

# 2016-2017 ANNUAL REPORT

Newfoundland & Labrador Centre for

**APPLIED  
HEALTH  
RESEARCH**

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





## RESEARCH *in* PLACE

for Newfoundland & Labrador

### ANNUAL REPORT | April 1, 2016 *to* March 31, 2017



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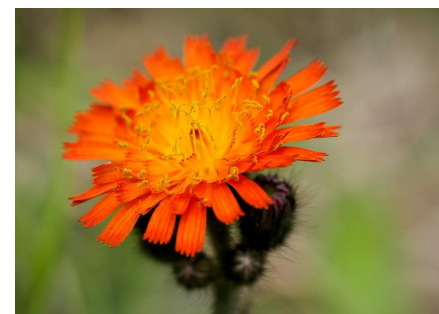
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*All photographs featuring Newfoundland & Labrador in this year's Annual Report were taken by NLCAHR's Manager of Finance and Administration, Tyrone White.*

## GREETINGS *from the* CHAIR



When I started my new job as dean in August, 2016, I was eager to hear the many success stories emerging from Memorial's Faculty of Medicine so that I could build on the achievements of my predecessor, Dr. James Rourke, and his team. One of the successes that caught my immediate attention was the NL Centre for Applied Health Research (NLCAHR) and I am pleased to take on the role of chair for this dynamic research centre.

NLCAHR is a provincial leader in community-engaged health research and integrated knowledge translation. Its flagship program, the Contextualized Health Research Synthesis Program (CHRSP), is an ongoing partnership with health system decision makers and community members. The program actively integrates

knowledge users into the research process—from the submission of priority topics to involvement on research teams; from the synthesis and contextualization of scientific evidence to the dissemination and uptake of the findings. Given the strengths of this innovative methodology, it was not surprising to discover that other agencies with a focus on research-to-policy have approached NLCAHR to learn how to adapt CHRSP for use in a variety of settings: the Harris Centre at Memorial University has now created its own version of CHRSP for social policy research; the Manitoba Workers' Compensation Board has funded Memorial's SafetyNet Centre to collaborate with the Institute for Work & Health in Toronto to adapt CHRSP for occupational health and safety research; and this year, the CHRSP team submitted a proposal to the Canadian Institutes for Health Research in partnership with health system leaders here in Newfoundland & Labrador, health system leaders from northern Ontario and northern British Columbia, indigenous scholars, and other academic partners from Laurentian University and the University of Northern BC. Their plan will be to establish a national health research network that will adapt the CHRSP methodology for decision support in rural, indigenous, and northern healthcare settings across Canada. I wish them the best with that project.

This year, CHRSP published five new studies on topics that were identified by our provincial leaders as priorities: a study on Type 2 Diabetes screening and prevention, a report on how to reduce wait times for outpatient services, another on the effectiveness of digital surveys for collecting patient feedback, a fourth on the design of mental health units in acute-care facilities, and finally, a new approach for CHRSP—a jurisdictional scan that will enable health system decision makers to consider approaches taken in other provinces and countries to assess health risks and health behaviours among school-age children and adolescents. Additionally, CHRSP, with support from Memorial's Office of Public Engagement, has submitted a proposal to the provincial health system to develop a further innovation by introducing patient and caregiver perspectives into its collaborative model.

In July 2016, NLCAHR administered research funding under the government-sponsored Newfoundland & Labrador Healthy Aging Research Program, awarding \$87,500 to projects aligned with the Provincial Healthy Aging Framework. The Enhancing Health Care in NL Awards Program, funded by government and health system sponsors, concluded its last round of funding in early 2016, having fulfilled its mandate. The NLCAHR's annual awards program was suspended as the Centre reviewed its limited budget.





*“The Centre now hosts an impressive nineteen active groups— with a combined membership approaching 950 faculty members, students, community stakeholders and policy makers who meet to promote knowledge exchange and capacity building on topics of shared interest.”*

The Centre’s Research Exchange Groups continue to gain momentum. Three new groups were added in 2016-2017: a group dedicated to research on Attention Deficit with Hyperactivity Disorder (ADHD), a group looking at cost and value in our provincial healthcare system, and a new group devoted to service learning and community engagement in health research. The Centre now hosts an impressive *nineteen* active groups— with a combined membership approaching 950 faculty members, students, community stakeholders and policy makers who meet to promote knowledge exchange and capacity building on topics of shared interest. The NLCAHR boardroom has become a veritable hive of research collaboration and knowledge exchange.

Congratulations to everyone who contributed to the success of the Centre this year. Whether you were a funded researcher, a Research Exchange Group member, or a contributor to one of the many CHRSP research teams, I acknowledge your commitment to improving applied health research knowledge in Newfoundland & Labrador. Finally, I would like to thank the dedicated staff and director of the Centre as well as Dr. Rourke for his leadership as the chair while he was Dean of the Faculty of Medicine. I look forward to working with the board in 2017-2018 as we develop a strategic plan for the Faculty of Medicine that will incorporate strategic directions in the areas of research, community engagement, and outreach.

*Margaret Steele*

Dr. Margaret Steele  
Professor of Psychiatry  
Dean of Medicine  
HBSc, MD, FRCPC, MEd,  
DFCPA, CCPE



## GREETINGS *from the* DIRECTOR

Back in the last millennium — in 1999— leaders in our provincial government, our university, and our healthcare system put their heads together to come up with the concept for a new provincial centre in which university researchers would work closely with community, government, and healthcare organizations to produce and support applied health research, to build local research capacity, and to mobilize research knowledge for the betterment of the province's health and healthcare system. The Newfoundland & Labrador Centre for Applied Health Research has been dedicated to these aims ever since.



Our work is embedded in this place. Through a commitment to making connections, listening to community, nurturing relationships and forging new partnerships, the Centre is a strong generator of locally relevant applied health research— research that brings community stakeholders, and health system partners together to address the very specific challenges facing Newfoundland & Labrador's health and healthcare system today.

This year's annual report provides ample evidence of this hard work. In reflecting on our accomplishments over the past year, a dominant theme emerged: how NLCAHR's work puts research *in place*— every day, the Centre engages with the unique challenges facing our province. We create opportunities for community partners, health system workers, and researchers to collaborate; we produce research reports in answer to the specific questions posed to us by health system workers and decision makers under the Contextualized Health Research Synthesis Program (CHRSP); we connect community members with health system and research partners through our Research Exchange Groups; and we support applied health researchers and graduate students seeking to access funding for projects that will be applied to important healthcare priorities. Ultimately, we connect the research being undertaken here to the constituents who will benefit from this knowledge: the people of this province.

Drawing on vital partnerships with the province's healthcare system, CHRSP has, again this year, provided decision support by working in collaboration with local researchers, national experts, health system practitioners, decision makers, and community organizations. What we learned through our five published CHRSP studies has been shared widely, not only with the knowledge users who worked with us, but also through dissemination meetings in which we presented the key findings to professional and community organizations, to decision makers, to other knowledge users, and to healthcare practitioners across Newfoundland & Labrador.

The Centre distributed roughly \$88,000 in research funding this year under the government-sponsored Newfoundland & Labrador Healthy Aging Research Program. We thank the students and researchers who applied to this program and the members of the Peer Review Committee who evaluated their applications. In early 2016, the Enhancing Health Care in Newfoundland & Labrador Program, funded by the province,



*"In reflecting on our accomplishments over the past year, a dominant theme emerged: how NLCAHR's work puts research in place—every day, the Centre engages with the unique challenges facing our province."*

Eastern Health, and the H. Bliss Murphy Cancer Care Centre, completed its mandate. In the coming year, we will seek support to reinstate our NLCAHR Awards program, recognizing the need for local sources of funding for the important health research being undertaken in the province.

One of the Centre's most enduring successes this year was the expansion of our Research Exchange Groups, a unique capacity-building initiative that fosters multi-disciplinary public engagement. Since last year's annual report, we have expanded to nineteen active Research Exchange Groups, more than doubling the number of such groups in two years (we had nine groups in 2015). Through these diverse groups, over 900 students, faculty, health system workers, and community members connected this year to discuss research in progress and to review the results from completed research projects, to learn about community initiatives, to review healthcare programming, to network, to exchange knowledge, to access funding, and to collaborate on research projects.

In addition to our essential focus on Newfoundland & Labrador, the Centre is well-represented across Canada through its inclusion in a number of important federal organizations, including the National Alliance of Provincial Health Research Organizations, the Canadian Association for

Health Services and Policy Research, the Canadian Academy of Health Sciences, and the Canadian Rural Health Research Society, among others. Our connection to the broader Canadian healthcare context is an important one—we benefit from the exchange of ideas with fellow researchers and research centres across the country.

Once again, I extend my sincere thanks to our hard-working staff for their continued dedication to this Centre. Many thanks are also due to the people of this place—our partners from the community, from the university, and from the health system—who are so essential to NLCAHR's continuing success in research and engagement.

A blue ink signature of Stephen Bornstein, written in a cursive style.

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





About Us

## Background & Funding

The Newfoundland & Labrador Centre for Applied Health Research, established in 1999 with core funding from the Department of Health and Community Services of Newfoundland & Labrador, Memorial University, and Eastern Health, is constituted as a research centre within Memorial University under the auspices of the Board of Regents.

A director and a board lead the Centre, which is funded through Memorial University's Faculty of Medicine, Faculty of Humanities and Social Sciences, with support from Memorial University's Office of Research. The Centre also receives project funding from various granting agencies.

## 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 local, provincial, regional, and national organizations that have similar objectives.

## Goals

The Newfoundland & Labrador Centre for Applied Health Research has three principal goals: to help build capacity and organizational 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 three activities: our funding programs, our flagship research program (the Contextualized Health Research Synthesis Program), and our collaborative activities, including the knowledge exchange that is facilitated in our popular Research Exchange Groups.



