychiatry and the Canadian Coalition for Seniors' Mental Health: programs and initiatives** to support seniors' mental health in Canada, *presented by Dr. Keri-Leigh Cassidy of Dalhousie University and Dr. Dallas Seitz of Queen's University*

**Capturing Beauty: From Carnegie Hall to Clarenville - Writing lullabies in a Newfoundland women's prison,** *presented by Dr. Jan Buley, Faculty of Education at Memorial and Dr. David Buley, a professor of music education, also at Memorial University, together with community partners from Stella's Circle in St. John's*

**Connections for Seniors:** a non-profit organization providing accommodations and services for older people in St. John's that promote dignity while helping seniors navigate health, housing, legal, and financial matters, *presented by Mohamed Abdallah and Amanda Devlin of Connections for Seniors*

**Understanding International Arts in Health and Wellbeing Structures** and Implications for Canada, *presented by Haley Toll, MA, RCAT, CCC, RP, President Canadian Art Therapy Association and Ph.D. Candidate, Faculty of Education, Memorial University*







Shruti Raheja

[Arts-based interventions with at-risk youth](#), presented by Shruti Raheja, an undergraduate medical education student at Memorial University who shared her research on writing workshops administered through the Shea Heights Community Health Centre at St. John Bosco School in St. John's

The [Children's Dental Health Plan](#): A Success Story to Build On, presented by Dr. Michelle Zwicker, partner at the Bay Roberts Dental Health Centre and member of the Newfoundland and Labrador Dental Association

[One Umbrella: Healthcare Efficiency at Eastern Health's Adult Outpatient Thrombosis Service](#), a new comprehensive care program for thrombosis patients in Newfoundland & Labrador, presented by Dr. Stephanie Young, School of Pharmacy, Memorial University and Dr. Rufaro Chitsike, Clinical Hematologist, Eastern Health

[A model of Alzheimer's disease progression: new animal research](#) on a brain area implicated in the changes of aging, presented by Dr. Carolyn Harley, Professor Emeritus, Memorial University

[Managing the Wait for Autism Spectrum Disorder Services](#) in Newfoundland & Labrador: A Grounded Theory Study, presented by Dr. Joanne Smith Young, Division of Clinical Epidemiology, School of Nursing, Memorial University

Nav-CARE (Navigation – Connecting, Accessing, Resourcing, Engaging): [Navigating life and aging with chronic illness](#), presented by Dr. Barbara Pesut, PhD, RN, Professor, School of Nursing, Canada Research Chair (Tier 2) – Health, Ethics and Diversity, University of British Columbia

[Mental Wellness](#) and Related Services being offered by the Nunatsiavut Department of Health and Social Development, presented by Kaila deBoer, Director of Mental Wellness and Healing, Nunatsiavut Government

[Success Stories from Quality of Care/ Choosing Wisely NL](#), presented by Dr. Brendan Barrett and Dr. Robert Wilson who outlined costs savings achieved through the Quality of Care/ Choosing Wisely initiative in Newfoundland & Labrador

What happens within the Newfoundland and Labrador healthcare context when patients request [medical assistance in dying](#)? An overview of the recent report to the Federal Government on Advanced Directives in MAID, presented by Dr. Susan MacDonald, MD, Discipline of Family Medicine, Memorial University

[Lessons Learned from Children with Autism Spectrum Disorder](#), presented by Julie Lewis, Director of Sassy Tuna Studios

Western Health's Alternate Transportation Systems: [non-medical transport for patients](#) in Western Health, presented by David Buckle, Regional Director of Paramedicine, Western Health





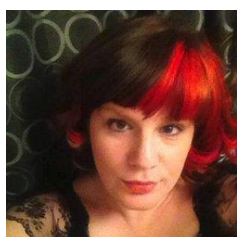
Dr. Leah Lewis

**The Hearthstone Art Hive: Connecting the Arts & Community Health**, presented by Dr. Leah Lewis, Faculty of Education, Memorial University who led an interactive workshop at the new Hearthstone Art Hive in St. John's, outlining the theoretical underpinnings of engagement with the arts to improve community health outcomes

How **social innovation** can address youth homelessness and school disengagement in Newfoundland & Labrador, presented by Sheldon Pollett and Kris Kelly of Choices for Youth

**The Gathering Place: Programs and services to support vulnerable communities**, presented by Joanne Thompson, Executive Director of the Gathering Place, who talked about multi-sectoral collaboration to improve health outcomes for vulnerable people.

