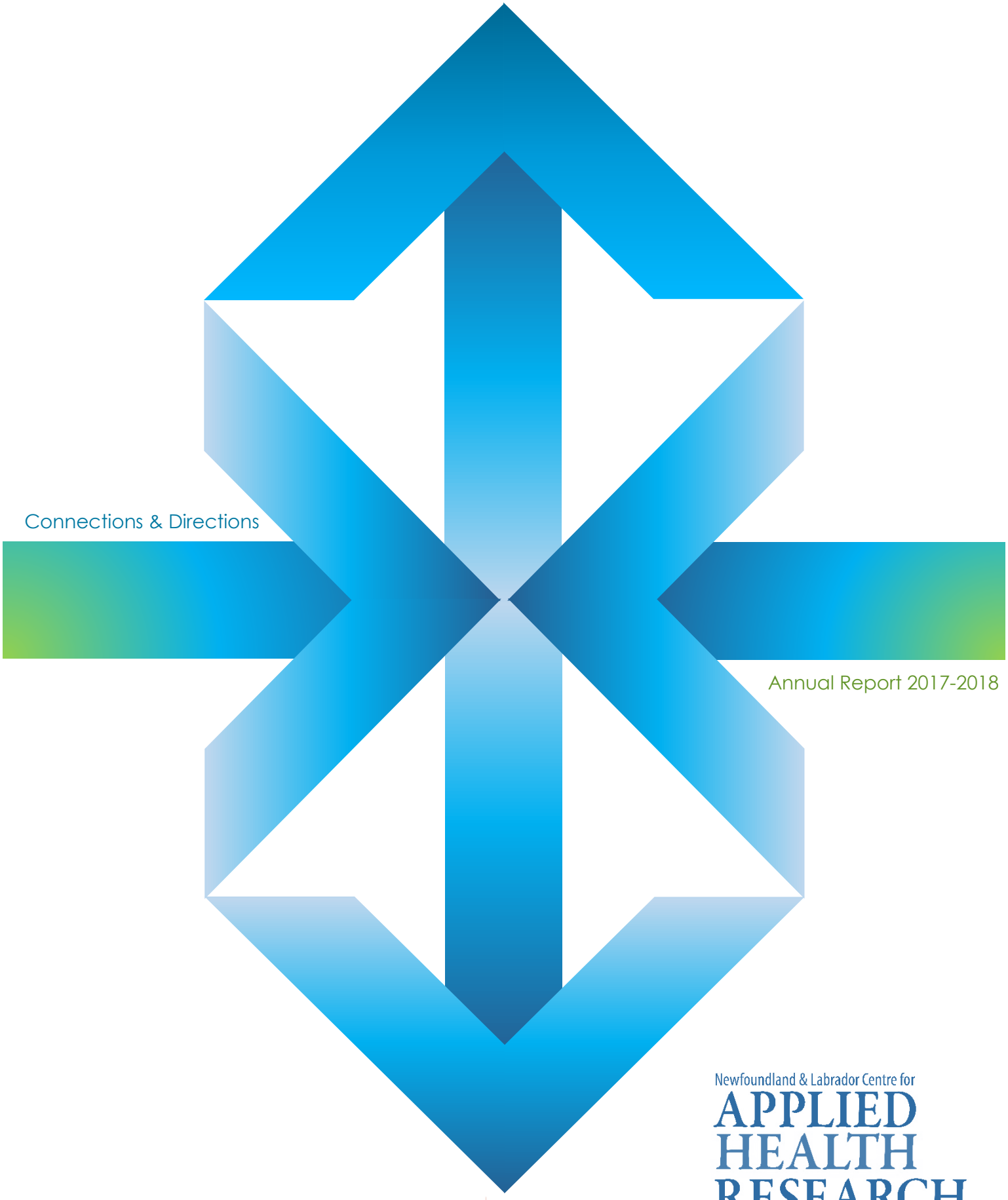


Connections & Directions

Annual Report 2017-2018

Newfoundland & Labrador Centre for
APPLIED HEALTH RESEARCH
www.nlcahr.mun.ca

Greetings *from the* Chair

Making important connections and taking its research into innovative new directions, the Newfoundland and Labrador Centre for Applied Health Research proved its commitment to community engagement, health research priorities, and integrated knowledge translation again this year.