## Staff

The following people worked for the Newfoundland & Labrador Centre for Applied Health Research during this fiscal year:

- Stephen Bornstein, Director
- Rochelle Baker, Coordinator, Communications, Partnerships, Research Exchange
- Sarah Mackey, Research Officer
- Pablo Navarro, Senior Research Officer
- Kennedy Nmecha, Intern
- David Speed, Research Officer
- Melissa Sullivan, Research Officer
- Tyrone White, Manager, Finance, Awards, IT and Administration

Special thanks are owed to our intern, Kennedy Nmecha, for his voluntary work for CHRSP and our Research Exchange Groups this year.



## Governance

The Director, Dr. Stephen Bornstein, manages NLCAHR and reports to the Dean of Medicine, who chairs the Centre's 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 includes representatives from the Department of Health and Community Services, the Department of Children, Seniors, and Social Development, Memorial University, the Newfoundland & Labrador Centre for Health Information, and Eastern Health. The Director sits on the board ex officio.

## Board of Directors

The following people served on the 2016-2017 Board of Directors of the Newfoundland & Labrador Centre for Applied Health Research.



Current Chair: Margaret Steele, Dean  
Faculty of Medicine, Memorial University  
Chair since August, 2016



Past Chair: James Rourke, Former Dean  
Faculty of Medicine, Memorial University  
Chair prior to August, 2016



John Abbott, Deputy Minister  
Department of Health & Community Services  
Government NL



Bruce Cooper, Deputy Minister  
Department of Children, Seniors, and Social Development  
Government NL



David Diamond, President and Chief Executive Officer  
Eastern Health  
Regional Health Authority



Mike Barron, President and Chief Executive Officer  
Newfoundland & Labrador  
Centre for Health Information



Stephen Bornstein, Director  
NL Centre for Applied Health Research  
(ex officio board member)



Awards



## FUNDING *for* RESEARCH ON HEALTHY AGING:

*Congratulations to the 2016 NL-HARP Awards Recipients*



In July, 2016, the Government of Newfoundland & Labrador awarded a total of \$87,500 to seven research projects that focus on healthy aging under the Newfoundland & Labrador Healthy Aging Research Program (NL-HARP). The NL-HARP funding opportunity is administered by the Newfoundland & Labrador Centre for Applied Health Research to support research that aligns with the Provincial Healthy Aging Framework. Since its

inception in 2008, NL-HARP has provided close to \$1.2 million in support of research into healthy aging.

Congratulations to the following recipients of the 2016 NL-HARP Awards:

### Project Grants:

These grants enable a team of locally-led researchers to conduct research on a topic related to healthy aging.

- **Dr. Erin Cameron** (School of Human Kinetics and Recreation, Memorial University) *The Female Aging Body (FAB) Project: Understanding Perspectives on Health, Body Image, and the Aging Body to Inform Healthy Aging Policy and Practice* (\$27,500).
- **Dr. Peter Wang** (Faculty of Medicine, Memorial University) *Prevention of Colorectal Cancer with Lifestyle Modifications Bridging Research, Health Awareness and Practice in Newfoundland & Labrador* (\$30,000).

### Master's Research Grants:

This grant category helps student pursuing Master's degrees to cover the cost of their research and dissemination.

- **Douglas Dorward** (pursuing Master's of Science in Clinical Epidemiology, Memorial University) *The Necessity of the Patient Sitting Alone in a Quiet Room for the Measurement of Blood Pressure Using a BpTRU Device* (\$5,000).
- **Beraki Abraha** (pursuing Master's of Science in Neuroscience, Memorial University) *Can Exercise Stimulate the Brain? Measuring the Effects of Vigorous Exercise on Brain Excitability in Older People with Chronic Stroke* (\$5,000).
- **Ishor Sharma** (pursuing Master's of Science in Community Health, Memorial University) - *Dietary Inflammatory Index and its Impact on Colorectal Cancer Patients' Survival: a Population-based Cohort Study in Newfoundland & Labrador* (\$5,000).

### Doctoral Research Grants:

This grant category helps doctoral candidates in covering the cost of their research and dissemination.

- **Mei Li** (pursuing doctoral studies, Division of Community Health and Humanities, Memorial University) *Family Caregiver Experiences in Rural Newfoundland & Labrador: The Challenge of Patient Relocation to Receive Treatment* (\$7,500).
- **Jill Bruneau** (pursuing doctoral studies, School of Nursing, Memorial University) *Developing and Testing a Cardiovascular Health Assessment Screening Program for Healthy Aging* (\$7,500).

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 who assessed all applications received. Government NL press release: <http://www.releases.gov.nl.ca/releases/2016/swsd/0704n04.aspx>.

## OTHER FUNDING PROGRAMS

In the 2016-2017 fiscal year, one funding opportunity in Newfoundland & Labrador completed its mandate and another was postponed.



In early 2016, the **Enhancing Health Care in Newfoundland & Labrador Program**, which had been funded by the province, Eastern Health, and the H. Bliss Murphy Cancer Care Centre as a research fund following from the Cameron Inquiry, completed its mandate. The funding opportunity, valued at \$1 million over four years (2012-2015) awarded grants of up to \$75,000 each. The funding

was used to support projects of up to three years in duration on any area of concern identified by the Cameron Inquiry, including research on clinical questions, on the organization, administration, or provision of healthcare and on the evidence-based design, implementation, and evaluation of innovative projects for improving the organization and quality of care. NLCAHR administered this funding program on behalf of its funding agencies from December 2012 to February 2016.

In the coming year, we will seek support to reinstate the annual **NLCAHR Awards**, recognizing the need for local sources of funding for the important applied health research being undertaken in the province. The NLCAHR Awards Program provides funding for applied health research (at both the graduate student level and for more senior researchers) that aligns with the Centre's mandate:

- to meet the challenges of population health and health services in Newfoundland & Labrador;
- to address health promotion and wellness; and
- to promote the efficiency and effectiveness of the provincial health system.



These awards were suspended for the 2016 -2017 fiscal year because of budgetary constraints.





Research



## RESEARCH *in* PLACE: CONTEXTUALIZED HEALTH RESEARCH SYNTHESIS PROGRAM (CHRSP)

CHRSP is an innovative program developed by the Centre to facilitate and optimize the use of scientific evidence in provincial healthcare decision making. Working in partnership with the province's health system leaders to identify decision-making priorities on which input from research-based evidence is needed, CHRSP synthesizes the best evidence from around the world and then contextualizes the findings for use right here in Newfoundland & Labrador. As a result of its innovative approach to integrated knowledge translation, CHRSP has achieved an exemplary level of health system engagement, buy-in, and research uptake. Working closely with key partners in the health system, CHRSP supports evidence-informed decision-making, one policy at a time.

### HOW CHRSP WORKS

Topics for CHRSP are identified through intensive, iterative consultation with research users in the health system, including policy makers, administrators, and clinicians. Every year, we ask our health system partners what they need to know. CHRSP Champions (managers and administrators) within the four Regional Health Authorities and two ministries of provincial government (the Department of Health and Community Services and the Department of Children, Seniors, and Social Development) support this topic identification process. Health System Leaders (CEOs and Deputy Ministers) prioritize the topics and these become the focus for CHRSP studies.

For each topic selected, a project team of clinical and research experts is assembled with two leaders: a nationally recognized subject expert in the relevant field, and a DM or CEO from the provincial health system.

### COLLABORATION *is the* KEY

The CHRSP Project Team collaborates on each study by:

- reformulating/ refining the research question;
- searching for high-quality systematic reviews, meta-analyses, and other relevant research literature;
- critically appraising this literature;
- synthesizing the evidence;
- consulting province-wide to identify contextual factors that might have an impact on the effectiveness of proposed interventions when applied in this province; and
- highlighting the implications of the contextualized evidence for local decision makers.

An External Reviewer ensures the validity of the findings. The results are then communicated in formats and forums designed to maximize their uptake. CHRSP products include full contextualized syntheses (*Evidence in Context Reports*), brief 10-page evidence overviews (*Rapid Evidence Reports*) and new this year, the *Snapshot Report*, a brief jurisdictional scan of healthcare policies/practices in Canada and elsewhere.

**Our CHRSP Champions are essential to our growth and success.**

*Our special thanks to:*

Krista Butt, Mike Doyle, Janet Templeton, Elaine Warren, Vanessa Mercer-Oldford, Donna Hicks, Lisa Hoddinott, Darlene Welsh, Nadine Calloway, Linda Carter, Suzanne Brake, Mary Reid, Bev Griffiths and Larry Alteen for their service as our CHRSP Champions in 2016-2017.



## CHRSP PUBLICATIONS *in* 2016-2017



### Prevention and Screening for Type 2 Diabetes in NL

Released in May, 2016, this *Evidence in Context* report on prevention and screening for Type 2 Diabetes Mellitus (T2DM) involved a multi-disciplinary team led by Subject Expert, Dr. Laura Rosella from Public Health Ontario, Assistant Professor at the Dalla Lana School of Public Health at the University of Toronto and Adjunct Scientist at the Institute for Clinical Evaluative Sciences (ICES). The Health economist for the study was Dr. Michel Grignon of McMaster University and the Health System Leader was Rosemarie Goodyear, CEO of Central Health. The project team included clinicians, academics, and community partners from across the province. Sarah Mackey was the CHRSP Project Leader.

For this study, provincial health system decision makers asked CHRSP to answer this priority question:

***"What interventions are likely to be effective in reducing the incidence of Type 2 Diabetes (T2D) and its medical complications in the adult population of Newfoundland & Labrador?"***

The authors searched for a body of evidence comprising systematic reviews as well as key primary studies published too late to have been captured in the review literature. In synthesizing the evidence, the authors found an insufficient amount of high-quality review evidence or primary studies on the clinical benefits and potential harms of population screening for T2D. While available studies agreed that screening did not improve mortality rates from T2DM, overall, more robust evidence will be needed to confidently evaluate the effectiveness of screening interventions. High-quality evidence did indicate that some drug classes can effectively prevent the onset of T2D in some specific at-risk populations. For other drug classes, T2D incidence was not reduced but taking the medications did promote regression to normoglycemia. Evidence also indicated the effectiveness of several lifestyle interventions designed to decrease the incidence of T2D and to improve blood pressure, triglycerides, weight, BMI and waist circumference but the authors noted that the success of any lifestyle intervention depends on long-term adherence to lifestyle changes. Most preventive lifestyle interventions were considered to be cost-effective and a number of heterogeneous lifestyle interventions were seen as preventative. The effectiveness of such interventions depended on a number of factors, including age, weight loss, and an individual's risk profile.