**Aging and Dying in Place in NL**: Next steps for communities interested in becoming a Nav-Care Pilot Site, co-presented by Dr. Gail Wideman, School of Social Work, Memorial University and Dr. Barb Pesut, University of BC, who are merging their research interests to establish Nav-CARE pilot sites here in Newfoundland & Labrador



Amy Sheppard

**Deviant Bodies**: A content comparison of pro-anorexia (commonly known as pro-ana) and weight loss blogs, presented by Amy Sheppard, a Ph. D. Candidate in the Department of Sociology at Memorial University, who undertook an analysis of online content published by people engaged in weight loss and people whose online presence supports behaviours associated with anorexia nervosa

**Motherhood Experiences in Newfoundland & Labrador**: A survey to inform public policy, presented by Shannon Bedford and Emily Saunders who shared the results of a large survey of motherhood that was undertaken as their PsyD research project at Memorial University

**Pornography & Public Health**, presented by Valerie Webber, a doctoral student in the Division of Community Health and Humanities, Faculty of Medicine, Memorial University, who is investigating the framing of pornography as a 'public health crisis'

The implementation of health-related **Sustainable Development Goals** in South Asia, presented by Dr. Maisam Najafizada, Division of Community Health and Humanities, Faculty of Medicine, Memorial University

**Paramedics Providing Palliative Care**: An Initiative within Eastern Health, presented by Megan Carey, Project Lead, Eastern Health, Heather Lindsay, Provincial Oversight Coordinator, Eastern Health, and Dr. Susan MacDonald, Associate Professor Medicine & Family Medicine, Faculty of Medicine, Memorial University and Palliative Care physician at Eastern Health, who spoke about a new initiative where trained paramedics provide palliative care patients with the in-home support they require when having a palliative emergency.





Dr. Sulaimon Giwa

**Racialized encounters: Physiological and psychological impacts of racism** on gay men of colour and their coping responses, *presented by Dr. Sulaimon Giwa, School of Social Work, Memorial University and convener of the Research Exchange Group on Gender, Sexuality, and Health*

**Getting On With It: A Pragmatic Approach to Harm Reduction** at The Gathering Place, *presented by Kieran O'Connell of The Gathering Place who discussed this non-profit organization's approaches to harm reduction for vulnerable yet resilient people in St. John's.*

**Uncovering Global Health Research Opportunities—Lessons Learned in Ethiopia**, *presented by Dr. David Allison, Division of Community Health and Humanities, Faculty of Medicine, Memorial University, who shared his experiences as a CUSO volunteer in Ethiopia*



Nathaniel Pollock

**Reducing the Incidence of Suicide among Indigenous Peoples Worldwide: Local Evidence for a Global Goal**, *presented by Nathaniel Pollock, Graduate Student in the Division of Community Health and Humanities, Faculty of Medicine, Memorial University*

**Implementing the Frazier Free Water Protocol (FFWP): Oral Care to Improve Hydration and Quality of Life in Long-Term Care**, *presented by Cindy Holden, RDH, and Dr. Roberta DiDonato, Speech Language Pathologist at Eastern Health, who are embarking on an interdisciplinary research project to improve the quality of care for long-term care residents.*

**Integrating dental services into a primary health care** initiative for low-income individuals in St. John's, *presented by Dr. Jill Allison, Global Health Coordinator, Faculty of Medicine and Katrina Bartellas, a student in the Faculty of Medicine whose research project was funded by the Summer Undergraduate Research Award and the Student Innovation Award*

**The NUNAFAM Family Medicine Residency:** a partnership between Memorial's Faculty of Medicine and the Department of Health, Nunavut, *presented by Lisa Grant, Project Manager, Samantha Hansford, a medical student who has just completed an elective in Nunavut, and Dr. Patrick Foucault, the Nunavut physician site lead and Director of Medical Education for the program.*