This year marked the first decade of the Contextualized Health Research Synthesis Program (CHRSP) whose ten-year anniversary was celebrated in a number of ways that are detailed in this report.

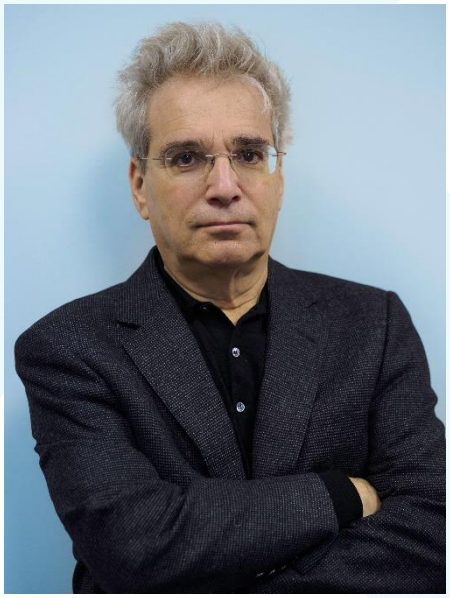
The Centre's Research Exchange Groups now include over 1,000 participants from community, university, government and the health system who work together to build capacity for knowledge exchange and community-engaged research. As evidence of this program's rising profile, faculty from the University of Saskatchewan consulted with the Centre this year to inform their own planning for a similar program in that province. The Centre also met with the NL Chapter of the Canadian College of Health Leaders to explore the possibility for health professionals who attend selected Research Exchange Group and CHRSP webinars at NLCAHR to earn professional development credits.

In collaboration with the Department of Health and Community Services, the Centre organized a CIHR-funded Best Brains Exchange on mental health in November 2017. The meeting was an opportunity for leading experts in mental health to meet with provincial partners from government, healthcare and the community to explore models of stepped care that could be adapted for use in this province, following from recommendations outlined in Towards Recovery, the All-Party Committee's 2017 report on mental health.

The Centre also supported funding for provincial research by helping organize CIHR's new Rewarding Success program in this province. Rewarding Success will support research/ healthcare teams that design interventions that save healthcare costs and/or increase efficiencies. Five teams from Newfoundland & Labrador received funding to travel to Ottawa in January 2018 to pitch their ideas to a national review panel. In March 2018, three of the five teams from Memorial University each received $100,000 in Business Case Development Grants to support applications for Rewarding Success Team Grants in 2019. I wish these researchers every success in this important work.

Congratulations to the staff and to the many dedicated health system and community partners who contributed to another great year at the Centre. I look forward to continuing my work with NLCAHR and with other partners at Memorial as we implement the Faculty of Medicine's new strategic plan *Destination Excellence.* The plan is our call to action to work with our partners to achieve our community-inspired mission: Through excellence, we will integrate education, research and social accountability to advance the health of the people and communities we serve. Together, we are aligning our education, research and service activities to address the leading health issues of the province, and beyond.

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



Greetings *from the* Director

I am proud to present the Annual Report of the Newfoundland & Labrador Centre for Applied Health Research for 2017-2018, entitled *Connections and Directions* to highlight our dedication to community engagement, to new research initiatives, and to the expansion of our partnerships in Newfoundland & Labrador and beyond.

2017-18 was an incredibly active year at the Centre. Among the many accomplishments featured in this report, I'd like to highlight some noteworthy activities:

Coinciding with the tenth anniversary of the Contextualized Health Research Synthesis Program, we produced an article on the program that was featured in the journal *Systematic Reviews.* In recounting CHRSP's achievements, our team of authors focused on the key partnerships that are central to our success and pointed out the many innovations we've built into CHRSP since its introduction a decade ago. We are pleased to share CHRSP's many accomplishments in this year's report and welcome you to take a moment to review the journal article and to share it within your networks. CHRSP's tenth year has included the development of new decision-support methods, the refinement of others, new work on a three-province collaboration, the publication of five new studies, and the development of a new Patient and Caregiver Advisory Council.

