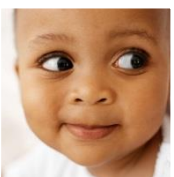


Newfoundland & Labrador Centre for  
**APPLIED  
 HEALTH  
 RESEARCH**  
[www.nlcahr.mun.ca](http://www.nlcahr.mun.ca)



# Inside

3 | Greetings

5 | About Us

9 | The Contextualized Health Research Synthesis Program

17 | Awards Programs

19 | Research Exchange Groups

25 | Engagement & Partnerships

33 | Financial Review

# Greetings

## *from the* Chair of the Board



*“CHRSP’s successes continue to be celebrated: Memorial University’s President’s Report recently featured CHRSP ... as representing one of Memorial University’s important contributions to health and well-being in Newfoundland & Labrador.”*

The Newfoundland and Labrador Centre for Applied Health Research (NLCAHR) continues to address high-priority research needs for the province’s healthcare system.

The innovative Contextualized Health Research Synthesis Program (CHRSP) collaborated with health system and academic partners again this year to produce five reports on research topics chosen by provincial decision makers. CHRSP’s successes continue to be celebrated: Memorial University’s President’s Report recently featured CHRSP in its *Face Forward* publication as representing one of Memorial University’s important contributions to health and well-being in Newfoundland & Labrador.

While the NLCAHR awards program had to be postponed until 2014-15, the Centre continued to administer research funding under two programs in 2013-14. The government-sponsored Newfoundland and Labrador Healthy Aging Research Program awarded \$58,030 to five projects aligned with the Provincial Healthy Aging Framework. The Enhancing Health Care Awards, sponsored by the provincial government, Eastern Health and the Dr. H. Bliss Murphy Cancer Care Foundation, awarded four research grants totalling \$260,000 for projects related to improving patient care.

The Centre’s Research Exchange Groups continue to attract new members. The Centre hosts nine of these groups, where community partners, students, faculty, and policy makers meet to promote knowledge exchange and capacity building on topics of shared interest; four new groups are also being planned for the coming year. The Centre’s public lecture series, *Research Talks*, also encouraged public engagement in applied health research by bringing experts to Memorial University to discuss current research.

Congratulations to the many researchers and students who have participated in activities through the Centre this year, whether as funded researchers, participants in Research Exchange Groups or as contributors to CHRSP research teams. I admire your commitment to improving applied health research knowledge in Newfoundland and Labrador.

Dr. James Rourke, Chair  
NLCAHR Board of Directors

# Greetings

It is my pleasure to present the Centre's 2013-2014 Annual Report – a chance to reflect on our recent activities while looking forward to the coming year. We hope the Centre's stakeholders will find this report useful and informative.

This year, the Centre continued to focus on three core activities: the Contextualized Health Research Synthesis Program (CHRSP), funding programs for applied health research, and our Research Exchange Groups. While cuts to our budget forced us to make some difficult decisions, we still accomplished a great deal of important work, particularly in terms of increasing community engagement and collaboration with the provincial healthcare system.

CHRSP's established partnerships with healthcare decision makers helped us produce five timely and useful reports this year. As always, our CHRSP team worked in collaboration with local researchers, national experts, health system practitioners, decision makers, and community organizations to provide decision support on priority healthcare issues. A highlight of this year's program was the Canadian Institutes of Health Research (CIHR) *Best Brains Exchange* organized by the Centre and the Department of Health and Community Services (DHCS) in January 2014 as a follow-up to the release of our *Evidence in Context* report on Community-Based Service Models for Seniors. The first meeting of its kind ever hosted in the province, this Exchange was initiated at the request of the DHCS to address approaches for helping seniors to age in place. At the Exchange, four national experts discussed the CHRSP report's findings and other relevant research evidence with representatives of government, the Regional Health Authorities, and other provincial organizations involved in seniors' care. CIHR and DHCS were co-sponsors.

Although budgetary restrictions resulted in the temporary suspension of our regular awards program, the Centre still distributed \$318,030 in research funding under the Newfoundland and Labrador Healthy Aging Research Program and the Enhancing Health Care in Newfoundland and Labrador Program. We thank the researchers who applied to these programs as well as our Peer Review Committees for their careful assessments of the applications received. We also congratulate the researchers and students who received funding under both programs.

The growing success of our Research Exchange Groups, the Centre's unique capacity-building initiative, provided further evidence of our commitment to community-university engagement in 2013-2014. This year, the Centre hosted 47 meetings for nine groups with combined membership of 380 participants. These groups, comprising health professionals, students, faculty and community members, gathered to discuss research findings and healthcare programming; to network, to connect, to exchange knowledge, and to collaborate on research projects. At time of writing, two new groups are poised to begin in September 2014 and two others are currently seeking members.

I wish to extend my thanks to our dedicated staff and to our Board of Directors for another year of hard and productive work.

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

*from the*  
**Centre's  
Director**



*"The growing success of our Research Exchange Groups, the Centre's unique capacity-building initiative, provided further evidence of our commitment to community-university engagement in 2013-2014."*

# ABOUT US





## Background

The Newfoundland and Labrador Centre for Applied Health Research was established in 1999 with core funding from the Department of Health and Community Services of Newfoundland and Labrador, Memorial University and Eastern Health. NLCAHR is constituted as a research centre within Memorial University under the auspices of the Board of Regents. The Centre, led by a director and a board, is now funded primarily through an annual grant from the Department of Health and Community Services of the Government of Newfoundland and Labrador. NLCAHR also receives project funding from various granting agencies and essential financial support and administrative services from the Faculty of Medicine at Memorial University.

## Mission

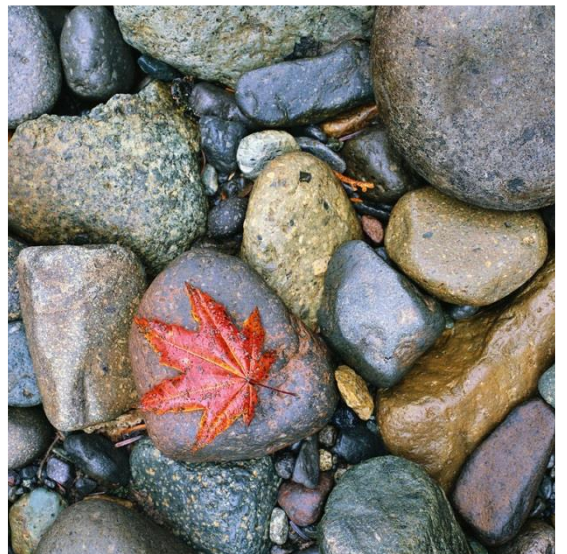
NLCAHR's mission is to contribute to the effectiveness of the health and community services system of Newfoundland and Labrador and to the physical, social and psychological health and well-being of the province's population by supporting the development and use of applied health research in this province. NLCAHR works with an inclusive and flexible conception of '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 local, provincial, regional, and national organizations that have similar objectives.

## Goals

NLCAHR has three principal goals:

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

These goals are achieved through our funding programs, our collaborative activities, our research and knowledge exchange activities (including the Contextualized Health Research Synthesis Program), and our capacity development activities.