**Essential Voices and Research Choices: At Risk and Homeless Youth Research Ethics Guidelines for Community Engaged Research** | *Angela Power, and Janine Elliott, two Master's of Health Ethics students in the Division of Community Health and Humanities, Faculty of Medicine, Memorial University, talked about ethics in research across contexts and methodologies, with particular consideration of intersections between community mental health values and research ethics.*





## Reflections on our Research Exchange Groups

*The conveners and community partners who are so essential to the success of our Research Exchange Groups shared their thoughts with us about the program, and about NLCAHR's role in connecting research and community partners.*



**Dr. Natalie Beausoleil**, Ph.D., Professor of Social Sciences and Health, Division of Community Health and Humanities, Faculty of Medicine, Memorial University, is a group founder and convener who has been actively involved in NLCAHR's Research Exchange Groups for many years. She co-convenes the Research Exchange Group on the Arts & Health.

*"I think NLCAHR has been very important in bringing researchers, policy makers, and community together. I applaud the role of*

*NLCAHR in developing the provincial Aging Research Centre, for instance.*

*For me, the Research Exchange Groups in particular have been amazing, particularly the group on Eating Disorders, Disordered Eating, and Body Image that I co-created with Dr. Olga Heath, and, of course, the Research Exchange Group on the Arts & Health, which is so important for the university and for our community. More specifically, Rochelle Baker has been a real gift from NLCAHR. She truly embodies the spirit of collaboration, innovation, and scholarly curiosity, and successfully brings key people together in strategic ways. She understands the determinants of health and the complexities of the issues involved in promoting health, and she facilitates links between the university and community. This work is admirable and also what we very much need in the province. I am personally extremely grateful to Rochelle for the work she does. She cares and she thinks anything is possible if we work together. I appreciate this more than I can express. She is flexible and professional, fun, and constructive – she is fearless!*

*One anecdote I want to share is how, at the end of a discussion following a presentation by Canadian Art Therapy Association President (and Arts & Health REG co-convenor) Haley Toll in January of this year, Rochelle suggested we work together as a group to create a policy paper on the arts and health at the provincial level, with a goal to creating a national white paper. I am absolutely impressed with that fearlessness, generosity, and again, strategic thinking, to help improve the health and well-being of people in the province. I also thank the Centre's Sarah Mackey for her excellent idea that we create a compendium of research on arts and health for the province.*

*Working with our Research Exchange Group on Arts and Health is an absolute pleasure. This is how all research endeavours should be. I thank Rochelle for her leadership and her support of the group, and of each of us."*



**Dr. Sharon Buehler**, Honorary Research Professor in Epidemiology, Division of Community Health and Humanities, Faculty of Medicine, Memorial University, has been involved with NLCAHR in many ways over the years, most importantly as the convener of the Research Exchange Group on Aging and a proponent of the need for a provincial centre devoted to studies on aging.

*Twenty years of NLCAHR! That takes me back to 2008 and my helping with the peer review of grant applications for the new NL Healthy Aging Research Program (NL-HARP). I was 72 at the time and healthy aging was one of my research priorities! The provincial government supplied the money and NLCAHR managed the program. Funding for this program has, only recently, been woven into the financial support for the new Aging Research Centre (ARC-NL). As a result, the ARC-NL will now take on the responsibility for providing support to researchers who focus on aging.*

**Our good fortune to have members of the community present at our meetings in an open community-researcher exchange has been front and centre in developing the mandate of the newly-established ARC-NL. We believe strongly that seniors in our communities should be a part of the research process from the development of the research questions through recruitment, implementation, and the interpretation of results.**

*The NL-HARP grants provided an important impetus for research projects, they provided seed money and, most importantly for the future of this field, they supported master's and doctoral research. One NL-HARP project grant funded a survey of aging centers across Canada, inspired a provincial conference with stellar plenary speakers, and provided the basis for much of the eight years of work that went into the establishment of the new Aging Research Centre of Newfoundland & Labrador (ARC-NL).*