Again this year, our Research Exchange Groups have been central to our activity, connecting researchers, practitioners, representatives from government, health system and community organizations, and engaged citizens whose energy and dedication to advancing research and exchanging knowledge is truly inspiring. The Centre hosted 89 Research Exchange Group meetings this year in a program whose combined membership now exceeds 1,000. At the time of writing, a new group dedicated to research and practice in palliative and end-of-life care is positioned to commence in September, 2018.

I hope this report will give you some insight into the breadth and depth of our activities. As the director of NLCAHR, I pledge to continue our work to support health research, to build research capacity, and to mobilize research knowledge among health researchers and the communities they serve. Our accomplishments over the past year and the work ahead depend on the support and contributions of our many partners and our dedicated staff. I am immensely grateful to those individuals and partners whose energy and support continue to sustain us.

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

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About Us


Newfoundland & Labrador Centre for
APPLIED
HEALTH
RESEARCH
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Newfoundland & Labrador Centre for
APPLIED HEALTH RESEARCH
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Background & Funding

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

Today, the Centre, located at 95 Bonaventure Avenue in St. John's, is funded through an annual grant from the Department of Health and Community Services and receives essential financial support and administrative services from the Faculty of Medicine at Memorial University. Whenever possible, the Centre also seeks project funding from various granting agencies.


NLCAHR is located in Suite 300 at 95 Bonaventure Avenue

Mandate & Goals

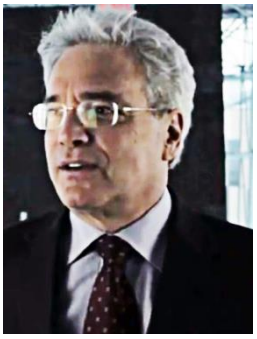
The Centre's mandate is to contribute to the effectiveness of the health and community services system of Newfoundland & Labrador and to the physical, social, and psychological health and well-being of the province's population by supporting the development and use of applied health research. NLCAHR 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 collaborates with other local, provincial, regional, and national organizations that have similar objectives.

The Centre has three principal goals:

- to help build human 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 by our support for research funding opportunities, by our flagship Contextualized Health Research Synthesis Program, and by our many collaborative activities, including our popular Research Exchange Groups.

Our People



Stephen Bornstein
Director

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

Aimee Letto
CHRSP Research Officer

Sarah Mackey
CHRSP Research Officer

Michelle Ryan
CHRSP Research Officer

Pablo Navarro
Senior CHRSP Research Officer

Tyrone White
Manager, Finance, Administration, and IT

We were delighted to welcome new CHRSP Research Officers, Aimee Letto and Michelle Ryan to the team this year.

David Speed and Melissa Sullivan left the Centre this year to pursue other career opportunities. We thank David and Melissa for their hard work and wish them the best in their new positions.

We also thank Elise Earles, MUCEP student, whose work this year supported our Research Exchange Groups program.

CHRSP

The Contextualized Health Research Synthesis Program

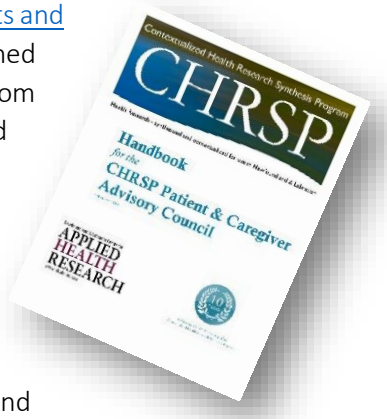
2017 marked the tenth anniversary of the **Contextualized Health Research Synthesis Program.** How did NLCAHR celebrate this milestone?

We published…

First, we published a journal article to celebrate the program's many successes. CHRSP's innovative methodology was featured in the November 2017 issue of *Systematic Reviews,* an open access, peer-reviewed journal of BioMed Central. The article provided detail about CHRSP's robust, inventive integrated Knowledge Translation methodology for decision support, highlighting our collaboration with provincial stakeholders to provide timely, relevant, easy-to-read scientific evidence. The authors outlined how CHRSP optimizes research uptake by involving our province's key healthcare decision makers in every step of the research process and, most importantly, by attuning its research questions, findings, and recommendations to the unique characteristics and capacities of Newfoundland & Labrador.