## Governance

The director, Dr. Stephen Bornstein, manages NLCAHR and reports to the board of directors. The NLCAHR board is responsible for all key policy and strategic decisions. It approves the annual budget, endorses peer review committee recommendations, and determines the overall strategic direction of the Centre. The board of directors is chaired by the dean of the Faculty of Medicine of Memorial University. Other board members include the Deputy Minister of the Department of Health and Community Services and representatives of the Newfoundland and Labrador Health Boards Association, Memorial University's Senior Administration, the Newfoundland and Labrador Centre for Health Information, and Eastern Health. The director sits on the board ex officio.

## 2013-2014 Board

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

## Staff

- Stephen Bornstein | Director
- Rochelle Baker | Communications, Partnerships, & Research Exchange Coordinator
- Robert Kean | Research Officer, CHRSP
- Amanda Kinsella | Administrative Staff Specialist
- Sarah Mackey | Research Assistant, CHRSP
- Pablo Navarro | Research Officer, CHRSP
- Stephanie O'Brien | Research Assistant, CHRSP
- Tyrone White | Finance Officer, Awards Coordinator, IT Administrator

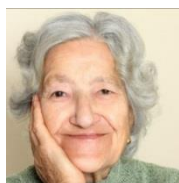
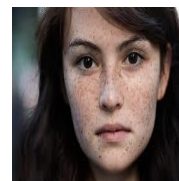
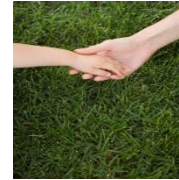
*Our CHRSP Research Assistant, Meagan MacKenzie, left the Centre in December 2013 to pursue post-doctoral work. We thank Meagan for her many contributions to the Centre and wish her all the best in her future endeavours.*





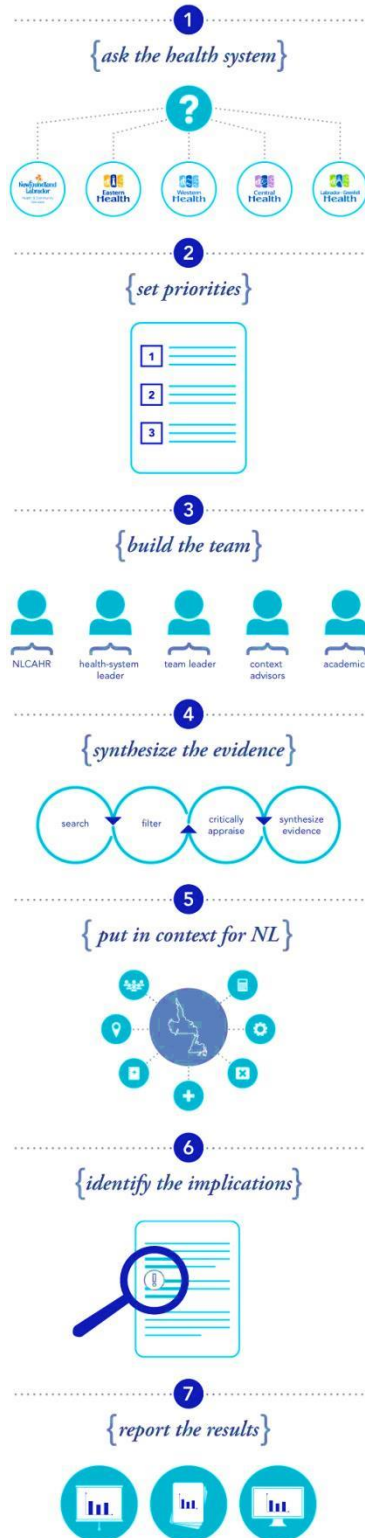


*the*  
CONTEXTUALIZED  
HEALTH  
RESEARCH  
SYNTHESIS  
PROGRAM





## the CHRSP 7 STEP METHOD



## Healthy Collaboration

*How do you get research evidence onto the table when health policy decisions are being made?*

NLCAHR's Contextualized Health Research Synthesis Program (CHRSP) addresses this challenge by engaging health system leaders, community stakeholders, researchers, and experts from across Canada to work with us towards a common goal: supporting evidence-informed health policy in Newfoundland and Labrador.

Every year, CHRSP invites provincial health system partners to submit a list of topics that will require research evidence to inform pending healthcare decisions. Once a slate of priority topics is agreed upon, CHRSP builds a research team for each project. Our CHRSP research teams include knowledge users and researchers who work together to synthesize the best available research evidence and to contextualize it for the specific conditions and capacities of this province.

Through this program of integrated knowledge translation and intensive collaboration, CHRSP promotes a healthy exchange: our researchers gain an understanding of local health system realities; provincial decision makers gain access to the best available and the most appropriate scientific evidence to inform their decisions.

### *What makes CHRSP different?*

CHRSP has evolved through consultation with experts in knowledge translation and by responding to input from the health system. The iterative CHRSP process has been designed to:

- focus on specific issues instead of broad themes;
- address questions identified by the leaders of our provincial health system;
- seek the best quality evidence by critically appraising all included studies;
- synthesize reliable evidence by emphasizing systematic reviews and any recent high-quality primary studies not captured in the review literature;
- tailor the syntheses to the local context (challenges, capacities);
- report its research results quickly and in usable formats.

CHRSP produces two products: *Evidence in Context Reports* are detailed evidence syntheses that take roughly eight months to complete, while *Rapid Evidence Reports* are brief summaries of research evidence that take 30 days to complete for topics requiring more immediate, if less detailed, attention.

## CHRSP Champions

The core participants in CHRSP are the leaders of each of the province's healthcare organizations—the Department of Health and Community Services and the four Regional Health Authorities (RHAs). Each of these organizations is also assisted by CHRSP Champions who work with the system leader and with NLCAHR to connect CHRSP to its health system partners. These Champions lead our annual consultation to identify priority research questions for CHRSP study. The buy-in they foster from our health system results in more requests for evidence and knowledge exchange, enhancing CHRSP's value for health decision makers in Newfoundland and Labrador. CHRSP Champions help us by:

- Assisting the CEO/ DM with CHRSP-related activities;
- Providing links between CHRSP and the RHAs/DHCS;
- Consulting within their organizations every year to solicit new CHRSP topics/questions;
- Sharing information from CHRSP with their healthcare organizations;
- Providing feedback to improve the program;
- Helping us identify project team members; and
- Assisting in the dissemination of CHRSP reports.

*We thank the following CHRSP Champions whose assistance over the past year has been essential to our growth and success:*



- Wanda Legge
- Bev Griffiths
- Larry Alteen



- Mike Doyle
- Janet Templeton
- Elaine Warren
- Krista Butt



- Vanessa Mercer-Oldford



- Lisa Hoddinott
- Anne Lynch



- Carol Brice-Bennett

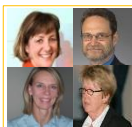
## CHRSP Highlights: 2013-2014



Our report on Fall Prevention for Seniors (*see p.13*) gained a national audience when specialized health professionals from across Canada attended our networked dissemination event in early 2014. Dr. Vicky Scott (UBC), lead author of the CHRSP study, also shared the findings at the 2014 National Fall Prevention Conference in Toronto.



CHRSP was featured in the 2013-2014 Memorial University President's Report, *Face Forward*, in the issue dedicated to health and wellness. The feature highlighted our unique CHRSP methodology and outlined findings from our recent report on Community Based Service Models for Seniors (*see p.14*).  
<http://www.mun.ca/faceforward/2014/april/>



CHRSP was the catalyst for the first CIHR *Best Brains Exchange* to be held in Newfoundland and Labrador. Initiated after our report on Community-Based Service Models for Seniors was issued, this Exchange between national experts and provincial decision makers illuminated research evidence about effective health services for seniors.