*Meanwhile, a group of us, that same year, formed a Research Affinity (now Research Exchange) Group that the Centre initiated devoted to studies on aging. Our group has worked continuously since 2008 to bring together researchers interested in healthy aging. At the meetings, faculty and graduate students present on projects early in their development and, later, have an opportunity to present the results of their work; many of these presenters have been NL-HARP awardees. We also brought in community members—individuals and representatives from community organizations—as knowledgeable resources to support research on aging (the CNIB, the Canadian Hard of Hearing Association, the Arthritis Society, the Seniors Resource Centre- now Seniors NL- to name a few). We have also hosted presentations from researchers who are working on aging issues across the country and who have been able to present to our group by webinar. While attendance at the meetings has waxed and*

*waned over the years, in recent years, it has been growing steadily with our meetings drawing in interested service providers and community members from across the province as well as a diversity of researchers, young and old, representing a range of academic disciplines. And, being by nature a curious lot, one also often sees members of the REG on Aging at other REG meetings – Palliative Care, Cost and Value in Healthcare, Oral Health, etc. I have to add that most members of our group are still working!*



*Our group, and I suspect all of the others, benefits tremendously from the support of Centre staff— super-friendly super organizer, Rochelle Baker, and tech expert, Tyrone White. NLCAHR manages the invitations to presenters and potential attendees, the webinar support, the website and posting slides. They leave only the selection of presenters and attendance at the meeting to the named conveners – making our lives easier!*

*Our good fortune to have members of the community present at our meetings in an open community-researcher exchange has been front and center in developing the mandate of the newly-established ARC-NL. We believe strongly that seniors in our communities should be a part of the research process from the development of the research questions through recruitment, implementation, and the interpretation of results...and not just as members of an advisory group. We recognize that this may slightly slow the progress of the research just as lay involvement in those groundbreaking breast cancer research initiatives of the 1980s did. But, increasing researcher understanding of the perspectives of the community and community understanding of how research works brings more relevant and useful results.*

*Although my involvement in the Centre has been mainly as a peer reviewer and co-convenor of the REG on Aging, I also admire the CHRSP initiative. With CHRSP, NLCAHR brings together researchers and senior healthcare leaders from across the province to select and prioritize research topics for those running our Regional Health Authorities. A number of their in-depth, critical reviews of research, attuned to the Newfoundland & Labrador setting, have been on topics relevant to aging— these provide a current read on what works and what doesn't work in areas of practical interest to health providers and seniors alike.*

*So my congratulations to the Centre and its staff who have brought researchers, practitioners and the community together. They continue to engage and initiate.”*

**Lisa Browne**, CEO, Stella's Circle is involved with several of NLCAHR's Research Exchange Groups

*“NLCAHR has served as a catalyst, connecting researchers and community. The Centre provides an opportunity for the community to share its work and for researchers to share theirs. More than that, it results in collaborations and connections that would not exist otherwise. I'm not always able to attend the sessions at the Centre, however, just knowing what topics are being discussed, and who is involved, means connections are ready to be made. The presentations on such interesting areas always seem to be topical and timely and thanks to the Research Exchange Groups Program, our front-line staff are expressing interest in attending research sessions. This is a real success!”*



**The Centre provides an opportunity for the community to share its work and for researchers to share theirs. More than that, it results in collaborations and connections that would not exist otherwise.**







**Elayne Greeley**, Partnership Broker, Community Employment Collaboration, participates in many of our Research Exchange Groups, having served as a co-convenor of the group on the Arts & Health, having founded and co-convened the former group on Work & Health, and now serving as the founding co-convenor of the Research Exchange Group on Service Learning in Community Engagement (SLICE).