We expanded *our* collaboration…

Next, we expanded CHRSP's collaboration to include new partnerships with patients and caregivers in Newfoundland & Labrador. CHRSP already enjoys a well-established relationship with the provincial health system, working closely with stakeholders from the four provincial Regional Health Authorities, the Department of Health and Community Services, and the Department of Children, Seniors and Social Development. This year, we recognized that our research could be further strengthened by including a critical dimension to our collaboration—the perspectives of patients and caregivers. In consultation with our health system partners, CHRSP established a Patient and Caregiver Advisory Council (PCAC) to recognize the value that patients and caregivers will bring to our research process—as collaborators who can help us better understand the unique issues and concerns of patients and caregivers in this province. Members of the PCAC will contribute to CHRSP in a variety of ways, including proposing topics for study, working on research teams, and reviewing our work to ensure that our reports are clearly understandable for wider public audiences.

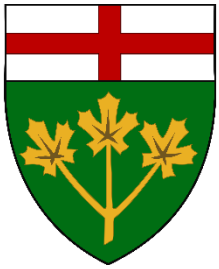


In 2017, NLCAHR carried out a public outreach campaign to recruit volunteers for the PCAC. We advertised widely and sent direct email to our many contacts in the community; in response, we received numerous applications from a wide variety of community members from across the province. Applicants for these volunteer positions were interviewed and the first 10-member PCAC was established in September 2017. Members were selected on the basis of having lived experience as a patient or caregiver, being interested in research and in the use of research to support decision making, and having both the willingness and the time to respond to requests to review research materials and to offer feedback. The Council includes

members who live within all four Regional Health Authorities. They will bring a diverse range of perspectives about health and healthcare from across Newfoundland and Labrador.

In March, 2017, we hosted an orientation session that gave us a chance to get to know one another and to provide PCAC members with an opportunity to learn more about CHRSP and their new roles on the Council.

We worked *with* new partners…



Ontario

Newfoundland & Labrador

Manitoba

With the goal of expanding CHRSP into new Canadian jurisdictions, the team at NLCAHR has been working on a funding application to the Canadian Institutes for Health Research (CIHR) for an integrated Knowledge Translation project that will adapt the CHRSP method for use in two Canadian regions with significant rural populations— Northern Ontario and Southern Manitoba.

In 2016, a proposal for a similar project received $100,000 in CIHR Bridge Funding. We have been using these funds to re-work our proposal, to develop training materials, to pilot test the contextualization of previous CHRSP studies for use by decision makers in Ontario and Manitoba, to achieve a consensus on research topics from among three provincial healthcare systems, and to develop a five-year partnered program that will support healthcare decision making in rural Canada. The project also includes work on new collaborative partnerships with Indigenous peoples in all three provinces to develop an Indigenous-informed iKT methodology that will be the subject of a subsequent application to CIHR.

The project team includes research experts in Knowledge Translation, Rural health, Indigenous health, the CHRSP team, the NL Department of Health and Community Services, a research team at Laurentian University, health system partners in the North East Local Health Integration Network and Health Quality Ontario, a research team at the University of Manitoba in partnership with decision makers in Southern Health- Santé Sud. Knowledge Translation advice and support will be provided by experts at Memorial University and the Ottawa Hospital Research Institute.

The project will explore how teams of researchers and decision makers in multiple provinces can work together to identify priorities, synthesize scientific evidence, and tailor the findings for use within different healthcare settings. Importantly, it seeks to find out what contextual issues different rural Canadian healthcare systems may have in common and what makes them unique. The project will also involve forging new partnerships and collaborations to develop a complementary methodology to support decisions within rural Indigenous communities. This research project is innovative: it will facilitate knowledge exchange and shared work among researchers, communities, and health systems by effectively integrating knowledge users into the research process; it will create opportunities for multi-jurisdictional collaboration across provincial boundaries; and it will uncover the common, as well as the divergent, challenges facing Canada's rural, northern, and remote health systems.

We updated the old & rolled out the new….