On June 8, 2016, CHRSP hosted a dissemination event for this report. Sarah Mackey and Laura Rosella provided those in attendance with a detailed overview of the project and Michel Grignon presented the economic findings. Attending the dissemination event were a number of key government decision makers, provincial clinicians, policymakers in chronic disease management and senior managers from the provincial health system. Evaluations conducted after the meeting indicated that the information was helpful and that the findings would be considered in future policy decisions. The report was shared with stakeholders from across the province and with the local chapter of the Canadian Diabetes Association.



## Reducing Wait Times for Outpatient Services

Published in May, 2016, this report examined the evidence for interventions that might reduce wait times for outpatient services. Central Health submitted this topic for study and it was endorsed by consensus among all health system leaders from across the province. The *Rapid Evidence Report* conducted for this issue synthesized findings from six systematic reviews and six primary research studies that were directly relevant to the research question:

***“What is the evidence for the effectiveness of enhanced techniques for scheduling appointments and managing wait lists in reducing wait times for outpatient services?”***

Dr. David Speed, CHRSP Research Officer, was lead researcher for this study, working in collaboration with subject expert/ consultant Dr. Luciana Ballini, editor of the Cochrane Collaboration Review group -Effective Practice and Organization of Care (EPOC). The study examined the evidence for three key interventions:

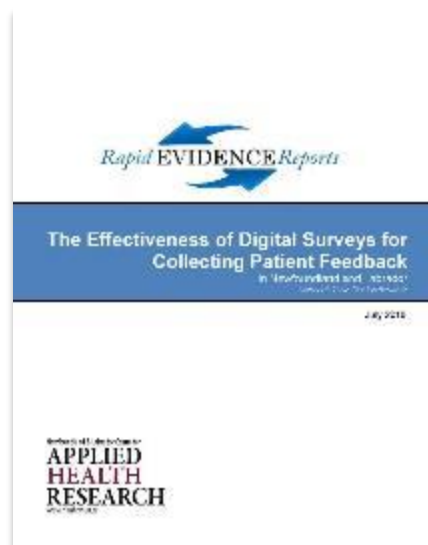
- **Wait list audits:** aimed at reducing the total number of persons waiting for an outpatient service;
- **Scheduling systems:** changing “traditional booking” systems to allow greater flexibility in scheduling;
- **Appointment reminders:** focused on reminding patients of upcoming appointments.

Ultimately, the literature suggested that wait times for outpatient services result from a mismatch between supply and demand. Wait list audits show promise in reducing the total number of persons waiting for an outpatient service and they work best when they seek to eliminate only those who request to be eliminated from a wait list while retaining patients who cannot be reached. Patient Focused Booking is supported by the literature as an effective method for improving attendance rates and reducing wait times, although decision makers will need to assess potential implementation costs and human resources issues associated with new scheduling systems. The evidence also indicates that sending reminders to patients to attend outpatient services is an effective way to improve attendance with direct telephone calls and text messaging reminders showing the greatest promise.

The October 5, 2016 dissemination event for this study was widely attended by decision makers and clinicians.

### **Wait Times Study Leads to Further Collaboration**

When a group of physiotherapists from Eastern Health attended the dissemination event for this study, CHRSP welcomed the opportunity to have them meet with us to provide an overview of a new wait time intervention that they had recently piloted for non-emergent physiotherapy appointments in Eastern Health. Our detailed discussions about this new wait list reduction/ elimination initiative resulted in a special project for Eastern Health in which Dr. David Speed conducted a statistical analysis of the data that had been collected to assess the effectiveness of this new intervention. The analysis confirmed the success of the new approach to reducing wait times for outpatients seeking elective physiotherapy.



## Digital Surveys for Soliciting Patient Feedback

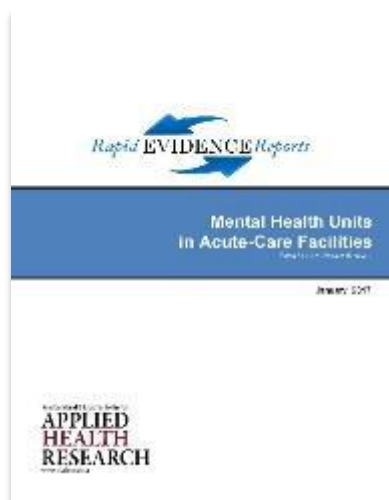
Recognizing the importance of both obtaining and responding to patient feedback, our health system partners asked CHRSP to review health evidence about the effectiveness of digital surveys in capturing patients' experiences. The report published for this study in July, 2016 synthesized findings from systematic reviews, primary studies, non-systematic literature reviews, an evidence scan and guides on best methods for collecting patient experience data relevant to the research question:

***“Are digital surveys an effective method for collecting patient feedback about experiences with the healthcare system?”***

Melissa Sullivan, CHRSP Research Officer, was the lead researcher for this study, working in collaboration with subject expert/consultant Dr. Josephine McMurray, a professor and researcher at Wilfrid Laurier University whose expertise extends to digital methods for evaluating patient experience. The report, disseminated to health system stakeholders from across NL in October, 2016, concluded that digital surveys are as valid, reliable, cost efficient and acceptable as paper-based surveys, and that they have a number of advantages. However, the report notes that precautions need to be taken to minimize some of the drawbacks associated with digital surveys. The following is a summary of the key findings:

- The advantages of digital surveys over paper-based surveys are time savings, automatic data entry, rapid turnaround of results, and lower costs but these benefits should be balanced against the identified weaknesses of digital surveys—lower response rates and possible bias.
- Data can be captured automatically and downloaded quickly without transcription error when digital surveys are used, saving time, reducing costs and maximizing accuracy.
- Digital surveys produce more complete responses but can have lower response rates than postal surveys.
- The exclusive use of digital surveys may not be acceptable to all patients. Combining digital and paper-based survey methods results in higher response rates and more representative, less-biased samples.
- Campaigns that inform patients about how the survey results will be used can increase response rates.
- Surveys need to be usable in real world practice. Several guides and articles that examine best practices in the collection of patient feedback advise including patients in the design and pre-testing of surveys. This will help ensure the survey questions are valid and reliable. It is also suggested that questions should be designed around what patients have actually experienced, as opposed to their opinions of the experience (satisfaction measures). The inclusion of fixed rating scales together with open-ended questions for patient comments have been shown to increase data quality and to provide valuable insight for decision makers. To ensure maximum returns and an adequate sample size, the length of and coherence (readability) of a survey instrument needs to be considered.
- Using the information collected from digital patient experience surveys is at least as important as the collection of quality data. The literature indicates that healthcare organizations often find it difficult to apply what they learn from patient surveys. Turning feedback into action requires usable data, interpretive competency and knowledge translation skills.





## Mental Health Units in Acute-Care Facilities

In response to an identified health system priority to improve mental healthcare in Newfoundland & Labrador, our provincial stakeholder partners asked us to identify evidence on how the physical environment of acute mental healthcare units might be improved to enhance quality of care, support the therapeutic experience of patients, and optimize the overall safety of patients and staff. The report we published in January, 2017 synthesized findings from three systematic reviews, one scoping review, two comprehensive literature reviews, 18 primary studies and two guideline reports, all of which presented evidence aligned with our research question:

***“What does the scientific evidence tell us about the appropriate physical and therapeutic features of acute-care mental health units that best support the quality of care and the safety of patients and staff in a recovery-oriented therapeutic environment?”***

Sarah Mackey, CHRSP Research Officer, was lead author for this study. Our consultant was Dr. Sarah Jarmain, MD, FRCPC, Site Chief of Mental Healthcare, Chair of the Medical Advisory Committee, and Director of Medical Quality at St. Joseph’s Healthcare, London ON as well as being an Associate Professor in the Department of Psychiatry at Western University. Key findings included the following:

- Research on design for health facilities is a relatively new and emerging field of study; this is especially evident for research on the design of mental health facilities. The literature was rarely able to draw causal links between physical or therapeutic features of the environment and outcomes. For robust, evidence-based decision support, more methodologically rigorous research will be required.
- The need to move away from asylum-style architectural design of mental health spaces is highly recognized. New units should be designed as familiar, home-like environments suitable for healing and recovery.
- Mental health facilities are intrinsically different from general healthcare facilities—these inherent differences should be the lens through which any design decisions are made in an effort to produce safer, more therapeutic, and more recovery-oriented mental healthcare environments.
- Patients in mental health units are not a homogenous group—physical and therapeutic design should reflect the needs of specific categories of patients.
- Unique safety issues within mental healthcare settings are such that nurses have to juggle the requirement for technical safety with that of recovery-oriented care. There are differences in staff and patient perception of the physical environment in locked versus unlocked units and nursing station design although some of these differences may also be attributable to the model of care rather than to the physical environment. This distinct body of literature requires careful consideration.
- While this study examined the physical environment, many other factors affect patient outcomes: organizational culture, management culture, management style, pharmacological patterns, and technology. Improvements in the physical environment alone may not be enough to change the atmosphere, depending on these factors and the important role of relationships in mental health units.



## Identifying and measuring indicators that place school-age children/youth at risk for poor health outcomes

In March, 2017, CHRSP piloted its first *Snapshot Report* to provide rapid decision support for stakeholders in the NL Health System. The report, authored by Sarah Mackey, CHRSP Research Officer, provided a scan of health policies and practices and a summary of established or emerging interventions that have been carried out in jurisdictions

outside Newfoundland & Labrador to identify and measure indicators that might place school-age children and youth at risk for poor health outcomes.