CHRSP is being funded by the Workers' Compensation Board of Manitoba to work with the Institute of Work & Health (IWH, Toronto) to create a new methodology that combines the approach of NLCAHR with that of the IWH Systematic Review Program. This collaboration will produce a handbook on contextualized literature synthesis in Occupational Health & Safety (OHS) research and a contextualized research synthesis for Manitoba workplaces.

# Evidence in Context Reports



## Fall Prevention for Seniors in Institutional Healthcare Settings

During the 2012-2013 topic selection process, our health system partners asked CHRSP to identify and evaluate the best available research-based evidence on fall prevention for older adults in institutional healthcare settings (such as hospitals and long-term care facilities). Preventing falls among seniors is a priority healthcare concern throughout the province. Our synthesis examined research conducted in a range of institutional healthcare settings, including long-term care, personal care homes and other residential, intermediate, acute, and sub-acute care facilities.

CHRSP assembled a project team that included officials from Regional Health Authorities, faculty from Memorial University's School of Human Kinetics and Recreation, and the Executive

Director of the Seniors' Resource Centre of Newfoundland and Labrador. Our Academic Leader was Dr. Vicky Scott, Clinical Associate Professor in the School of Population and Public Health at the University of British Columbia and Senior Advisor on Fall and Injury Prevention for the British Columbia Ministry of Health Services. Dr. Susan Gillam, the Chief Executive Officer of Western Health, agreed to serve as our Health System Leader. This team refined the CHRSP research question as follows:

*What interventions are most effective in preventing falls and fall-related fractures among older adults in institutional healthcare settings?*



On publication of our results, NLCAHR hosted a webinar at which seniors' care professionals from British Columbia, Saskatchewan and Manitoba networked with decision makers and health system professionals from across Newfoundland and Labrador to review the report's findings, which included the following key messages:

1. Multifactorial interventions may be effective in reducing falls when tailored to specific care settings and populations;
2. Daily vitamin D and calcium supplements, taken together, reduce fracture incidence among elderly residents in care facilities.
3. Balance training using specialized equipment can be effective in reducing falls in care homes; additional physiotherapy reduces fall risk in hospital rehabilitation wards.
4. Limited evidence supports medication reviews, environmental modification, staff education and care reorganization as stand-alone measures.
5. The evidence for hip protectors is uncertain as the result of low acceptance/adherence to this particular safety intervention.

## Community-Based Service Models for Seniors

Our health system partners asked CHRSP to provide decision support as they develop strategies to help seniors remain at home in their communities for as long as possible—a concept known as "aging in place." For most seniors in the province, staying at home is intrinsic to independence and quality of life. From a health system perspective, helping seniors remain at home is a way to meet their needs and support their choices. Aging in place can also help reduce healthcare system costs as the Newfoundland and Labrador population ages.

To address this crucial challenge, CHRSP assembled a team with Academic Team Leader Dr. Howard Bergman of McGill University, an internationally recognized research expert in the fields of aging, chronic disease, frailty and health services. Our Health System Team Leader was Bruce Cooper, Deputy Minister of Health & Community Services in NL. These leaders, working with a multi-disciplinary research team, examined a complex array of evidence about how community-based primary healthcare teams could best support community-dwelling seniors and their caregivers. The study investigated approaches that could make effective use of existing services, while effectively reallocating support resources. The research question asked:

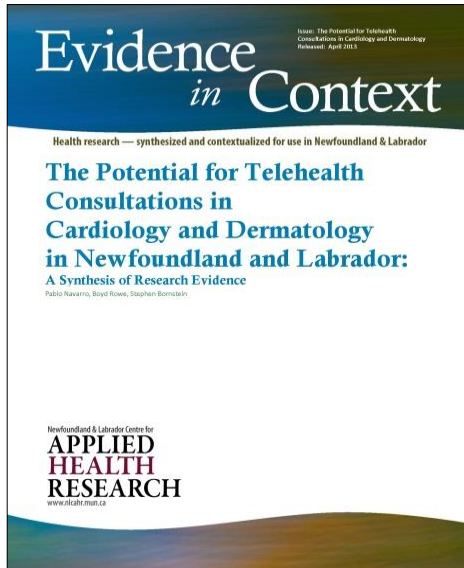
*What does the literature tell us about models of coordinated primary medical and community care that support community-dwelling seniors and their caregivers, in terms of health and economic outcomes for the clients, caregivers, and for the health system?*



Following the release of our findings, the Centre helped organize a Canadian Institutes of Health Research *Best Brains Exchange* in January, 2014. Initiated at the request of the DHCS, the meeting gathered national research experts Howard Bergman (McGill), Janice Keefe (Nova Scotia Centre on Aging), Margaret MacAdam (University of Toronto) and Esther Suter (Alberta Health Services) who discussed their research on seniors' care with provincial health system leaders. The discussions included these findings from our CHRSP study:

1. Geriatric Assessment helps maximize the time older adults live at home and reduces hospitalization.
2. Case Management can be effective for helping older adults stay in the community, improving appropriate service use, and prolonging autonomy.
3. Fall-prevention exercise programs and environmental interventions can help reduce falls and prevent hospitalization.
4. Effective models of integrated care share certain features: umbrella organizational structures, organized provider networks, coordinated financial incentives, and multidisciplinary case management.
5. Involving family physicians and nurses is a critical component of effective integrated community-based care programs.





## Telehealth for Specialist-Patient Consultations

Newfoundland and Labrador has a long and distinguished history in telehealth and an internationally-recognized telemedicine infrastructure. Telehealth capacities in several disciplines, including oncology, nephrology, and mental health, are well-established in the province. Recognizing that the majority of medical specialists reside in larger population centres in the province, the provincial healthcare system is renewing its efforts to meet a growing demand for patient-specialist consultations for residents living in rural and remote Newfoundland and Labrador.

Our province's health system decision makers asked CHRSP to investigate the scientific evidence for the potential benefits and risks to patients, clinicians and the healthcare system when telehealth is used for patient-specialist consultations in dermatology and cardiology. These particular specialties were chosen because they are in high demand across rural and remote regions of the province, while most specialists reside in St. John's.

CHRSP partnered with the Canadian Agency for Drugs and Technology in Health (CADTH) to identify and synthesize the research literature. The former CEO of Labrador-Grenfell Health, Boyd Rowe, was our Health System Leader. Drs. Wayne Gulliver (Dermatology) and Bruce Sussex (Cardiology) were our clinical experts. The research question was framed as follows:

*What does the research literature tell us about the effectiveness of telehealth patient-specialist consultations compared to face-to-face standard care, in the fields of non-emergency dermatology and cardiology?*



Our synthesis revealed that the research evidence for telecardiology was limited in both quantity and quality. As a result, our CHRSP study concentrated on the potential for teledermatology, for which there was a better body of literature indicating that dermatology can be a viable specialty for telehealth technologies. Although our research did not conclusively support either teledermatology or telecardiology as effective *alternatives* to face-to-face consultations, we were able to *suggest* (based on the evidence) that teledermatology consultations can result in reliable diagnoses/management plans for many dermatological conditions. We did, however, strongly caution against the use of teledermatology consultations for pigmented or atypical lesions.