CHRSP is tirelessly innovative and its tenth year was no exception as the team updated existing processes and rolled out a new decision-support product. On October 12, 2017, NLCAHR hosted a workshop with our CHRSP Champions (senior decision makers from the province's four regional health authorities, the Department of Health & Community Services and the Department of Children, Seniors and Social Development) to explore opportunities for innovation and improvement.

Together, we reviewed CHRSP's current processes to find out how they can be improved. We learned about how our provincial partners solicit and assess potential topics for study and worked with them to identify and address specific challenges, including: how to frame an issue as a researchable question; how to ensure that our work aligns with the preferred timelines of busy health system officials; and how to improve our communications, forms, and feedback. We achieved a mutual understanding about how we can all contribute to make CHRSP topic identification and selection work even better for all partners in the process.

We also reviewed CHRSP's decision support products. The Champions provided crucial feedback about *Snapshot Reports*— new jurisdictional scans that CHRSP has developed in response to health system requests for reports that outline policies, "best practices," or "models of care" that have been implemented or are emerging elsewhere and that might be suitable for adaptation for the Newfoundland & Labrador context. A given *Snapshot Report* may provide all the information required to inform a health system decision or it may be that further CHRSP study is needed to assess the evidence fully.

At the meeting, we closely reviewed the *Snapshot* methodology with our Champions to find out more about their particular needs: we learned how these reports might be used, we found out about our health system's organizational capacity for conducting its own jurisdictional scans; we determined optimal timeframes for these reports, and we uncovered the types of information, jurisdictions of interest, and key messages that should be included in these new reports.

The keen interest of our health system partners in *Snapshot Reports* was demonstrated when voting in the most recent round of topic selection included three requests for studies of this type.

We owe a debt of gratitude to the CHRSP Champions and to the Health System Leaders who are so essential to CHRSP's continuing success:

CHRSP Health System Leaders & Champions

Leader: David Diamond, CEO
Champions: Krista Butt, Research Analyst, Mike Doyle, Director of Research Janet Templeton, Regional Director of Medicine and Ambulatory Care Elaine Warren, Vice President and Chief Information Officer

Interim Leader: Louise Jones, CEO (Previously Rosemarie Goodyear)
Champion: Vanessa Mercer Oldford, Director of Corporate Improvement

Leader: Cynthia Davis, CEO (Previously Susan Gillam)
Champions: Donna Hicks, Vice President, Information and Quality, Mariel Parcon, Regional Manager, Research & Evaluation

Leader: Heather Brown, CEO (Previously Tony Wakeham)
Champion: Nadine Calloway, Regional Director, Health Information and Management

Leader: John Abbott, Deputy Minister
Champions: Heather Hanrahan, Director of Regional Services, Michael Harvey, Assistant Deputy Minister

Leader: Donna Ballard, Deputy Minister
Champion: Mary Reid, Director of the Disability Policy Office

We published five new studies…

This year, CHRSP published the following studies—key findings are detailed below:

1. An *Evidence in Context* study on Reducing Acute Care Length of Stay
2. An *Evidence in Context* study on Exercise Interventions in Long-Term Care (LTC)
3. A *Rapid Evidence Report* on Chronic Disease & Palliative Care
4. A *Snapshot Report* on Rural Psychiatry Services
5. An *Evidence Update* on Managing Agitation and Aggression among LTC Residents with Dementia

REDUCING ACUTE CARE LENTH OF STAY

The Research Question

"*What does the available research-based evidence tell us about what models/strategies/practices are best suited for the timely and effective discharge of patients admitted to hospitals in Newfoundland & Labrador?"*

Background

Acute care admissions in Newfoundland & Labrador are similar to those in the rest of Canada, with a majority of patients having an Average Length of Stay (ALOS) of less than one week. However, patients in Newfoundland & Labrador tend to have an ALOS approximately one day longer than their counterparts elsewhere in Canada. Our health system partners asked CHRSP to examine the evidence for strategies that can reduce acute care length of stay while maintaining quality of care, reducing readmission rates, and minimizing healthcare costs.
For this study, CHRSP assembled a team headed by Subject Expert Dr. Christine Soong, Hospitalist Director at the Mount Sinai Hospital in Toronto. Our Health System Leader was Dr. Susan Gillam, CEO of Western Health. The Project Team also included decision makers from all four Regional Health Authorities and the provincial Department of Health and Community Services, as well as clinicians and academic researchers.