**The magic of the NLCAHR Research Exchange Groups is in the way they are structured to bring a range of folks together with a shared agenda while maintaining a non-competitive environment for collaboration.**

*“Complicated and complex problems require more than just traditional academic expertise if we hope to aim for workable solutions. Such problems require all the actors within a system to be centered within the solution, including folks with lived experience. The magic of the NLCAHR Research Exchange Groups is in the way they are structured to bring a range of folks together with a shared agenda while maintaining a non-competitive environment for collaboration. By bringing community and academia together, they create bridges for community partners to connect with the academic sector. Innovation has to begin with conversations. The simple act of engaging and amplifying the perspectives of community partners within its research groups is an act of defiance and of innovation. What I never tire of are the opportunities to meet and chat with*

*people about what they are interested in. A simple update at one of the meetings about a community job fair at the penitentiary planted the seed of a partnership between the Community Employment Collaboration and medical students at Memorial to develop the Opioid Awareness Support Team. NLCAHR plays such an important role by bringing ideas and discussions into action. ”*

**Cindy Holden**, MPH, Registered Dental Hygienist (RDH), is the convenor of the Research Exchange Group on Oral Health and participates in several of the Research Exchange Groups at NLCAHR.

*“I was first introduced to NLCAHR as a RDH participant on the 2009 CIHR-funded research project Increasing Capacity for Oral Health (ICOH). The ICOH project was carried out in collaboration with clinician-researchers at Dalhousie University and a diverse group of stakeholders in Newfoundland & Labrador with the aim of informing oral health policy for vulnerable populations and increasing capacity for oral health research and policy development in this province. Following from this project, I worked as a Research Assistant with NLCAHR to help develop a proposal for CIHR funding on another oral health research project in Newfoundland & Labrador. Members of the project team continued to meet as the Oral Health Research Affinity Group which then became the group that I now convene—the Research Exchange Group on Oral Health.*

**NLCAHR and its community focus has given my health profession and my research experience relevance — and I am very grateful for that.**

**-Cindy Holden**



*While the NLCAHR is intent on meeting its mandate to promote the use of applied health research, it also provides a forum that supports new research and makes health research accessible at any stage in its development. It's been really challenging to develop oral health research in this province but that has not impeded the progress of oral health research exchange and collaboration provided by NLCAHR. This collaboration is essential to healthcare in Newfoundland & Labrador. The NLCAHR was instrumental in supporting the unprecedented ICOH collaboration but more recently, it also supported an inter-professional collaboration of three health professions by helping organize a research presentation in November 2017 to initiate a change of practice in long-term care. That collaboration has resulted in new applied health research involving dental hygiene, speech-language pathology, and nursing with the local presentation being used as a springboard. Along with the challenges of oral health research, advancing a career in dental hygiene can be limited in a province with no dedicated faculty in these areas, but NLCAHR and its community focus has given my health profession and my research experience relevance—and I am very grateful for that.”*

**Dr. Barbara Pesut** PhD, RN, Canada Research Chair in Health, Ethics, and Diversity; Professor School of Nursing UBC Okanagan, is an active participant and presenter to our Research Exchange Group on Palliative Care and was our expert consultant on a CHRSP study on palliative care approaches for people living with chronic illness.

*“In terms of the Research Exchange Groups program, the NLCAHR has been very instrumental in helping us to disseminate our research and to find additional sites for collaborative projects. Certainly, you have done an excellent job in supporting evidence-informed decision making. But beyond that, you are hosting some excellent talks that build clinical and research capacity. You are also performing a vital networking function that helps to develop the partnerships that are critical for research success.*



**You are hosting some excellent talks that build clinical and research capacity. You are also performing a vital networking function that helps to develop the partnerships that are critical for research success.**

*Additionally, I distinctly remember how excellent the process was for the CHRSP report. The entire process was well-organized, rigorous, and highly collaborative. I am not sure I have ever been involved in such a well-facilitated process. It speaks highly to the people working in the organization!”*



**Dr. Jennifer Shea**, Assistant Professor of Aboriginal Health, Division of Community Health & Humanities, Faculty of Medicine, Memorial University, has convened the Research Exchange Group on Rural, Northern and Aboriginal Health since 2012.