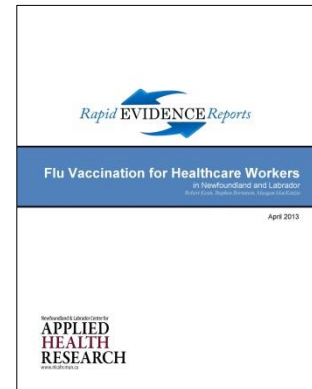
The dermatologists attending the dissemination event for this study participated in a dermatology telehealth demonstration to see first-hand how the technology might work in their practices. At present, plans are underway for the use of telehealth in dermatology grand rounds.

# Rapid Evidence Reports

## Flu Vaccination for Healthcare Workers

Our partners in the health system asked CHRSP to provide a *Rapid Evidence Report* about programs and interventions that had been shown to enhance the uptake of flu vaccination among healthcare personnel. Our *Rapid Evidence Report* covered all categories of healthcare workers, with a particular focus on front-line personnel. Our team benefited from the advice and expertise of Dr. Allison McGeer, Infectious Disease Consultant at Mount Sinai Hospital in Toronto. Key findings included the following:

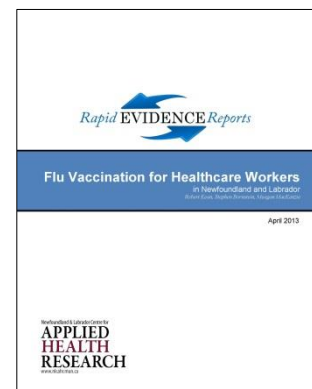
- Voluntary programs cannot produce sufficient levels of vaccination coverage to protect staff and patients reliably; mandatory vaccination policies can be effective in raising vaccination coverage beyond this ceiling.
- Studies support the importance of providing on-site vaccination *at no cost to the employee*.
- Education and promotion are considered indispensable components of employee vaccination drives—especially those that make vaccination mandatory.
- Access to vaccination compliance data can help supervisors hold staff accountable and maximize vaccination rates.



## Ambulatory Care Services for Patients with Chronic Heart Failure

Given that mortality and hospitalization rates associated with Chronic Heart Failure (CHF) are among the highest of any known medical condition, our partners at Central Health asked CHRSP to identify ambulatory care programs and interventions that have been shown to reduce hospital admissions and mortality among patients with CHF. Our *Rapid Evidence Report* defined “ambulatory care” as any service or program provided *outside* an acute hospital inpatient unit, including professional services delivered in outpatient clinics, in patients’ homes, or via telehealth. Our report, which benefitted from expert review by Dr. Robert Reid, Deputy Chief, Division of Prevention and Rehabilitation, University of Ottawa Heart Institute, included the following key messages:

- Tele-monitoring with medical support and human-to-human Structured Telephone Support (STS) appear to be effective in reducing hospitalizations without increasing mortality risk.
- Home-based CHF management appears to be at least as effective as similar services delivered in hospitals or clinics, and may have advantages over outpatient management by a cardiologist and/or a General Practitioner.
- There is a lack of consensus about the benefits of services delivered in specialized clinics.
- The province’s geography poses challenges to home visitation programming for CHF patients.
- Existing capacity could be utilized by health authorities to deliver targeted STS services for CHF patients living in the community.



## Forthcoming Projects

*The following CHRSP studies are currently in progress or are slated to begin in the coming year.*



A study in progress on **Managing Agitation/Aggression in Long-Term Care Residents with Dementia** poses the following research question: *"Other than use of physical restraints or prescription of psychotropic medications, what interventions, strategies, and/or practices have proven effective in preventing and managing agitation and aggression in long-term care residents with dementia?"*



Our CHRSP *Evidence in Context* Report on **Point of Care Testing in the Emergency Room** slated for release in Fall 2014 will look at what the scientific literature and local knowledge tell us about the clinical effectiveness, feasibility and acceptability of troponin point of care testing in emergency departments of smaller hospitals and health centres in Newfoundland and Labrador.



A research team is being assembled for a new CHRSP study on **Diabetes Prevention** that will examine what interventions are likely to be effective in reducing the incidence of Type 2 Diabetes Mellitus and its related medical complications in the adult population of Newfoundland and Labrador.

*In January 2014, our health system partners selected the following new slate of topics for CHRSP studies in 2014 -2015:*



The Effectiveness of One-off Health Promotion Strategies (*Rapid Evidence Report*)



Discharge Planning in Acute Care



Reducing Wait Times for Outpatient Services



Residential Care Models for Patients with Dementia

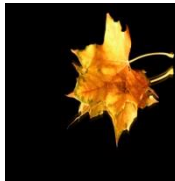


Soliciting and Using Patient Feedback



Nurse-Patient Ratios in Acute Care

*funding programs and*  
**AWARDS**





# Funding *for* Applied Health Research

The Centre's awards programs help build applied health research capacity in the province while increasing the amount of local research undertaken on priority themes. Our awards programs provide direct support through the allocation of grants and fellowships, and indirect support by helping our funded researchers attract and leverage funding from external granting agencies.

We acknowledge the important contributions of the peer review committees for the awards programs described below; their careful review of the many applications received this year was crucial to the successful operation of these programs.



## The Newfoundland and Labrador Healthy Aging Research Program

Again this year, the Centre administered research funding under the Newfoundland and Labrador Healthy Aging Research Program (NL-HARP) which awarded \$58,030 to projects aligned with the Provincial Healthy Aging Framework. Five researchers investigating issues of relevance to our aging population were awarded under the program, which is funded by the province's Department of Health and Community Services.

Congratulations to this year's winners, who are investigating a range of topics including: Body Mass Index trajectories; community capacity building; the health impacts of social isolation; and the experiences of aging nurses who live and work with cardiovascular disease.

*“Our province has an aging population and it is important that we focus on ensuring there are appropriate services, policies and programs in place for seniors and older adults. This year, \$58,030 will help support more research into healthy aging for a total of more than \$963,000 provided for the Healthy Aging Research Program since 2008.”*

The Honourable Susan Sullivan, former Minister of Health and Community Services, Government of Newfoundland & Labrador

## Doctoral Dissertation Award

**Elizabeth Russell** | *Age-Friendly Community Capacity Building in Newfoundland and Labrador* | \$22,000

## Project Grants

**Rick Audas** | *Looking Back: An Examination of the Impact of Social Isolation on Seniors' Health in Newfoundland and Labrador* | \$15,980

**Sue Anne Mandeville-Anstey** | *What is it like for Aging Nurses to Live and Work with Cardiovascular Disease in the Province of Newfoundland and Labrador? A Phenomenological Study* | \$10,050

## Master's Research Grants

**Meng Wang** | *Body Mass Index Developmental Trajectories for Older Canadian Population: Evidence from a National Population Health Survey* | \$5,000

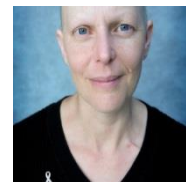
**Amanda George** | *The Effect of Physical Activity on Cognitive Functioning and Quality of Life in Older Adulthood* | \$5,000

Our thanks to the many researchers and graduate students who applied for funding under NL-HARP this year; we also appreciate the valuable work of our Peer Review Committee in assessing all applications.

## The Enhancing Health Care in Newfoundland & Labrador Research Fund

NLCAHR also administered the Enhancing Health Care Research Fund, sponsored by the provincial government, Eastern Health and the Dr. H. Bliss Murphy Cancer Care Foundation. This program awarded four research grants totalling \$260,000 for projects related to improving patient care in the province. This fund was established to advance the care of patients in Newfoundland and Labrador and was established by recommendation of the Commission of Inquiry on Hormone Receptor Testing (the Cameron Inquiry).