Key Findings

The volume of evidence for the effectiveness of Care Pathways to reduce ALOS is exceptional. However, pooling evidence for multiple types of patient population sub-groups can mask important variations in that effectiveness. In other words, the validity of the measure of effectiveness is reduced when we generalize across sub-groups. As a result, a meaningful synthesis required close examination of the evidence at the level of different patient sub-groups and an analysis of why differences exist between them. Our report addressed this complex issue by identifying the findings for specific patient groups:

- A strong body of evidence shows that Care Pathways are consistently effective at reducing average length of stay (ALOS) for acute care patients who have undergone colorectal surgery. Furthermore, Care Pathways are shown to decrease costs for the healthcare system with no effect on readmission rates. The implementation of Care Pathways for colorectal surgery indicates that several common elements appear to be critical for their effectiveness.
- A moderate body of evidence indicates that Care Pathways are effective at reducing ALOS among patients undergoing gynecological surgery and pancreatic surgery, without affecting readmission rates.
- Care Pathways may also be effective for liver and stomach surgery as they are for gastrointestinal surgery in general, but the current body of evidence is insufficient to draw any conclusive findings.

- Care Pathways may also be effective for lung and thyroid surgery and for acute care patients with chronic heart failure (and some other chronic disease conditions), but the current body of evidence is insufficient to draw any conclusive findings.
- A strong body of evidence indicates that Discharge Planning is effective at reducing ALOS and readmission rates for older acute-care patients. To be effective, Discharge Planning must include developing an individualized plan for discharge on or before admission and enforcing it.
- A moderate body of evidence shows that Early Supported Discharge for stroke patients significantly reduces ALOS and suggests it may do so without changing readmission rates or increasing costs for the hospital/health care system.
- A moderate body of evidence indicates that hospitalist models of care can be expected to reduce ALOS for most types of patients without increasing readmission rates or costs.

Link to Report

EXERCISE INTERVENTIONS IN LONG-TERM CARE

The Research Question

"What exercise-based interventions have been shown to be effective in improving the day-to-day functioning of the physically frail elderly in long-term care (LTC) facilities?"

Background

When our health system leaders asked CHRSP to evaluate the evidence for models, strategies, and best practices to support physical activity and exercise programs in Long-Term Care (LTC) facilities, we assembled a project team under the leadership of Subject Matter Expert Isabelle J. Dionne, PhD., a Canada Research Chair in Exercise Recommendations for Healthy Aging at the Université de Sherbrooke. The Health System Leader for the project was Mr. David Diamond, CEO of Eastern Health. The project team included representatives from Eastern Health, Central Health, Western Health, Memorial University, the provincial Department of Children, Seniors, and Social Development, and the provincial Department of Health and Community Services.

Key Findings

The following messages summarize the most relevant findings of the evidence synthesis in this report, reflecting the state of the available research:

- The research evidence addressing exercise interventions for residents in long-term care facilities is limited in both quantity and quality. The only bodies of evidence strong enough to generate reliable conclusions pertain to the *non-frail* elderly. Unfortunately, findings for the physically frail elderly are not strong enough to support any reliable conclusions.
- A strong body of evidence indicates that step training is effective to reduce the *rate* of falls among non-frail elderly living either in Long-Term Care (LTC) or in the community and that it may be effective in reducing the *risk* of falls among non-frail elderly as well; however, more evidence is required in order to draw any firm conclusions.

- The evidence for physical rehabilitation to improve Activities of Daily Living (ADL) is inconsistent, likely as a result of the wide range of interventions considered to be "physical rehabilitation." Some specific types of physical rehabilitation may improve ADL for non-frail elderly populations, while others may not, and the evidence is not clear about which types of rehabilitation are effective/ineffective.
- Moderate bodies of evidence indicate that, for non-frail populations, physical rehabilitation does not make consistent or significant improvements in timed-up-and-go or to walking speed.
- The evidence does not indicate whether volunteers can effectively deliver exercise-based interventions for LTC residents, whether frail or non-frail, to improve day-to-day functioning. In the literature, the most commonly-reported individuals delivering exercise interventions in LTC are health professionals, such as physiotherapists.