The report was developed in response to a request from the Department of Children, Seniors and Social Development, the Department of Health and Community Services, and the Department of Education and Early Childhood Development for timely information about policies/practices in other jurisdictions that might be suitable for adaptation within the NL context.

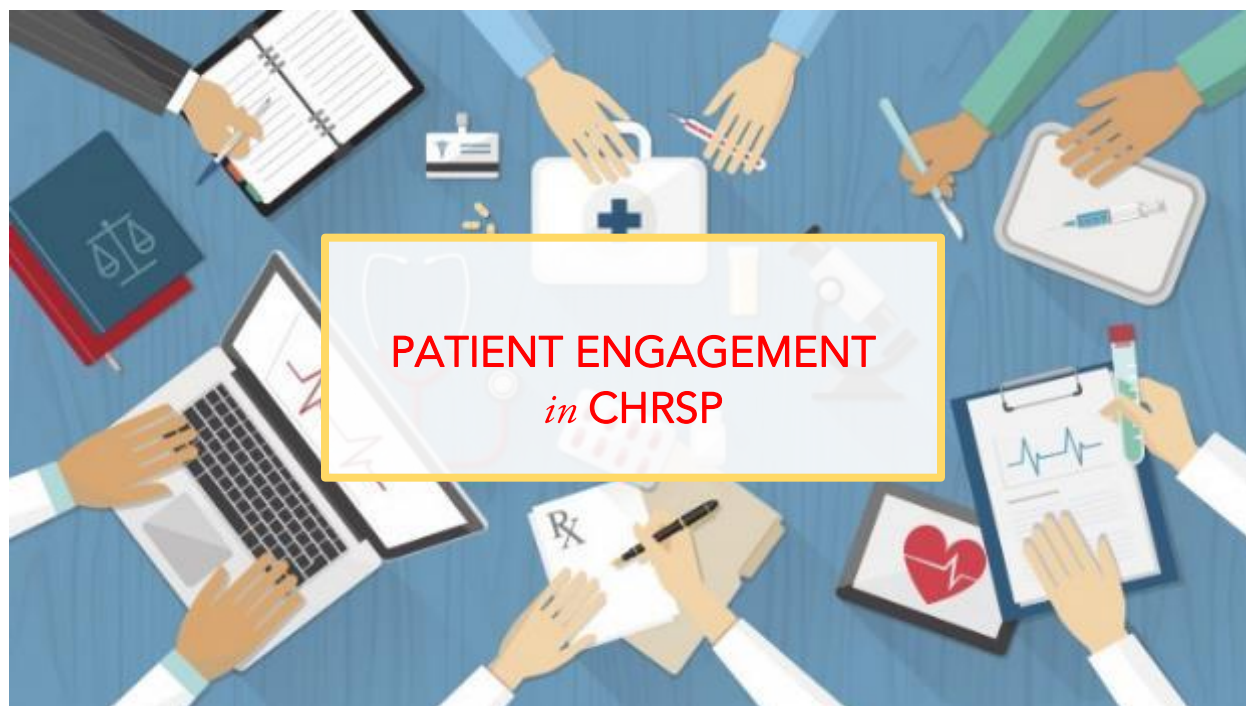
The results of this scan were intended for use in decisions about future directions for two further CHRSP studies: one on developmental milestones for children and another on wellness coaching for children and youth.

Approaches used in other Canadian provinces and territories, Nordic countries, Australia, New Zealand, the UK, and some American states were included. The scan uncovered 47 surveys/questionnaires used to gather information in the school setting: four Canadian surveys that are used nationally, 15 that are used in individual provinces, 24 from other selected countries and four that are used internationally.

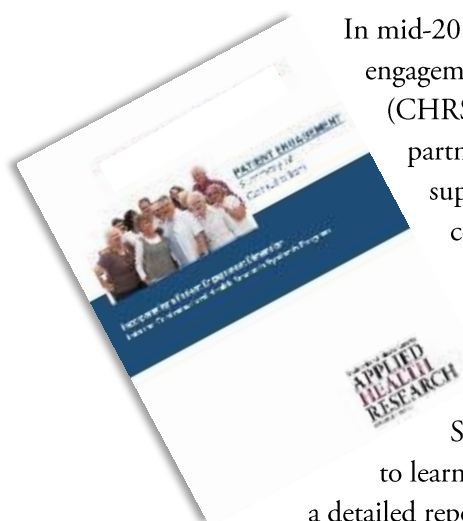
These surveys were very similar across jurisdictions. They collected information on a number of domains including health conditions and health behaviours. Typically, they aimed to collect, assess or identify trends in school-aged children's behaviours, health, and wellbeing. The surveys were administered primarily by teachers, research assistants, nurses or trained coordinators/ researchers. Parental consent was often required prior to student participation. Typically, the surveys were voluntary, anonymous, and were filled out by students in their classrooms or completed online. A variety of ages, grades and educational levels are surveyed, but surveys are usually administered to children/youth in grade 5 or higher. Surveys are conducted with variable frequency but cycles are most commonly every 1 to 3 years. Student surveys are usually anonymous with data being aggregated/used at the population level rather than being used to track individual students. At times, coding systems are used in order to link survey results with other datasets. Survey data are often used by government, public health officials, educators, researchers, community organizations, schools, teachers and parents to understand, compare, track and ultimately improve child/youth health and wellbeing.

The report was shared with government stakeholders in March, 2017. Given the nature and limitations of this scan, the results were not disseminated widely; rather, they were shared with the key stakeholders who requested this information. CHRSP is now reviewing the methodology used for this study to consider whether it is appropriate to add this product to its suite of services for decision support.

## Adding a Patient Engagement Dimension to CHRSP



In mid-2015, CHRSP and its health system partners agreed to add a patient engagement dimension to the Contextualized Health Research Synthesis Program (CHRSP). A strong body of evidence shows the value of involving patients as partners in health research and evidence-informed decision making. With financial support from Memorial University's Office of Public Engagement and in collaboration with our community partners at the Seniors' Resource Centre – NL, this process began in earnest in 2016-2017. Melissa Sullivan, a CHRSP Research Officer with experience in patient engagement initiatives is leading the development of a patient engagement dimension for CHRSP. She conducted a literature scan and consulted directly with NL-SUPPORT, various community organizations, and experts from across Canada to learn about best practices and challenges in patient engagement. Having provided a detailed report and initiated a special consultation with our six health system partners, we are now in the final stage of determining how we will add a patient engagement component to the CHRSP process. In all 2017, we plan to formally introduce patient engagement to the CHRSP process.







Engagement

## RESEARCH EXCHANGE GROUPS

NLCAHR's Research Exchange Groups build capacity and support collaboration between researchers and research users and between the university and the community. Once again this year, group membership, diversity, and participation were all on the rise—evidence of a growing momentum for collaborative research in the province.

This year, we welcomed new groups on Attention Deficit & Hyperactivity Disorder (ADHD), Cost & Value in Healthcare, and on Service Learning in Community Engagement, bringing our total number of groups up to an impressive 19 groups whose combined membership exceeds 900 researchers, students, decision makers, clinicians, community group representatives, and members of the public.



Research Exchange Groups: **19**

Total Membership: **926**

Meetings at NLCAHR this year: **96**

Membership in these groups is open to all. Because the meetings are accessible by webinar, the groups now include participants from across the province, across Canada, and around the world, including from Nunatsiavut, Ontario, Quebec, New York, and Ireland.

Research Exchange Groups encourage knowledge translation, capacity-building, research team development, and the uncovering of new research opportunities. The activities of Research Exchange Groups are determined by the participants themselves and include: roundtable discussions on topics of interest; identifying knowledge gaps and developing research agendas; inviting speakers to present ongoing, completed, or planned research projects; inviting community partners and clinicians to share information about programs and services in NL healthcare; providing support and feedback to students conducting graduate research; developing research teams; and organizing workshops, guest lectures, and symposia.

Every Research Exchange Group at NLCAHR offers its members an opportunity to build connections with people from a range of disciplines who share their particular interests—this chance to just meet and talk is valued by the participants as a key benefit of membership.

## Research Exchange Groups HIGHLIGHTS: 2016-2017

*Unless otherwise, specified, school and department affiliations indicated below are within Memorial University.*

### Attention Deficit and Hyperactivity Disorder (ADHD)

31 Members |

**Convened by Dr. Kristen Williams, Psychologist, Eastern Health and Dr. Jackie Hesson, Department of Psychology**

This Research Exchange Group was established in June, 2016 with a view to exploring research that will be of interest to people with ADHD, their families/caregivers, and to clinicians, researchers and educators. Presentations included: Dr. Tanya Purchase, Eastern Health, on Parent Information and Support Sessions for Parents of Children with ADHD; Mr. Brett Thornhill, ADHD Coach, on ADHD coaching and its role in improving quality of life; and Dr. Nick Harris, Dept. of Psychology, on video games and factors associated with problem use.



### Aging

107 Members |

**Convened by Dr. Sharon Buehler, Community Health & Humanities (retired), and Dr. Gail Wideman, School of Social Work**

This group, now in its 10<sup>th</sup> year at NLCAHR, has created a Working Group that is developing plans for a new provincial Centre for the Study of Aging that will be situated in Corner Brook.

Presentations at this year's monthly meetings included: Dr. Catherine Street on Patient Engagement and NL-SUPPORT; Dr. Sue Ann Mandeville Anstey on Aging Nurses with Chronic Disease; Kelli O'Brien, VP Western Health, and Heather Brown, VP Central Health, on effective monitoring of diabetes in long-term care; Dr. Meng Wang on Body Mass Index trajectories for the older Canadian population; Dr. Amanda

George on the effect of physical activity on cognitive functioning and quality of life in older adulthood; Kelly Heisz on programming for seniors through the Seniors' Resource Centre of Newfoundland & Labrador; Dr. Jennifer Woodrow on osteoarthritis; Jennifer Henning of Arthritis Society NL on resources for seniors; a group discussion on emerging themes in aging research; Dr. Jeanette Byrne on plans for a national falls prevention conference to be held in St. John's; and advice and recommendations to Service NL about key issues to inform the new Newfoundland & Labrador Seniors' Advocate.