“The investment in research is an appropriate means of taking the lessons from the Cameron Inquiry, and translating them into learning to help advance the health care services we provide,” said Vickie Kaminski, former President and CEO of Eastern Health. “On behalf of Eastern Health, I thank all of the researchers who applied for funding, and I congratulate all of the successful grant fund recipients for their interest and dedication to advancing health care in our province.”



The Enhancing Health Care in Newfoundland and Labrador Research Fund is valued at \$1 million over four consecutive years. The fund is sponsored by the Department of Health and Community Services - \$400,000; Eastern Health - \$400,000; and the Dr. H. Bliss Murphy Cancer Care Foundation - \$200,000.

“The Dr. H. Bliss Murphy Cancer Care Foundation is pleased to partner with Eastern Health and the Provincial Government on this important initiative for cancer care,” said Geoff Davis, Chair, Dr. H. Bliss Murphy Cancer Care Foundation. “This partnership is a shining example of how working together creates opportunities to fund innovative cancer care research by teams in Newfoundland and Labrador, and move forward in a positive direction. Our best wishes to those research teams receiving funding in 2013. We look forward to seeing the impact of their results.”

Since the fund was established, \$388,500 has been awarded. NLCAHR wishes to acknowledge the high quality of the applications we received for this competition and to thank all applicants for their interest in this year’s program. We congratulate the following awards recipients for the 2013 round:

- **Dr. Kenneth Kao and Dr. Frank Torres** | *The Use of Standardized Controls for Hormone Receptor Testing in Invasive Breast Cancer* | \$70,000
- **Dr. Catherine Popadiuk** | *Implications for Cervical Cancer Screening in the HPV Vaccine Era* | \$70,000
- **Dr. Marshall Godwin** | *Family Physicians' Attitudes Toward and Adherence to Prevention and Screening Guidelines in Newfoundland and Labrador* | \$70,000
- **Dr. Jerry McGrath and Dr. Edward Randall** | *Examination of a Novel Biomarker to Improve Screening for Colorectal Cancer* | \$50,000

*“Research-based evidence plays a critical role in making the right decisions to support quality social and economic programs and policies. We need research, recommendations and ideas to continue to evolve health care to make it more efficient and effective.*

*I would like to congratulate all of the recipients of this year’s grants. The projects they are undertaking will help strengthen health care and advance patient care in Newfoundland and Labrador.”*

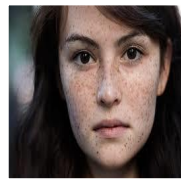
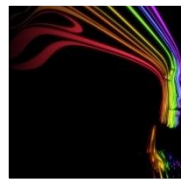
The Honourable Susan Sullivan, former Minister of Health and Community Services, Government of Newfoundland & Labrador

## The 2013 NLCAHR Awards Program

In May, 2013, NLCAHR decided to postpone the NLCAHR Awards Program following a decrease in our annual funding. The graduate students who received multi-year fellowships in the previous year’s competition continued to be funded through the support of Memorial University’s School of Graduate Studies.

The NLCAHR Awards Program will resume in 2014.

# RESEARCH EXCHANGE GROUPS





## Capacity Building & Knowledge Exchange

*To engage with our community, to exchange knowledge, and to build research capacity in the province, NLCAHR has established a program of Research Exchange Groups that bring together university researchers, health professionals, decision makers, and community participants who share a common interest in a specific area of applied health research.*

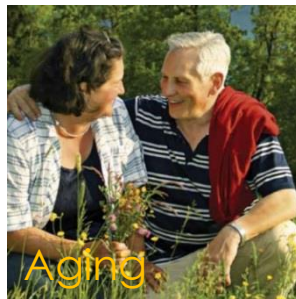
*These Research Exchange Groups meet regularly to discuss research in progress, to hold seminars, to make presentations on research projects or healthcare services, to initiate collaborative partnerships, and to discover potential funding and partnership opportunities for further research.*

*In 2013-2014, membership in these groups increased; nine groups were active, two groups are now poised to start meetings, and our established groups continue to attract new members. This year, NLCAHR hosted 47 meetings with a combined membership of 380 participants.*

*New Research Exchange Groups on the Arts & Health and on Primary Healthcare will begin meeting in Summer/Fall 2014. Additionally, NLCAHR and our academic partners are seeking interested members to join new groups on Cancer Research and on Inter-professional Education & Collaborative Practice.*



*The following Research Exchange Groups were active this year. Visit [http://www.nlcabr.mun.ca/Research\\_Exchange/](http://www.nlcabr.mun.ca/Research_Exchange/) for details.*



NLCAHR's Research Exchange Group on **Aging** exchanges research knowledge, reviews research in progress, finds funding opportunities, and collaborates on research projects related to aging and seniors. It is also a forum where students, researchers, policy makers and the general public gather to discuss potential research and other opportunities related to aging and seniors. This year's presentations included: a workshop on writing effective funding applications; a group presentation on community & research engagement; an HIV and Aging workshop; a lecture on health innovation for an aging population; and a talk on developing a data inventory for research on healthy aging. Group members also serve on a committee that is now involved in the planning for a new provincial centre on Aging.



Presentations hosted by the **Autism** group are of interest to people with Autism Spectrum Disorder (ASD), to their families and caregivers, and to the research community. This year's talks included: Dr. Rick Audas discussing a new study that will uncover barriers and facilitators to accessing services for children and youth with ASD and a lecture on the many challenges associated with a diagnosis of Autism Spectrum Disorder presented by Dr. Sharon Penney.



The group on **Bullying and Health**, founded in September 2013, includes researchers, faculty, educators, students, practitioners, and policy makers who gather monthly to discuss applied health research on issues related to bullying and health in Newfoundland and Labrador, whether focussed on the school system, the workplace, the post-secondary experience, health professional bullying, or issues of leadership and restorative justice. Presentations for this new group included a webinar on cyber bullying in which the group's convener, Dr. Gerald White, presented findings from his PhD research to a local audience and to researchers at University College Dublin, Ireland. Other research presented this year included Stephen Hicks on violence against teachers; Peggy Rauman on horizontal violence/social justice in nursing; and Dr. Lisa Adams on workplace bullying.

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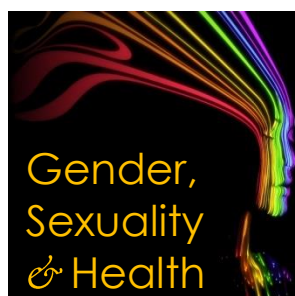
In January 2013, a new Research Exchange Group on **Chronic Disease** was initiated; it continues to meet regularly to discuss research and policy directions on issues related to chronic disease, including COPD, diabetes, kidney disease and other chronic conditions that have an impact on the health of our province's population. This year's research presentations included Dr. Kris Aubrey-Bassler on chronic disease prevention research at Memorial's Primary Healthcare Research Unit; Dr. Kayla Collins on accessing NL Centre for Health Information data for chronic disease research; and Darla King on evaluation in chronic disease management at Western Health.

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This engaged and active group uses the acronym **EDDEBI (Eating Disorders, Disordered Eating, Body Image)** to reflect the diversity of issues under study. The group includes researchers from Biochemistry, Human Kinetics, Community Health and Humanities and the University Counselling Centre; faculty from Medicine, clinicians in psychiatry, adolescent medicine and pediatric endocrinology; Eastern Health clinicians in specialty areas: Clinical Psychology, Eating Disorders and Childhood Obesity and Clinical Dietitians; and graduate students from Community Health and Humanities, Psychology and Human Kinetics. This year, the group organized monthly presentations on a wide variety of research projects. The group also presented a policy brief to government and health system officials on current research evidence as it relates to promoting healthy body image and preventing eating disorders.