**On the 20th anniversary of NLCAHR, it is worth celebrating a contribution to applied health research in the province that is both impressive and invaluable.**

*“NLCAHR provides a key link to health research in the province and connects researchers, communities, students, and institutions across the province and beyond. Beyond the Research Exchange Groups Program, NLCAHR is a unique, valuable, and constant resource for disseminating relevant information (such as notices of community and university events, conferences, calls of papers, etc.) with the larger community.*

*On the 20<sup>th</sup> anniversary of NLCAHR, it is worth celebrating a contribution to applied health research in the province that is both impressive and invaluable. Providing local, relevant, and timely studies contributes to evidence-based decision making to improve our provincial healthcare system. One recent example is the CHRSP Snapshot Report on Rural Psychiatry Practices and Models: A Canadian Jurisdictional Scan, released in April 2018. This scan was timely, given the current work led by the Government of Newfoundland & Labrador on mental health and addictions outlined in the all-party committee’s report, Towards Recovery. Findings reinforced the need to adapt to the unique geography of this province through use of technology, by supporting primary care providers, and with an increased focus on our Northern communities.*

*The NLCAHR team is a wealth of information and an important connection for the province. As a leader for a Research Exchange Group, I’m fortunate to work closely with Rochelle Baker. She does an amazing job linking, organizing, and connecting people with similar interests. The Research Exchange Groups have grown to an impressive 19 groups over the years with over 1,000 people engaged. This growing community provides an accessible way to keep up-to-date with the critical applied health research happening in our province.”*





**Dr. Pamela Ward**, Ph.D., RN, Faculty, Centre for Nursing Studies, Adjunct Professor, Division of Community Health and Humanities, Faculty of Medicine, is an NL-HARP-funded researcher and is the convener of the Research Exchange Group on Eating Disorders, Disordered Eating, and Body Image.

*“With funding from the NL-HARP program administered by NLCAHR, my co-investigators and I conducted a study entitled “The Female Body Aging Project: Understanding Perspectives on Health Body Image, and the Aging Body to inform Healthy Aging Policy and Practice.” The funding supported our work conducting workshops, focus groups and interviews with aging women in NL with the hopes of allowing their voices to positively shape healthy aging policy and practice for seniors in this province.*

*NLCAHR has established an important presence in NL. For researchers, the Centre functions as a valuable resource, not only for funding and professional development opportunities, but for the coordination of its Research Exchange Groups. These groups allow researchers, potential researchers, students, practitioners, and community partners to share and discuss research findings and to identify areas of need in relation to research as it applies to practice. They provide a forum for discussion, exploration and collaboration related to new and evolving research and are an important resource to support researchers in the broader dissemination of their research findings.*

*I have had the pleasure of leading the Research Exchange Group on Eating Disorders, Disordered Eating and Body Image (EDDEBI) for a number of years. In this role, I have the opportunity to support the work of my fellow researchers as they disseminate research findings and share research ideas. I would like to take this opportunity to highlight the wonderful support I have received in this role from Rochelle Baker, Manager, Communications, Partnerships and Research Exchange at NLCAHR. Rochelle is a true joy to work with. She demonstrates enthusiasm for research and her supportive presence is felt not only in the organization of meetings and facilitation of presenters, but also in her active engagement within each group meeting. As researchers, we feel supported and welcomed into the NLCAHR space while the research we are discussing is always valued and encouraged.”*



**As researchers, we feel supported and welcomed into the NLCAHR space while the research we are discussing is always valued and encouraged.**





**Dr. Gerald White**, Convener, Research Exchange Group on Bullying and Health

**It has been a joy to meet others looking for solutions to the problem of bullying and harassment in both schools and in the workplace, and I thank NLCAHR for its contribution to this important area of health research.**

*“The NLCAHR has contributed to applied health research on the health impacts of bullying by providing researchers and community with a space and a forum where we can meet and discuss our research. We have had occasions where empirical evidence has been reported on the health effects of bullying in schools and the workplace and our group has touched on topics such as the prevalence of bullying and cyberbullying and the effectiveness of anti-bullying programs. We have also hosted presentations from international researchers. Members of our Research Exchange Group include a diverse group of concerned community leaders such as teachers, principals, women’s groups, LGBTQ advocates, justice and police force members, and representatives from nonprofit agencies.*

*Working with the Centre has provided our research group with an opportunity to discuss research collected here in the province as well as research provided by people from outside the province, giving us all the opportunity to discuss ways to make the lives of children, youth, and*