### The Arts & Health

75 members |

**Convened by Dr. Natalie Beausoleil, Community Health and Humanities, and Dr. Kathleen Sitter, School of Social Work**

Linking the arts to health and exploring arts-based research methods, this group hosted presentations by: Dr. Leah Lewis and Dr. Heather McLeod on the Open Studio Project; Lauren Power, Murphy Centre, on career counselling for arts and culture clients; Dr. Kathleen Sitter on photo-voice research exploring transportation accessibility for persons with disabilities in St. John's; Dr. Rachel Landy on an arts-based HIV/AIDS education project for Aboriginal youth in Labrador; Dr. Megan Morrison on exhibiting creative strength in caregiving for loved ones with dementia; Carolyn Chong, PhD Candidate in Ethnomusicology, on her work with the Inclusion Choir at Stella's Circle; and Dr. Jane Gosine of Memorial's School of Music on the Better Breathing Choir for people with lung conditions and breathing difficulties.



## Autism

52 members |

**Convened by Tess Hemeon, Manager, Community Engagement, Autism Society NL**

The presentations hosted by this group are of interest to people with Autism Spectrum Disorder (ASD) and their families/caregivers as well as to the research community. This Research Exchange Group was founded in partnership with the Autism Research Committee. In March 2016, Phil Murphy, Data Consultant/Analyst with Eastern Health's Perinatal Program and Professional Associate with Memorial University's Faculty of Medicine (Obstetrics/Gynecology, Pediatrics) presented a talk on the journey to the Janeway Autism Clinic for families of children with ASD.



## Bullying & Health

55 members |

**Convened by Dr. Gerald White, Faculty of Education**

This group explores the health impacts of bullying and harassment, whether in schools, workplaces, or in society at large. This year, the group hosted a roundtable discussion on workplace bullying-towards developing a new research agenda with results to be explored for new projects in Fall 2017; Dr. Gerald White presented a talk on how to stop bullying and harassment; the Canadian Mental Health Association's (CMHA-NL) Workplace Mental Health Program Director, John Dinn, spoke about CMHA-NL's workplace mental health initiatives; Dr. White also shared his research findings on the relationship between grade schoolers' perceptions of school climate in NL schools and school bullying victimization, and about finding solutions to bullying, through research, for educators.

## Chronic Disease

42 members |

**Convened by Douglas Howse, Chronic Disease Consultant, Department of Health and Community Services, Government of Newfoundland & Labrador**

This group meets annually for a special presentation on research, programs, or health system initiatives aimed at reducing the burden of chronic disease in Newfoundland & Labrador. This year, Dr. Brendan Barrett, Nephrologist, Faculty of Medicine, and Scientific Director of NL-SUPPORT spoke to the group about the Translational and Personalized Medicine Initiative (TPMI), patient-oriented research, and recent initiatives to reduce low-value healthcare through Choosing Wisely NL.

## Cost & Value in Healthcare

74 members |

**Convened by John Abbot, Deputy Minister of Health and Community Services, Government of Newfoundland & Labrador, and Dr. Hai Van Ngyuen, Health Economist, School of Pharmacy**  
Established in December, 2016, this new group is devoted to finding ways to

improve cost-efficiency and to promote better value in NL healthcare. The group has identified four key research themes: determining the appropriateness of services and care being delivered (e.g. prescribing, screening, testing, procedures); identifying administrative, clinical and service delivery innovations; accelerating cost saving and cost-effective health technology solutions; patient/citizen engagement (e.g. in addressing gap between spending, appropriateness and outcomes); and linking social determinants of health with specific health care policy and care delivery solutions. Presentations included: Dr. Brendan Barrett on Choosing Wisely NL's approach to helping clinicians and patients engage in conversations about unnecessary tests, treatments and procedures; Dr. Gerard Farrell, of the Faculty of Medicine's e-Health Unit on recent developments in e-health; Elizabeth Wallack on a tele-gerontology research study, led by Dr. Roger Butler, in which online interventions were used to help families and caregivers of community-dwelling seniors with dementia; Dr. Daryl Pullman on a two-tiered, publicly administered

health care system— a 'fourth way' in the public vs. private debate; Dr. Hai Van Ngyuen on using bundled payments to promote quality and improve efficiency of health care; Dr. Kris Aubrey-Bassler on designing primary care to optimize efficiency and effectiveness; Dr. Kristin Harris Walsh and Dr. Olga Heath on enhancing inter-professional education in health/social care professional education in Newfoundland & Labrador.

## **Eating Disorders, Disordered Eating, and Body Image (EDDEBI)**

**37 members |**

**Convened by Dr. Pamela Ward,  
School of Nursing**

In addition to hosting talks about critical obesity studies, eating disorders, and body image from a variety of disciplines, this group is particularly supportive of graduate student research, providing students with important feedback about their research in progress from expert faculty. This year saw presentations by: Chris Borduas, graduate student in Physical Education, on his Master's research project, "A Critical Examination of Masculine Embodiment in Middle School Males;" Amy Sheppard, who is completing a Master's of Gender Studies while starting a PhD in Sociology, on her project: "Making up our own moves: Using dance to explore experiences of the body with women incarcerated at the NL Correctional Centre for Women;" Dr. Holly Foley of the Janeway Lifestyles Program and Dr. Erin Cameron, School of Human Kinetics and Recreation, on: "Competing Bodies: Promoting Body Positive Approaches in Sport and

Recreation; and Dr. Erin Cameron and Dr. Pamela Ward: "Across the Lifespan: Examining critical approaches to weight, body image, and health in diverse populations."

## **Gender, Sexuality, and Health**

**54 members |**

**Convened by Dr. Nicole Power,  
Department of Sociology**

This group organizes special seminars on gender, sexuality, and health research, often by visiting academics. This year saw three very well-attended talks: in Spring 2016, Dr. Sue McKenzie-Mohr,

Professor of Social Work at St. Thomas

University, presented "Deconstructing Trauma: The Promise and Perils of a Concept," drawing on individuals' accounts of lived experiences (of rape, youth homelessness, and intimate partner sexual violence), and exploring the benefits and the troubles that may be faced when framing experience as trauma. In Fall 2016, Dr. Adrienne Peters, Department of

Sociology (Memorial), spoke about her research into the gendered nature of mental illness in a sample of youth probationers in British Columbia, sharing findings about the significant differences in mental health profiles among youth within this population and exploring their potential implications, from sociological and legal perspectives. In Winter 2017, PhD Candidate, Department of Sociology, Aleksandra Stefanovic-Chafe discussed the issues that arose by considering whether miscarriage is a disability through the lens of a recent legal decision by the Ontario Human Rights Commission.



## Global Health

**39 members |**

**Convened by Dr. Jill Allison,**

**Faculty of Medicine**

This group hosted its annual seminar in June, 2016, welcoming a presentation on a qualitative exploration of the housing and health conditions of HIV-positive persons in Lower Manya Krobo District, Ghana by the Reverend Dr. Yaa Adobea Owusu, a visiting lecturer from the University of Ghana. The results of Dr. Oxusu's study indicated that people with HIV in this region are faced with acute housing problems with severe implications that extend not only to their physical health but more markedly to their psychological/emotional health. Respondents indicated higher levels of stigma and their inability to secure employment as major barriers to accessing adequate and affordable housing. The talk sparked a wide-ranging discussion about housing insecurity as a key issue in global health research.



## Harm Reduction and Critical Drug Studies

**26 members |**

**Convened by Dr. Christopher Smith, School of Social Work**

The networking and collaborative activities within this group became a catalyst for initiating a large-scale, mixed-methods, collaborative needs research project that is now underway at Memorial by a research team comprising academic and community members of the group. The study will be a critical interdisciplinary assessment of the needs of injection drug users in the greater St. John's area. Additionally, the group's ability to connect front-line harm reduction workers and

harm reduction researchers with senior government officials played an important role this year in the introduction of the provincial naloxone program that was implemented to reduce harms from opioid overdoses in the province.

Presentations included: Dr. Christopher Smith launching his new book "Addiction, Modernity, and the City: A Users' Guide to Urban Space © 2016 – Routledge; Abigail Sheppard, Shelter Services Coordinator, AIDS Committee NL, on homelessness and housing programs at ACNL; and Jill Peckford, Program Manager, Naomi Centre of Stella's Circle on Shelter Services for Young Women.

## Health Impacts of Fracking

**35 members |**

**Convened by Dr. Penny Allderdice, Faculty of Medicine (retired) and Dr. Frank Smith, Department of Chemistry (retired)**  
The Research Exchange Group on the Health

Impacts of Fracking (hydraulic fracturing) was established in 2015 to improve research capacity in Newfoundland & Labrador on this public health issue. The group prepared a series of detailed presentations to the NL Hydraulic Fracturing Review Panel which, after consultation with stakeholders from across the province, issued its final report in May, 2016. The group shared the findings of the report and, since the report's release, has remained active in a more limited capacity by providing a forum for exchanging research evidence that has been gathered and/or conducted by individual group members on various health impacts of hydraulic fracturing. The findings from this research are posted to the group's webpage and the members continue to communicate with one another to exchange information and resources.