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Renamed the Research Exchange Group on **Gender, Sexuality, and Health** in 2013 and established in 2006 as the Research Exchange Group on Women's Health/ Gender and Health, this group facilitates networking among researchers, graduate students, and policy makers who are interested in research in the areas of gender, sexuality, and health. The group is open to all and meets bi-annually. In October 2013, the group hosted guest lecturers Dr. Jessica Fields of San Francisco State University and Dr. Jen Gilbert of York University for a well-received public lecture at Memorial: "*Beyond Bullying: Shifting the Discourse of LGBTQ Sexuality and Youth in Schools.*" For its next meeting, the group is planning a public lecture on HIV prevention.



The Research Exchange Group on **Mental Health** was established in Fall 2012 to provide a forum for fostering research collaboration on topics related to mental health across a range of academic disciplines. The group enables members to network and connect with others who share their interest in mental health issues and to work towards developing a greater overall capacity to conduct research on mental health issues in Newfoundland and Labrador. Presentations this year included Dr. Chava Finkler's research about the impact of housing problems on mental health; PhD Candidate Colleen Hanrahan spoke about mental health services in prisons; Dr. Patrick Fleming shared his research on depression in immune-mediated diseases; Kimberly Bonia, PhD candidate in Community Health & Humanities, discussed the role of families in involuntary psychiatric admissions.



The purpose of this group is to facilitate networking amongst researchers, graduate students, and policy makers who are interested in issues of **Rural, Northern & Aboriginal Health** in the province. The group meets quarterly to exchange information and ideas about research projects and proposals, potential sources of funding, and opportunities for training and knowledge exchange. Under the leadership of co-conveners Drs. Rebecca Schiff, Adrian Tanner, and Jennifer Shea, the group hosted presentations this year by Dr. Kris Aubrey Bassler on obstetrical outcomes for rural women; Gioia Montevocchi discussed her Master's thesis research on access to healthcare services in Labrador; and Dr. Marguerite MacKenzie, a linguist at Memorial, outlined the new Innu Medical Glossary, a valuable tool for more effective health communications in the province.



The **Oral Health** Research Exchange Group meets to discuss oral health topics of significance in Newfoundland and Labrador. The primary purpose of the group is to consider existing and potential oral health issues that may benefit from the implementation of applied health research. This group promotes, encourages and facilitate within its means, such research. Group members include a range of stakeholders, researchers, oral health professionals, policy makers, government decision makers, and people from the broader community who are interested in the role of research in advancing oral health in Newfoundland and Labrador.

*The following groups are being planned for the coming year:*



The Arts & Health



Cancer Research



Primary Healthcare



Inter-Professional Education & Collaborative Practice



## *Research Talks* Public Lecture Series: Dr. Anne Snowdon



Dr. Anne Snowdon is the Academic Chair of the International Centre for Health Innovation at the Richard Ivey School of Business. Her *Research Talks* lecture on December 11, 2013 addressed cost vs. value in health system innovation.

NLCAHR initiated a series of free public lectures in 2012 in an effort to foster community engagement and knowledge exchange on health research topics of public interest.

These *Research Talks* bring visiting lecturers to Memorial University to discuss applied health research in a public forum, highlighting current research on topics that have been proposed by our various Research Exchange Groups

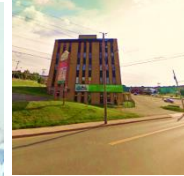
In December 2013, the Centre invited Dr. Anne Snowdon, Academic Chair of the International Centre for Health Innovation at the Richard Ivey School of Business, to present a *Research Talks* lecture on health system innovation. Dr. Snowdon was visiting St. John's to meet with Dr. Roger Butler's Telegerontology Research Team at Memorial University. She presented her research on health innovation for an aging population to members of the Research Exchange Group on Aging at NLCAHR. Her *Research Talks* public lecture was entitled "*Health System Innovation: Are Canadians Getting Value?*" and was held on December 11, 2013 at Memorial University's Bruneau Centre.

Dr. Snowdon has dedicated much of her career to producing research and advancing innovation that will improve the health and well-being of Canadians. As Academic Chair of the International Centre for Health Innovation at the Richard Ivey School of Business, she leads the Centre's work to drive health system sustainability and productivity. Dr. Snowdon has published more than 70 research articles, and has received over \$7 million in research grants.

Dr. Snowdon's timely lecture about health system innovation included a discussion of results from recent cost vs. value research about what Canadians value and whether our health systems are delivering that value to Canadians. The video of her informative lecture and the lively Q&A that followed is available for viewing on the [NLCAHR website](#).

Previous *Research Talks* lectures hosted by NLCAHR have included Dr. Ivy Bourgeault (University of Ottawa) on Health Worker Migration, Dr. Jacqui Gingras (Ryerson) on Critical Obesity Studies, and Dr. Arya Sharma (University of Alberta) on weight loss. In Spring 2014, *Research Talks* will feature gay men's activist and community outreach worker Mikiki in a community-based lecture on HIV prevention. This lecture will be held at the invitation of our Research Exchange Group on Gender, Sexuality & Health.





# ENGAGEMENT & PARTNERSHIPS

## Engagement & Partnerships

*This year, NLCAHR continued to increase its engagement with community and health system partners at the local, provincial and national levels. The following is an overview of this engagement activity, including events hosted by NLCAHR and our participation in partnerships and collaborations, research projects, meetings and conferences.*



### Local & Provincial Partnerships & Activities



#### The Building Healthy Communities Collaborative

Pablo Navarro, NLCAHR's Senior Research Officer, serves as co-chair of the Building Healthy Communities Collaborative (BHCC), a provincial cross-sectorial group focused on promoting and supporting the link between the built environment and health and wellbeing. Representatives from the research, policy and practice sectors make up the Collaborative which includes members from government departments, public health professionals, planners, urban design professionals, and representatives from related non-government organizations.

This year, BHCC oversaw the Healthy Canada by Design CLASP project (Coalitions Linking Action and Science for Prevention). This initiative was designed to bring health considerations into community planning processes with the goal of creating a healthier built environment throughout the province.

Activities in the CLASP project included a workshop on *Planning and Public Health: Working Together for Community Wellness*, held in St. John's in May 2013 and including presentations from planners and health professionals. Pablo Navarro provided an overview of Health Impact Assessments (HIA). Panelists described how HIA could be utilized in the Newfoundland and Labrador context. "We were using the workshop to build awareness about what makes a healthy community among public health professionals, planners, and the public in the province" explained Mary Bishop, FCIP, Planning Facilitator for the CLASP initiative. "We plan to build on those relationships; to engage workshop participants in our projects in Newfoundland and Labrador and to connect them with the larger Healthy Canada by Design CLASP Coalition."

The Centre also supported health and the built environment by completing a commissioned Health Impact Assessment (HIA) Report for the Government of Newfoundland and Labrador's Department of Health and Community Services. This report synthesized evidence on the design, implementation, and effectiveness of HIA in Canada and internationally. Through the fall and winter of 2013-14, Pablo Navarro worked closely with the Collaborative to research and write the 2014 Wellness Paper on Health and the Built Environment on behalf of the Provincial Wellness Advisory Council. This paper will be presented to the Minister of Health & Community Services in May, 2014.