*adults safer. It has been a joy to meet others looking for solutions to the problem of bullying and harassment in both schools and in the workplace and I thank NLCAHR for its contribution to this important area of health research.”*

**Dr. Gail Wideman** Associate Professor, School of Social Work, is the co-convener of the Research Exchange Groups on: Aging, Military Families’ and Veteran’s Health, Palliative and End-of-Life Care and the newest group on Human-Animal Interaction and Wellness. Her involvement with the Centre also includes being a peer reviewer for awards programs, being a co-investigator with Dr. Leslie Cake on an NL-HARP funded research study that examined how to create a provincial centre on aging research, and being funded under the Enhancing Health Care awards for research on supports for informal caregivers who provide palliative and end-of-life care in rural places.



*“NLCAHR provides unique opportunities for the exchange of information, ideas, and expertise among researchers, clinicians, community-based organizations and older adults, on a broad range of issues related to the experience of aging. The leadership and staff of NLCAHR have been steadfast in their commitment to community-engaged scholarship; exemplified in the recent establishment of the Aging Research Centre of NL. NLCAHR has facilitated research collaborations across sectors, and at all stages; from the development of research questions to dissemination, uptake, and evaluation. In my view, as a researcher and community developer, the work of NLCAHR toward creating a “research-ready” university has been invaluable.”*



## Connections & Commitments

*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)

For eight years, a working group of the Research Exchange Group on Aging developed plans for a provincial research centre devoted to studies on aging. With funding from Memorial University and the Department of Children, Seniors, and Social Development, a pilot centre for research on aging 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) will foster collaboration between the Grenfell and St. John's campuses to create a provincial network of researchers studying late life issues. ARC-NL prioritizes knowledge mobilization and engagement with older adults. Stephen Bornstein is a member of the ARC-NL Core Leadership Team. Rochelle Baker serves as the St. John's Coordinator.



*On December 11, 2018, the Honorable Lisa Dempster, Minister of Children, Seniors and Social Development, joined Dr. Jeff Keshen, vice-president (Grenfell Campus), the ARC – NL Team, and other guests at Grenfell Campus in Corner Brook to mark the official opening of the new Aging Research Centre of Newfoundland & Labrador.*

### ARC-NL Awards 2019

With funding from the Department of Children, Seniors, and Social Development and co-funding for two projects from the Harris Centre's Population Project, ARC-NL awarded seven project grants to support research on aging in 2019. Congratulations to the following Memorial University researchers whose work will advance the health and well-being of our aging population.

- Karen Parsons, Faculty of Nursing: *Improving awareness and access to services for seniors with early dementia*
- Kelly Warren, School of Arts & Social Science: *Understanding barriers to reporting and facilitating disclosure of maltreatment of older adults*
- Sukhinder Cheema, Faculty of Medicine: *Omega-3 fatty acids in maintaining brain health from birth through aging*
- Gerald Mugford, Faculty of Medicine: *Evaluating the association with Benzodiazepine use and adverse outcomes in seniors*
- Roberta DiDonato, Faculty of Medicine: *Evaluating pain intensity levels during post-operative care in seniors*
- Michael Grant, Faculty of Medicine: *Vaccination to reduce age-related mortality*
- Roza Tchoukaleyska, School of Science and the Environment: *Tourism planning for older tourists: Infrastructure provisions, economic development, and Gros Morne tourism*





## 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 – a group that includes former members of the BHCC and representatives from the government and the health system.

## Strategic Planning in the Faculty of Medicine

The Director and the staff at NLCAHR continued their engagement with strategic planning in the faculty by attending planning sessions to help inform the process, an excellent opportunity to identify strengths, to make suggestions about strategic priorities, and to offer support for the plan's implementation, particularly as these relate to: impactful research, healthier communities, research excellence and social accountability. Rochelle Baker also serves on the *Destination Excellence* Implementation Steering Committee.

## Food First Newfoundland & Labrador

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 & 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

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.