## Horticultural Therapy

31 members |

**Convened by Dr. Norman Goodyear, former Academic Director, Botanical Gardens**

This very active group hosted a range of presentations this year on a variety of topics that related to the use of plants, gardens, and the natural landscape to improve cognitive, physical, social, emotional, and spiritual wellbeing, including: Dr. TA Loeffler (Human Kinetics & Recreation) on Propagating Undergraduate Student Growth through Exposure to Nature, the Outdoors, and Gardening; Tyla Charbonneau, Memorial Student Wellness Centre, on Walk & Talk Therapy; Megan Marshall of the NL Autism Society on Transitions: nature-based programming for people with autism; Dr. Norman Goodyear and Heather Quinlan (Botanical Gardens) on Green mindfulness: a novel approach to student wellness; Neil Dawe of Tract Consulting on: "Place Builder as a Healthy Community Planning Tool;" Dr. Norman Goodyear on the Evidence Base for Horticultural Therapy; and a widely attended networking opportunity organized by Dr. Shannon Lewis Simpson, Memorial's experiential learning coordinator that brought community partners, students, and faculty together to learn how we can mobilize students and knowledge at Memorial towards greener learning opportunities.



Community Services on the findings from the NL All-Party Committee on Mental Health. Other presentations this year included a webinar of the National Advisory Committee for the "Bridging the Divide" project, a forum on Nutrition and Mental Health Research Priorities in Canada; Dr. Colleen Hanrahan spoke to the group about informing public policy development through research—investigating who should be in charge of mental health services in prisons; Mark Gruchy of the Canadian Mental Health Association, NL President and Independent mental health columnist, discussed the Community Coalition for Mental Health (CC4MH) initiative and members of this group were a co-participants in several other Research Exchange Group meetings with a focus on mental health issues, including

meetings of the groups on Arts & Health, Eating Disorders, Bullying & Health, Horticultural Therapy, and Harm Reduction/Critical Drug Studies.

## Military Families' and Veterans' Health

22 members |

**Convened by Dr. Gail Wideman, School of Social Work**

This group hosted its meetings this year at the Department of National Defence boardroom to explore research opportunities in military families'/veterans' health. Dr. Gail Wideman, served on the organizing committee for a multidisciplinary conference which was held at Memorial from July 31 to August 2, 2016—*PTSD: Causes, Consequences, Responses* and convened a roundtable discussion about building military and veteran-friendly communities. Other REG members attended the conference as participants, as workshop hosts, and as presenters. The group also supported a conference for Military Families at Memorial University on October 28, 2016. Dr. Stephen Bornstein attended this conference, providing opening remarks on behalf of NLCAHR and of SafetyNet.

## Mental Health

83 members |

**Convened by Dr. Colleen Hanrahan, Faculty of Humanities and Social Sciences, and Dr. Kelli LeDrew, Psychiatrist, Eastern Health/Faculty of Medicine (Psychiatry)**

This group hosted the Centre's largest single meeting this year with over 60 participants, including several representatives of the CCSA (Canadian Centre on Substance Use and Addiction) in Ottawa, for a special presentation by Colleen Simms, Director of Mental Health and Addictions Services, Department of Health &

## Oral Health

23 members |

**Convened by Dr. Joanne Clovis, Faculty of Dentistry, Dalhousie University (retired)**

The outcome of a CIHR-funded research project, this group was established in 2009 to develop research that would inform oral health policy for vulnerable populations. A key focus of this REG was the development of an oral health strategy for seniors in NL. Today, the group is committed to serving as a forum for oral health research and oral health promotion within a university/province that does not have any oral health professional education programs. This year, the group met bi-monthly to discuss ongoing research and programming in NL oral health and to explore the possibility of developing a compendium of oral health research. The group also hosted a special presentation by Dr. Alain Moreau, Director, Network of Canadian Oral Health Research. The REG was a collaborator with NCOHR on a successful CIHR grant application to continue to operate and grow the national network. The group was also featured in the “Researcher Spotlight” on the NCOHR’s national website.

## Rural, Northern, and Aboriginal Health

51 members |

**Convened by Dr. Jennifer Shea, Faculty of Medicine**

This group is devoted to research with an impact on the health of rural, northern and Indigenous communities. Meetings this year included: Dr. Fern Brunger, Community Health and Humanities, Professor of Health Care Ethics, on her partnership with NunatuKavut for the Research Ethics Project which explored the ethical considerations that researchers should take into account when working with Indigenous Peoples; in March, 2017, the Director of Labrador Institute, Dr. Ashlee Cunsolo, spoke about her work on climate change and mental health—*“Lament for the Land”*—and shared a documentary

film that addresses the importance of the land to Labrador Inuit peoples as well as examining the impact of climate change on their communities (this documentary has been posted to the group’s page on the NLCAHR website); In October, 2016, Dr. Trevor Bell, Department of Geography, presented findings from the 2016 Report to the Government of Nunatsiavut, entitled: Lake Melville: Avativut, Kanuittailinnivut. Dr. Bell discussed how the Muskrat Falls hydroelectricity project will impact the Lake Melville ecosystem and Inuit who depend on it for their well-being. Dr. Bell’s talk was recorded and posted on the webpage for this group.

## Service Learning & Community Engagement

56 members |

**Convened by Dr. Jill Allison, Faculty of Medicine and Elayne Greeley, Partnership Broker with the Community Career and Employment Partnership Project**

Memorial University is home to students and staff who make community engagement a fundamental element of their research and teaching activities. Enriched by community perspectives and expertise, Memorial is ultimately a stronger institution, a hub of ideas that serve the greater community. With these principles in mind, this newest Research Exchange Group was established in early 2017 to bring together people whose work in university and community organizations features an interest in health equity. Its goals are to uncover ways to better engage in creative, meaningful interdisciplinary projects based on the principles of service learning and community-engaged research. The group is currently planning a Service Learning in Community Engagement Workshop for Fall 2017 to open a dialogue between academic departments and community groups and to gain a deeper understanding of mutual interests and the potential for improved partnerships and collaboration.

## Work & Health

33 members |

**Convened by Dr. Linda Cohen, Department of Sociology, and Elayne Greeley, Partnership Broker with the Community Career and Employment Partnership Project**

Presentations this year included: Dr. Linda Cohen on job insecurity as a health issue among contractual academics; Dr. Kathy Fitzpatrick, a PhD Candidate in Sociology, on the impacts of government policies and collective agreements on the Occupational Health and Safety of Newfoundland homecare workers; Valerie Carruthers, NL Project Lead & Director of the Women's Economic Council, on a three-year community economic project; Dr. Lisa Adams on Workplace Mental Health and Bullying; and Dr. Kevin Hedges, Occupational Hygienist, on occupational disease prevention. Given this group's focus on occupational health and safety, it was determined that next year, it will be hosted at the SafetyNet Centre for Occupational Health and Safety.

## Partnerships, Memberships, and Meetings HIGHLIGHTS: 2016-2017

### Local & Provincial Partnerships



#### **ARNNL Public Policy Advisory Committee**

Rochelle Baker, Communications, Partnerships, and Research Exchange Groups Coordinator, serves on the Public Policy Advisory Committee of the Association of Registered Nurses of Newfoundland & Labrador. This Committee discusses issues of health-related public policy and its impacts on the nursing profession in the province.

#### **Building Healthy Communities Collaborative**

Pablo Navarro, CHRSP Research Officer, is co-chair of the Building Healthy Communities Collaborative (BHCC), a province-wide, cross-sectoral organization whose membership includes professionals from the health, planning, transportation, and recreation sectors. The BHCC promotes and supports the creation of healthier built environments through the integration of research-based concepts, principles and evidence into policies and practices at the municipal, regional, and provincial levels in Newfoundland & Labrador.

#### **Community Engagement Working Group (Primary Health Care)**

The Community Engagement Working Group was established by the Department of Health and Community Services to support the first goal of the province's Primary Health Care Framework: to engage individuals, families, and communities to share responsibility for health promotion and illness and injury prevention, early intervention, and self-management. Melissa Sullivan, CHRSP Research Officer was appointed as co-chair of the community engagement working group.







### **Eastern Health Physiotherapy Outpatient Wait Times Project**

Upon completion of a *Rapid Evidence Report* that examined ways to reduce wait times for outpatient services, CHRSP Research Officer, David Speed partnered with a group of physiotherapists at Eastern Health to determine if the administrative changes that had been implemented within a group of Eastern Health physiotherapy clinics were associated with improved organizational efficiency and reduced wait times. Overall, Dr. Speed's analysis supported the conclusion that the approach used by Eastern Health has produced substantial reductions in wait times while maintaining the same level of accessibility to service. To build capacity for an ongoing evaluation of this new approach, Dr. Speed created a

database template that will allow administrators at the health authority to conduct more rapid data analysis and that will automatically generate descriptive statistics.

### **Expert Working Group on Public Engagement**

Dr. Stephen Bornstein serves as a member of this group whose purpose is to provide advice on 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.

### **Faculty of Medicine:**

#### **Leadership Team Evaluation Project**

A team from NLCAHR (Stephen Bornstein, David Speed, and Tyrone White) assisted Dr. James Rourke, Dean of Medicine, in the development, implementation, and administration of a survey that was sent to members of the faculty to evaluate the leadership performance of the dean, and vice dean, and discipline chairs. After the survey, these faculty leaders were provided with evaluation results that would help them improve their performance. Dr. Bornstein helped to develop the questionnaire and to manage the project; Dr. David Speed designed the survey/data collection process to ensure that the project was



methodologically sound; and Mr. Tyrone White administered the survey and ensured the anonymity of the respondents. The results of this innovative approach to evaluation were published in a 2017 journal article: "*Evaluation of and Feedback for Academic Medicine Leaders: Developing and Implementing the Memorial Method*," by James Rourke, Cathy Vardy, Stephen Bornstein, David Speed, Patricia Corbett and Tyrone White, in *Academic Medicine: a Journal of the Association of American Medical Colleges*.

### **Faculty of Medicine Senior Management Committee**

Dr. 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.



### **Food First Newfoundland & Labrador (FFNL)**

Pablo Navarro served this year on the FFNL “*Everybody Eats*” Project Advisory Committee and collaborated on a paper designed to build on momentum in support of 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 which was founded in 1998 and which is 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.