## The Aboriginal Health Initiative

The Centre's director serves on the advisory committee for the Aboriginal Health Initiative which was initiated in 2008 by the Faculty of Medicine at Memorial University and is supported by the Atlantic Policy Congress of First Nation Chiefs' Secretariat. The initiative, *Making Memorial's Faculty of Medicine a Better Place for Aboriginal Students*, is intended to make the Faculty of Medicine more inclusionary for students from the various First Nations/Inuit/ Metis communities, predominantly within Newfoundland and Labrador. The advisory committee includes representatives from the various Aboriginal communities throughout the province, members from the Faculty of Medicine, and current medical students.

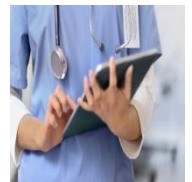


## NL Centre on Aging Working Group

The Centre continues to support the planning process for the establishment of a provincial centre or institute on aging, and is working with a sub-group of our Research Exchange Group on Aging towards this initiative, which this year included the development of a proposal for a Canada Research Chair at Memorial University on Aging in Rural Communities and Small Towns.

## Expert Working Group on Public Engagement

Stephen Bornstein continued to serve on this group whose purpose is to provide advice for the implementation of Memorial's Public Engagement Framework, to address challenges in university-public engagement, and to explore public engagement opportunities and best practices. The Expert Working Group includes people from within Memorial and from the community who are leaders in university-public engagement. This year, the group is developing the Memorial University Strategy Document for Civic Engagement and Social Innovation to help develop and support partnerships and programs that promote social innovation, strengthen our democracy, and enrich our communities.



## Faculty of Medicine Senior Management Committee

Stephen Bornstein serves on the Memorial University Faculty of Medicine's Senior Management Committee. This group includes senior administrators in the Faculty of Medicine: 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.



## ARNNL Public Policy Advisory Committee

Rob Kean, CHRSP Research Officer, served on the Public Policy Advisory Committee of the Association of Registered Nurses of Newfoundland and Labrador. This Committee meets regularly to discuss issues of health-related public policy and its impacts on the nursing profession in the province.



## Harris Centre & NLCAHR: Memorial Presents

In October, 2013, NLCAHR partnered with the Harris Centre for a public policy forum on our built environment and its impact on health. The talk featured Karen Lee, Senior Advisor to the Built Environment & Healthy Housing Program at the New York City Department of Health and Mental Hygiene, and Adjunct Professor at the school of Public Health at the University of Toronto and the University of Alberta, and Dr. Catherine Donovan, Associate Professor of Public Health, Faculty of Medicine, Memorial University, and Clinical Associate Medical Officer for Eastern Health.



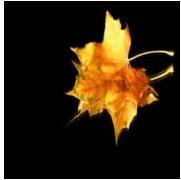


## National Partnerships & Activities



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

Stephen Bornstein serves as co-chair of the Network of Centre Directors in Health Services and Policy Research. The Centre Directors' Network brings together the leaders of twelve research centres from across Canada that specialize in health services and policy issues. This group meets six times a year (in person or by teleconference) to discuss common challenges and opportunities and to undertake collaborative projects. Funding for the Network is provided by a grant from the Institute of Health Services and Policy Research of CIHR.



### 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. This year, Pablo Navarro, Senior Research Officer for CHRSP, presented the CHRSP Contextualization methodology to the CADTH 2013 Symposium, *Evidence in Context*, which took place from May 5 to 7, 2013 in St. John's. In November, 2013, Stephen Bornstein gave a presentation at the CADTH *Hospital/Regional HTA Symposium: Case Studies* in Ottawa, where he discussed previous CHRSP projects that involved Health Technology Assessments.



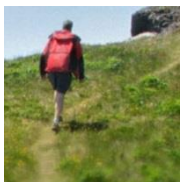
### CADTH Health Technology Analysis (HTA) Exchange

Stephen Bornstein also participates on CADTH's Health Technology Assessment (HTA) Exchange, a network of sixteen Health Technology Assessment producers established in accordance with Canada's Health Technology Strategy. This network coordinates the gathering of evidence and policy advice regarding health technologies to support the needs of the federal, provincial, and territorial jurisdictions. The Exchange uses an open, inclusive and flexible model that builds on current capacity and grows as pan-Canadian capacity builds.



### Canadian Rural Health Research Society

Stephen Bornstein serves on the board of the Canadian Rural Health Research Society (CRHRS), an organization that facilitates research and knowledge translation aimed at understanding and promoting health in rural and remote Canada. He will be assuming the position of chair of this board as of October, 2014.





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

Stephen Bornstein is a member and co-chair of NAPHRO, a voluntary association of Provincial Health Research 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 formally twice a year, in person and by teleconference, to share information and identify potential opportunities for working collaboratively on common issues.

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

## Canadian Forum of Health Research Funders

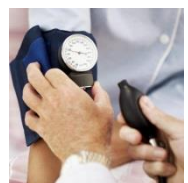
The Centre continues its membership in this national forum which includes all members of NAPHRO plus the key national-level health funding agencies (CIHR and CFHI) and the nation's major health charities.

## Canadian Cochrane Centre (CCC)

Stephen Bornstein is the local campus representative for the Canadian Cochrane Centre, an organization devoted to cultivating evidence-based decision-making by promoting the use and accessibility of Cochrane Reviews. The CCC supports and offers high-quality training to those interested in using and producing Cochrane Reviews. In May, 2013, NLCAHR helped organize and host a Cochrane Canada Standard Author Training Course for researchers at Memorial University. The course, attended by 33 researchers and graduate students, was taught by three Cochrane experts: two in-person and one participating by webinar.

## McMaster University Optimal Aging Portal Expert Advisory Committee

Stephen Bornstein is a member of this committee whose purpose is to identify, prioritize, and evaluate issues relevant to those interested in optimal aging, seniors and their caregivers, researchers, clinicians, and policy makers who may access this knowledge portal.



## Meetings, Conferences & Events

Event	Date/Location	Attending	Description
Cochrane Standard Author Training	May 1-3, 2013 St. John's	Stephen Bornstein Rob Kean Amanda Kinsella Sarah Mackey Pablo Navarro Stephanie O'Brien Tyrone White	NLCAHR helped organize and host this Cochrane Canada Standard Author Training Course for researchers at Memorial University. The course was attended by 33 researchers and graduate students.
CADTH 2013 Symposium: <i>Evidence in Context</i>	May 5-7, 2013 St. John's	Stephen Bornstein Pablo Navarro	At CADTH 2013, Pablo Navarro presented a talk on the CHRSP contextualization methodology and attended a workshop on the Drug Safety and Effectiveness Network. Pablo Navarro and Stephen Bornstein attended several conference sessions.
Planners and Health Professionals: <i>Working Together for Community Wellness</i>	May 30, 2013 St. John's	Pablo Navarro	Pablo Navarro led a panel on Health Impact Assessments and participated in group activities to explore and identify potential collaboration linkages among planners, health professionals, planning stakeholders and researchers.
CU Expo 2013: Community-University Engagement	June 14, 2013 Corner Brook	Rochelle Baker Stephen Bornstein Rob Kean	Stephen Bornstein was a panelist on a discussion of community-engaged scholarship; NLCAHR and community partners hosted a 90-minute session in which Stephen Bornstein and Kelli O'Brien of Western Health delivered a presentation on CHRSP's engagement methods; Rob Kean and Dr. Roger Butler discussed findings from the <i>Evidence in Context</i> Report "Age Friendly Acute Care for Seniors." Rochelle Baker and Rosemary Lester of the Seniors' Resource Centre discussed NLCAHR's Research Exchange Groups.
<i>Memorial Presents: Health and the Built Environment</i>	October 28, 2013 St. John's	Rochelle Baker Stephen Bornstein Pablo Navarro	At this event, co-hosted by NLCAHR and the Harris Centre, Drs. Karen Lee and Catherine Donovan presented on the evidence for links between the built environment and health.
CADTH pan-Canadian Symposium on Hospital/Regional Health Technology Assessment	November 17-19, 2013 Ottawa	Stephen Bornstein	Stephen Bornstein was invited to present on CHRSP and Health Technology Assessments at this symposium, which gathered people with an interest in expanding the use of HTA in hospital and regional settings, including healthcare decision-makers, researchers, and industry representatives.