## NL Health Research Repository Project

Officials from government have asked NLCAHR to create a registry of health research being carried out in the province. An action plan for the Health Research Repository Project is now in progress as NLCAHR works with technology consultants to develop a single-source information hub for research on human health and wellness from across academic disciplines and provincial institutions.

## The Canadian Academy of Health Sciences (CAHS)

Stephen Bornstein participated in an Expert Panel of CAHS that examined the academic recognition of team science in Canada. CAHS brings together Canada's top-ranked health and biomedical scientists and scholars to make a positive impact on the urgent health concerns of Canadians and provides independent, objective, evidence-based analyses of health challenges that inform both public and private sectors in decision-making about policy, practice, and investment.

## Canadian Agency for Drugs and Technologies in Health (CADTH)

The Centre continues its productive partnership with CADTH at the local level, through consultation with CADTH's provincial liaison officer, and nationally, through participation in CADTH's annual conferences.

Stephen Bornstein participates in CADTH's Health Technology Assessment (HTA) Exchange, a network of sixteen Health Technology Assessment producers established in accordance with Canada's Health Technology Strategy. This network coordinates the gathering of evidence and policy advice regarding health technologies to

support the needs of the federal, provincial, and territorial jurisdictions. The Exchange uses an open, inclusive and flexible model that builds on current capacity and grows as pan-Canadian capacity builds.

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

The Centre's director 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. 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 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**

Stephen Bornstein is a member of this committee that identifies, prioritizes, and evaluates issues relevant to those interested in optimal aging, seniors and their caregivers, researchers, clinicians, and policy makers who access this portal.

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

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.

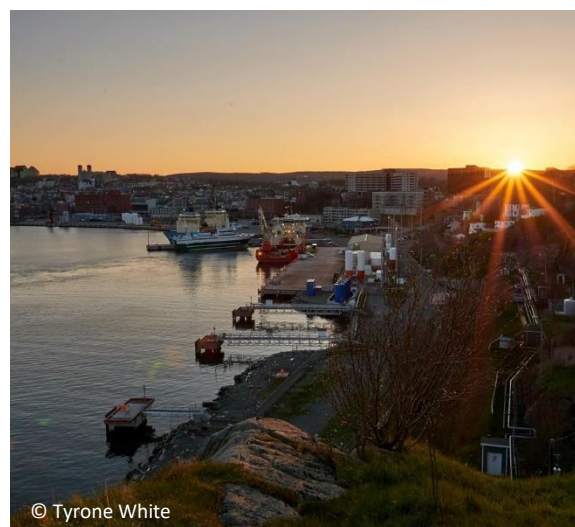
Additionally, Tyrone White sits on the NAPHRO Impact Assessment Group. This group includes representatives from each of the provincial health research funding organizations and CIHR and has been developing and implementing tools that assess the bibliometric and econometric impacts of provincial health 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.

### **Canadian Forum of Health Research Funders**

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

### **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.



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# FINANCES



## NLCAHR Financial Statement

Fiscal Year: April 1, 2018 to March 31, 2019

### Operating Funds

Category	Budget	Spent	Remaining
Salaries and Benefits	\$397,948	\$371,721	\$26,227
Operating Expenditures	\$11,400	\$8,993	\$2,407
Hosted research conferences and meetings	\$2,000	\$978	\$1,022
Travel/Representation	\$1,000	\$792	\$208
CHRSP Consultants	\$12,000	\$3,800	\$8,200
TOTALS	\$424,348	\$386,284	\$38,064

### Funding sources:

Surplus from FY 2017-2018: \$26,800

Funding from Faculty of Medicine: \$378,500

One time additional funding from DHCS: \$44,156

Total: \$449,456

### Special Project Funds

Funding Source & Project	Budget	Spent	Remaining
CIHR Bridge Funding: Application to Project Grants Competition for a three-province CHRSP collaboration	\$41,154	\$41,154	\$0
Grant from University of Toronto: Collaboration on dementia services project	\$8,000	\$0	\$8,000
Grant from Department of Health and Community Services: NL Health Research Registry project	\$35,000	\$0	\$35,000
TOTALS	\$84,154	\$41,154	\$43,000