### **Hacking Health St. John’s**

Hacking Health St. John’s, a chapter of Hacking Health, launched in September, 2016. Hacking Health aims to transform healthcare by connecting healthcare professionals with designers, developers, innovators and entrepreneurs to build realistic, human-centric solutions to front-line healthcare problems. Melissa Sullivan participated in the monthly cafes and the week-end Hackathon, all of which involved a high level of citizen engagement and collaboration, supporting her research on patient engagement in CHRSP.

### **Working Group for a Newfoundland & Labrador Centre for the Study of Aging**

NLCAHR continues to support ongoing plans for the establishment of a Newfoundland & Labrador Centre for the Study of Aging, and is supporting a working group of the Research Exchange Group on Aging towards this initiative. This year, the working group has located a facility for the new Centre on Corner Brook and has prepared a detailed action plan for the governance and structure of the Centre in advance of submissions for funding from Memorial University and other funding agencies.

### **Newfoundland & Labrador Health Research Repository Project**

To address the need for more effective communication among the various research teams in this province who are working on policy-relevant health research and the provincial agencies that fund that research, including the Department of Health and Community Services (DHCS), officials from the DHCS asked NLCAHR to create a web-based registry of all ongoing and planned health research being carried out in the province. A single-source registry of health research and evaluation will enhance communications among health researchers and health system stakeholders. In March, 2017, NLCAHR convened a meeting of the planning committee for this project. The committee includes senior officials from the NL healthcare system and provincial funding organizations as well as deans and directors Memorial University’s research units, departments and faculties. The planning committee’s discussions have informed an Action Plan which is now being implemented, starting with service provider and researcher consultations towards a list of options for the design of an online portal that will integrate with existing databases and that will be housed on the NLCAHR website. The project’s overall aim is to provide a single-source, dynamic, and easy-to-use information portal for health researchers and government decision makers alike.

### **Newfoundland & Labrador Medical Association: *Rebuilding NL Health Forum***

Stephen Bornstein served on the conference planning committee and NLCAHR staff provided facilitation and administrative support for the Newfoundland & Labrador Medical Association’s provincial forum on healthcare reform held on October 19, 2017. At the meeting, more than 130 participants, including



healthcare professionals, educators, union representatives, regional health authorities and senior decision makers in healthcare gathered in St. John's to hear about healthcare reform models from other jurisdictions and to brainstorm suggestions on how the provincial government might perform a review of the provincial healthcare system with a view to improving quality and saving money. The NLMA's summary report, *Rebuilding NL Health*, was presented to government in January 2017.



### **NL-SUPPORT: Training Program in Patient-Oriented Research**

Melissa Sullivan attended webinars hosted by the NL-SUPPORT Unit that offered training in patient-oriented research methods and completed all workshops to further develop her expertise in patient engagement. This training will support her work on a new patient engagement initiative for CHRSP. NLCAHR plans to consult with NL-Support about its strategies for developing a patient advisory group to help develop a new CHRSP methodology that will incorporate patient/caregiver engagement.

### **Provincial Wellness Advisory Council**

Rochelle Baker represented NLCAHR on the Provincial Wellness Advisory Council whose membership included broad representation from non-government agencies, professional associations and government departments to provide guidance to the Department of Children, Seniors, and Social Development, through the Minister, in the development of the Provincial Wellness Plan. With the *Way Forward* planning document and framework for wellness initiatives now complete, in January 2017, Government will now reassess the role and composition of this Advisory Council. At a meeting in January 2017, NLCAHR was presented with a certificate of appreciation from the Minister for Children, Seniors, and Social Development in thanks for its many contributions to the Council.



### **Research Advisory Group: Palliative/end-of-life care in rural settings**

As a former caregiver, Melissa Sullivan was selected to be a member of the advisory group for an NL-HARP-funded research project, "*Palliative / end-of-life care in rural settings: Support to informal providers of care.*" Dr. Gail Wideman of Memorial's School of Social Work is the Principal Investigator on a research team that also includes Dr. Daryl Pullman, Dr. Susan MacDonald and Dr. Victor Maddalena from the Faculty of Medicine. The advisory group consists of people with expertise in palliative care from all four provincial Regional Health Authorities, as well as those who can provide caregiver perspectives. The aim of this research project is to assess both the capacity of rural communities to support informal caregivers, as well as documenting the experiences and expressed needs of informal caregivers who are providing this essential care in rural places.



## Other Provinces/National/International Partnerships



### **The Canadian Academy of Health Sciences (CAHS)**

Stephen Bornstein served on 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. Its Fellows are drawn from all disciplines across our nation's universities, healthcare and research institutes to evaluate health challenges in Canada and recommend strategic, actionable solutions. CAHS provides independent, objective, evidence-based analyses of health challenges that inform both public and private sectors in decision-making about policy, practice, and investment.

Importantly, the CAHS serves as an independent assessor of science and technology issues relevant to the health of Canadians and has conducted eight major and two focused assessments to address complex health issues. These assessments involve establishing expert panels and may employ various research methodologies.

### **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 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.

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

The Centre's Director serves on the executive of this new 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 initiatives which has created three new graduate and postgraduate fellowship programs emphasizing training in the skills required to non-academic employment as well as innovative approaches to experiential learning.



**Canadian Institutes for Health Research (CIHR)  
Project Scheme Grants Competition Fall 2016: A  
proposal for a Canadian Contextualized Health  
Research Synthesis Program to support health systems  
in rural, remote and northern settings across Canada**

In October of 2016, Stephen Bornstein and the Deputy Minister of Health and Community Services of NL, John Abbott, worked with academic partners from the University of Northern BC and Laurentian University, and with health systems partners from the Northern BC Health Authority and Ontario's Northeast LHIN, to submit an application to the CIHR for funding to develop an innovative decision

support method for knowledge users in rural/northern/remote regions of Canada. The study design was based on the successful methodology already employed under the Contextualized Health Research Synthesis Program (CHRSP), which will be adapted for use in Northern ON and Northern BC, integrating it with knowledge synthesis methods already in use or under development in these provinces. The outcome will be a networked approach to decision support that is tailored to the needs and capacities of all three regions and that is designed to increase the uptake of research-based evidence for improved health outcomes in rural Canada. In early 2017, the project was awarded \$100,000 in Bridge Funding which will be used to further refine and develop the proposal.

**Canadian Rural Health Research Society**

Stephen Bornstein is Chair of 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.

**Evidence in Context for Occupational Health & Safety: A Partnership with the Manitoba Workers' Compensation Board and the Institutes for Work and Health**

Sarah Mackey and Stephen Bornstein, in partnership with the SafetyNet Centre for Occupational Health and Safety, completed a project this year that involved the adaptation of the CHRSP methodology for use in Occupational Health & Safety Research in Manitoba. The project was carried out in partnership with the Manitoba Workers' Compensation Board and the Institutes for Work and Health in Toronto.



### **Health Technology Assessment international (HTAi)**

Melissa Sullivan is a member of the Patient and Citizen Sub-Group of HTAi. In October, 2016, she attended the annual meeting in Manchester, UK at National Institute for Clinical Excellence (NICE). In January 2017, she was appointed as Coordinator of the Patient Involvement and Education Working Group which seeks to promote knowledge, skills and opportunities for effective patient involvement in HTA activities across countries in all regions of the world.

### **Horizon Health, New Brunswick**

Utilizing his experience evaluating a new strategy for Eastern Health, and based on the findings from his *Rapid Evidence Report* on reducing wait times for outpatient services, CHRSP Research Officer, Dr. David Speed initiated a project at Horizon Health in New Brunswick. This New Brunswick project is similar to the Eastern Health initiative described above; Dr. Speed will be responsible for applying an academic lens to the methodology and analysis of the new administrative approach to wait times reduction.



### **Institutes for Gender and Health: Seminar on Gender, Work & Health**

On May 5, 2016, NLCAHR organized and co-hosted, with SafetyNet and the Office of Research at Memorial, a visit by Dr. Cara Tannenbaum, Scientific Director of the Institute of Gender and Health (IGH) of the Canadian Institutes of Health Research (CIHR). NLCAHR hosted a seminar in which Dr. Tannenbaum provided an overview of IGH & Research Chairs; Dr. Allison Williams of McMaster University presented on achieving a caregiver-friendly workplace standard; and Dr. Joy MacDermid CIHR Research Chair in Gender, Work, and Health (Western University) presented on gender in measurement and rehabilitation of musculoskeletal work disability. NLCAHR also worked with Memorial's Office of Research to support the organization of a meet and greet opportunity for Dr. Tannenbaum at Memorial's Bruneau Centre.