Event	Date/Location	Attending	Description
PriFor   Memorial University Faculty of Medicine Primary Healthcare Forum	November 25-26, 2013 St. John's	Stephanie O'Brien Stephen Bornstein	Stephanie O'Brien presented findings from the CHRSP <i>Evidence in Context</i> report "Community Based Service Models for Seniors." Stephen Bornstein attended the forum.
Teledermatology Dissemination Event	November 28, 2013 St. John's	Rochelle Baker Stephen Bornstein Pablo Navarro Stephanie O'Brien Tyrone White	Dissemination of CHRSP report on teledermatology, including telehealth demonstration by NL Centre for Health Information, held at Eastern Health offices for provincial dermatologists and healthcare decision makers.
Dr. Anne Snowdon <i>Research Talks: Health System Innovation</i>	December 11, 2013 St. John's	Rochelle Baker Stephen Bornstein Pablo Navarro Tyrone White	NLCAHR hosted this public forum on health system innovation at Memorial's Bruneau Centre.
SPOR Network in Primary and Integrated Health Care Innovation	January 7, 2014 St. John's	Stephen Bornstein	Stephen Bornstein is part of a group of Memorial Researchers working on a CIHR Funding Initiative, the SPOR Network in Primary and Integrated Health Care Innovations, which aims to support evidence-informed transformation and delivery of primary and integrated health care to improve individual and population health, health equity, and health system outcomes.
CHRSP Dissemination: Community Based Service Models for Seniors	January 22, 2014 St. John's	Rochelle Baker Stephen Bornstein Pablo Navarro Stephanie O'Brien Tyrone White	Webinar/ dissemination on the CHRSP <i>Evidence in Context</i> report, "Community Based Service Models for Seniors" with guest speaker Dr. Howard Bergman, McGill University.
CIHR <i>Best Brains Exchange: "Community Based Service Models for Seniors."</i>	January 23, 2014 St. John's	Stephen Bornstein Pablo Navarro Stephanie O'Brien Tyrone White Rochelle Baker	Held at the NL Medical Association Offices, this in-camera session involved a panel of national research experts who provided provincial decision makers with an overview of research evidence on Community Based Service Models for Seniors. Key messages from the CHRSP report and other research evidence were explored in detail during facilitated discussions.
Banting Selection Committee Meeting	January 28-29, 2014 Ottawa	Stephen Bornstein	Peer Review Committee meeting for CIHR Banting Post-Doctoral Fellowships
FRQS Review Panel	February 3-4, 2014 Montreal	Stephen Bornstein	Peer Review Committee meeting for health research funded by FRQS (Fonds de Recherche Québec Santé)
Engage Fest Memorial University	February 12, 2014 St. John's	Rochelle Baker Sarah Mackey Pablo Navarro Tyrone White	NLCAHR hosted a booth at this event to promote our Research Exchange Groups.

Event	Date/Location	Attending	Description
Communications Studies 2000 lecture: Memorial University	February 21, 2014 St. John's	Rochelle Baker	Our Communications & Partnerships Coordinator was invited to provide a guest lecture on knowledge translation activities and public engagement at NLCAHR to undergraduate students enrolled in Communication Studies 2000 at Memorial.
Teledermatology Meeting	March 10, 2014 St. John's	Stephen Bornstein Pablo Navarro	Meeting with provincial dermatologists to discuss potential for adding a teledermatology component to grand rounds, following from CHRSP Telehealth study

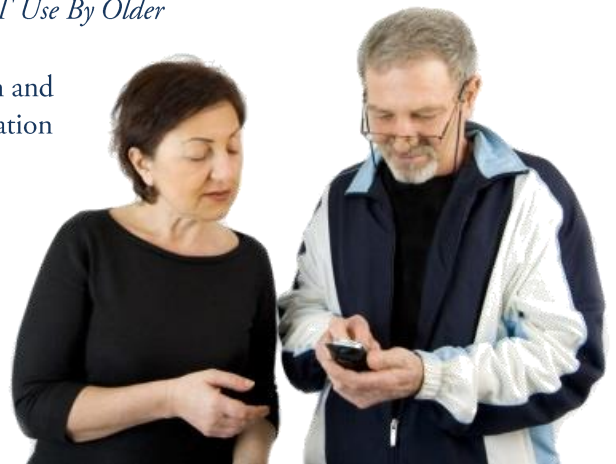
## Other Engagement Activities

*In 2013-2014, the Centre's director served as a peer reviewer on the following committees:*

- Ontario Health Services Research Fund
- Research funding program of the FRQS (Fonds de Recherche du Québec Santé)
- Banting Post-Doctoral Fellowships
- Canadian Medical Association Career Awards
- The Justice Emmett Hall Memorial Foundation Student Essay Competition

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

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





# FINANCIAL REVIEW



## Financial Review

### NLCAHR Budget – March 31, 2014

OPERATING FUNDS			
	Budget	Spent	Remaining
Salaries and Benefits	\$415,300	\$420,402	(\$5102)
Operating Expenditure	\$17,500	\$17,251	\$249
Hosted research conferences and meetings	\$2,500	\$2,262	\$238
Travel/Representation	\$7,312	\$6,169	\$1,143
CHRSP Consultants	\$11,500	\$11,427	\$73
<b>TOTALS</b>	<b>\$454,112</b>	<b>\$457,511</b>	<b>(\$3399)</b>

FLOW-THROUGH FUNDS			
	Budget	Spent	Committed & Planned
Master's	\$0	\$0	\$0
Doctoral	\$846	\$846	\$0
Fellowships Subtotal	\$846	\$846	\$0
Project Grants	\$27,866	\$27,866	\$0
Development Grants	\$10,000	\$10,000	\$0
Research Grants Subtotal	\$37,866	\$37,866	\$0
<b>TOTALS</b>	<b>\$38,712</b>	<b>\$38,712</b>	<b>\$0</b>

Funding of \$542,824 available<sup>1</sup>

Expenses: \$496,223

Total remaining: **\$46,601**

<sup>1</sup>Available funding includes

- \$363,500 NLCAHR Operating grant from DHCS
- \$18,000 for NL-HARP administration
- \$5000 for admin of EHCNL Awards in 2012-2013; \$18,200 for admin of EHCNL Awards 2013-2014
- \$77,024 surplus from the 2012-2013 (\$40,000 reserved for 2012-2013 research grants)
- \$11,100 for signing bonuses
- \$50,000 from Western Health for two CHRSP projects