### **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 access this portal.



### **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 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.

### **NAPHRO: 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.

### **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 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.



## Meetings, Conferences & Events

Event	Date/Location	Description
National Alliance of Provincial Health Research Organizations (NAPHRO) Bi-Annual Meeting	April 21-22, 2016 Ottawa	Stephen Bornstein attended this meeting of the Alliance to discuss opportunities for working collaboratively on common issues.
Data Analytics and Health Research Workshop- Government NL	April 27, 2016 St. John's	Pablo Navarro attended this provincial workshop on improving health research data quality and access for provincial decision makers in health.
Institutes for Gender and Health- Gender, Work and Health Seminar	May 5, 2016 St. John's	NLCAHR hosted a visit by Dr. Cara Tannenbaum, Scientific Director of the Institute of Gender and Health (IGH) of the Canadian Institutes of Health Research (CIHR) and organized a seminar in which Dr. Tannenbaum, Dr. Allison Williams (McMaster University) and Dr. Joy MacDermid (Western University) presented on gender and health initiatives of the CIHR.
Conference on Workplace Harassment and Violence Research, Policy and Practice	May 13, 2016 St. John's	Rochelle Baker provided communications and planning support for this event, which was hosted at Memorial University by Faculty of Business Administration's Master's of Employment program. Pablo Navarro attended the conference on behalf of NLCAHR.
Canadian Health Services Policy Research Alliance (CHSPRA) meeting	May 8-13, 2016 Toronto	Stephen Bornstein presented a paper: <i>"Modernizing Training in Health Services and Policy"</i> at the annual meeting of the Canadian Health Services Policy Research Alliance (CHSPRA).
Building Healthy Communities Collaborative	May 17, 2016 St. John's	Pablo Navarro co-chairs this collaborative which is dedicated to promoting wellness through the creation of a healthier built environment in Newfoundland & Labrador.
Everybody Eats: Advisory Committee Meeting	June 15, 2016 St. John's	Pablo Navarro serves on the Everybody Eats Project Advisory Committee of Food First NL which collaborated on a paper aimed to build upon momentum to support an informed discussion on, and to create a common vision for, the future of food security in Newfoundland & Labrador.
PriFor 2016: the eighth annual Primary Healthcare Partnership Forum.	June 29-30, 2016 St. John's	Stephen Bornstein and Pablo Navarro attended this conference hosted by the Primary Healthcare Research Unit at Memorial University. Dr. Bornstein was a panelist on the issue of primary care reform in NL.
PTSD: Causes, Consequences, Responses: Multidisciplinary Conference	July 31-August 2, 2016 St. John's	Stephen Bornstein helped to organize this conference, hosted by Memorial University's SafetyNet Centre for Occupational Health and Safety; Rochelle Baker provided support in developing the conference program. NLCAHR's Research Exchange Group on Military Families' and Veterans' Health was also involved in this conference, which brought together researchers from a variety of universities and disciplines, a range of community partners, experts, stakeholders, and members of the public with expertise and interest in issues related to the complex realities of PTSD. With a focus on the history, epidemiology, causation, cultural reflections, personal and societal impacts, treatment, and prevention of PTSD, this conference featured distinguished keynote and plenary speakers, panel discussions about key issues, workshops, and poster sessions.

<b>Building Healthy Communities Collaborative: Board Meeting</b>	August 25, 2016 St. John's	NLCAHR played host to this meeting of the Board of the BHCC. Pablo Navarro co-chairs the collaborative.
<b>What Works Global Summit 2016</b>	September 26-28, 2016 London, UK	Stephen Bornstein was invited to present at this global conference. His paper, " <i>What works here? A Canadian Approach</i> " outlined the innovative CHRSP methodology and the importance of emphasizing local contextual variables when interpreting scientific evidence for health system decision makers. An article about the CHRSP methodology based on this presentation was then prepared for submission to an international peer-reviewed journal in 2017.
<b>Hacking Health St. John's Café and Chapter Launch</b>	September 27, 2016 St. John's	Melissa Sullivan attended this meeting of Hacking Health, a social organization that pairs innovators with healthcare experts to build solutions to front-line healthcare problems through the use of emerging technology.
<b>Canadian Academy of Health Sciences</b>	October 4-5, 2016 Ottawa	Stephen Bornstein attended a meeting of the expert panel that is looking into academic recognition for team science in Canada.
<b>Municipalities NL Annual Conference</b>	October 6, 2016 St. John's	Pablo Navarro attended this conference on behalf of the Building Healthy Communities Collaborative which this year conducted a survey of NL municipalities to uncover opportunities and challenges for building healthier towns and cities in the province.
<b>Building Healthy Communities Collaborative: Board Meeting</b>	October 11, 2016 St. John's	NLCAHR played host to this meeting of the collaborative to review accomplishments and ongoing projects.
<b>FRESH-IT Advisory Committee Meeting (Research Project) Faculty of Medicine</b>	October 12, 2016 St. John's	Pablo Navarro serves on the advisory committee for this research project, led by Dr. Catherine Mah of Memorial's Faculty of Medicine. The project, FRESH-IT: Implementing a PHAC/Health Canada Local Government Toolkit in Smaller Jurisdictions to Develop Evidence-Informed Food Retail Environment Interventions is funded by the Canadian Institutes of Health Research and aims to work with smaller municipalities in AB, MB, ON, and NL to assess their food environments and develop pilot food retail interventions tailored to the local context.
<b>Health Technology Assessment international (HTAi) Annual Meeting</b>	October 18-20, 2016 Manchester, UK	Melissa Sullivan attended the annual meeting of HTAi's Patient and Citizen Involvement Working Group in Manchester, UK at National Institute for Clinical Excellence (NICE).
<b>Newfoundland &amp; Labrador Medical Association: Rebuilding NL Health Forum</b>	October 19, 2016 St. John's	All staff of NLCAHR attended this event to provide logistical support for a one-day forum on potential avenues for healthcare reform in NL.
<b>Evidence in Context for Occupational Health &amp; Safety: end-of-project meeting</b>	October 20, 2016 Winnipeg	Stephen Bornstein attended the end-of-project meeting for a Manitoba Workers' Compensation Board study, in collaboration with the Institute for Work & Health (Toronto) and Memorial University's SafetyNet Centre for Occupational Health and Safety, on the use of contextualized research synthesis (the CHRSP method) in the field of occupational health and safety.



<b>Hacking Health: St. John's Café</b>	October 26, 2016 St. John's	Melissa Sullivan attended the second café hosted by Hacking Health in St. John's
<b>Health Impact Assessment/ Built Environment: Public health Seminar, Faculty of Medicine</b>	October 27, 2016 St. John's	Pablo Navarro facilitated this seminar for Dr. Atanu Sarkar's Master's in Public Health students to discuss Health Impact Assessment (HIA) as a tool that is gaining recognition as essential to public health.
<b>Food First NL: Advisory Meeting</b>	November 8, 2016 St. John's	This meeting, attended by Pablo Navarro in his capacity as a member of the Everybody Eats Advisory Committee, provided committee members with an opportunity to better understand how their work relates to the NL food system; provided a learning opportunity on collective impact to inform the committee's work; and helped frame a collective road map for the future of food security in NL.
<b>Hacking Health: St. John's Café</b>	November 29, 2016 St. John's	Melissa Sullivan attended the third café hosted by Hacking Health in St. John's
<b>Canadian Academy of Health Sciences</b>	January 11-13, 2017 Ottawa	Stephen Bornstein attended a meeting of the expert panel that is looking into academic recognition for team science in Canada.
<b>Provincial Wellness Advisory Committee</b>	January 12, 2017	Rochelle Baker attended the final meeting of this provincial committee at which NLCAHR was presented with a certificate of appreciation by the Minister for Children, Seniors, and Social Development in recognition of the Centre's contribution to PWAC to support the advancement of healthy living and wellness in Newfoundland & Labrador.
<b>NL Health Research Registry Project</b>	March 14, 2017 St. John's	Stephen Bornstein and Rochelle Baker met with the Planning Committee for the development of a new provincial online health research repository project to be managed by NLCAHR.
<b>Hacking Health: St. John's Café</b>	March 22, 2017 St. John's	Melissa Sullivan attended the fourth café hosted by Hacking Health in St. John's

## Research Engagement: Overview of Projects

Stephen Bornstein is currently leading or collaborating with fellow researchers on several research projects:

- Canadian Institutes for Health Research (CIHR) Project Scheme Grant Bridge-funded proposal development for a Canadian Contextualized Health Research Synthesis Program to support health systems in rural, remote and northern settings across Canada, a collaboration with academics from University of Northern BC and Laurentian University, with health system partners in NL, ON and BC;
- Manitoba Workers' Compensation Board study, in collaboration with the Institute for Work & Health (Toronto), on the use of contextualized research synthesis in the field of occupational health and safety;

- Atlantic Health Promotion Research Centre study in Labrador, entitled Kungatsiajuk: Supporting the Healthy Smiles of Nunatukavut Children to contribute to a better understanding of the oral health of aboriginal children;
- WorkSafe BC study: Tracking Occupational Diseases—an analysis of approaches for the Canadian context; and
- 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.
- Co-investigator in a study led by Dr. Greg Marchildon, University of Toronto which will involve a comparative policy analysis of programs to support people with dementia and co-existing complex needs and their caregivers and will become the first research initiative of the North American Observatory of Health Systems and Policies (NAO), which is being established at the Institute of Health Policy, Management and Evaluation (IHPME) at the University of Toronto.

Melissa Sullivan is an advisor on the following research team:

- An NL-HARP-funded project on palliative / end-of-life care in rural settings: support to informal providers of care led by Dr. Gail Wideman of Memorial's School of Social Work, with Dr. Daryl Pullman, Dr. Susan MacDonald and Dr. Victor Maddalena from the Faculty of Medicine.

Pablo Navarro serves on the advisory committee for the following research:

- The CIHR-funded FRESH-IT: Implementing a PHAC/Health Canada Local Government Toolkit in Smaller Jurisdictions to Develop Evidence-Informed Food Retail Environment Interventions. The project aims to work with smaller municipalities in AB, MB, ON, and NL to assess their food environments and develop pilot food retail interventions tailored to the local context. The Principal Investigator for this research is Dr. Catherine Mah of Memorial's Faculty of Medicine.

## FINANCIAL SUMMARY

### Fiscal Year: 2016-2017

NLCAHR Operating Funds			
	Budget	Spent	Remaining
Salaries and Benefits	\$388,818	\$388,818	\$0
Operating expenditures	\$16,107	\$14,088	\$2,019
Hosted research conferences and meetings	\$1,350	\$344	\$1,006
Travel/Representation	\$207	\$207	\$0
Payments to CHRSP Consultants	\$16,500	\$9,500	\$7,000
<b>TOTALS</b>	<b>\$422,982</b>	<b>\$412,957</b>	<b>\$10,025</b>

#### Sources of funding:

- NLCAHR operating budget from Faculty of Medicine, Memorial University: \$378,400
- Government NL funding for administration of NL-HARP Awards Program: \$9,000
- Publisher's payment for NLCAHR staff assistance on book about the NL healthcare system: \$8,728
- Funding provided by Memorial University Office of Research: \$12,500
- Transfer from SafetyNet for NLCAHR contribution to a Manitoba Workers' Compensation Commission study: \$3,000
- Returned funds from closed grants: \$11,354

Total: \$422,982