Link to Report

CHRONIC DISEASE & PALLIATIVE CARE

The Research Question

"What does the scientific literature tell us about ways of integrating a palliative approach to care at an early stage for patients with serious or advanced chronic disease and the effectiveness of doing so?"

Background

Our health system partners are concerned about the significant impact of chronic disease on population health in this province and about the effect of chronic disease on health system sustainability. Based on a topic submitted by Central Health, our six health system stakeholders asked the Contextualized Health Research Synthesis Program (CHRSP) to produce a *Rapid Evidence* Report on how to integrate a palliative approach to care prior to end-of-life for those with serious chronic disease. For this report, the research team from NLCAHR included Sarah Mackey, CHRSP Research Officer, and Dr. Stephen Bornstein, Director of NLCAHR. Our team benefited from the advice and expertise of Dr. Barbara Pesut, PhD., RN, Professor in the School of Nursing at the University of British Columbia. Dr. Pesut holds a Canada Research Chair (Tier 2) in Health, Ethics, and Diversity.

Key Findings

Overall, there is very limited *robust* evidence for a palliative approach to care and for the effectiveness of integrating care at an early stage in disease progression. Available evidence has yet to identify robust findings that would apply to all settings and all contexts. Basically, both the parameters of the research and the definitions necessary to guide it *are still being uncovered*.

- The literature featured a large number of approaches and models that differed widely in the terminology used, the diseases considered, the types of care included, and the outcomes discussed. These differences made it difficult for the authors of the research to draw clear comparisons and conclusions on how best to implement an early palliative approach to care.

- More research is necessary to provide evidence on the effectiveness of an early palliative approach to care including evidence that validates tools for the early identification of patients, patient-reported outcome measures, and models of care.
- The best current evidence on early palliative care relates to studies of patients with cancer, for whom care is mainly delivered by palliative care specialists. Although this evidence is promising, research authors in the field consider the findings to be very preliminary and suggest that more research is necessary to confirm early findings.
- For chronic disease populations without cancer, there is very little high-quality evidence to rely on thus far. There is also no evidence that palliative approaches to care and associated care delivery models that work for cancer populations would also work for other chronic disease populations as a "one-size-fits-all" model.
- As more evidence becomes available on appropriate approaches to early palliative care and their effectiveness on patient outcomes, there is potential for this upstream approach to have benefits for an aging population and for people living with advancing chronic diseases in Newfoundland & Labrador.

Link to Report

RURAL PSYCHIATRY SERVICES

The Research Question

"*Identify and describe models and best practices for the delivery of rural and remote mental health services that include psychiatry as a key component and that are carried out in other rural and remote Canadian jurisdictions."*

Background

Newfoundland & Labrador's geographically-dispersed population poses challenges to service delivery that are particularly apparent in mental health and addictions services with their traditional focus on hospital-based care and face-to-face individual or group psychiatry.

Reforming mental health and addictions care is a priority for the provincial health system. The report of the All-Party Committee on Mental Health, *Towards Recovery: A Vision for a Renewed Mental Health and Addictions System for Newfoundland and Labrador,* lays out a clear action plan with short, medium, and long-term goals. To support an ongoing system transformation, health system decision makers asked CHRSP to conduct a jurisdictional scan of mental health and addictions service delivery models that provide services in rural and remote communities and that include psychiatry as a key component. For this study, we searched Canadian government and publicly available websites, including websites for provincial and territorial governments and mental health agencies, to identify approaches to delivering mental health and addictions services in rural and remote communities. We also explored publicly-available information in several international jurisdictions. In addition, we contacted key informants in each of the provincial and territorial governments involved, requesting information on how their province or territory delivers mental health services to its rural and remote communities.

Key Findings

Our jurisdictional scan uncovered nine rural mental health and addictions programs and services of interest. Six were found during our initial online search, while three were discovered during key informant discussions. Highlights from the programs and services in the scan include:

- Use of technology: nearly all of the programs identified used innovative digital information and communication technologies to reach rural and remote regions.
- Supporting primary care providers: many jurisdictions are using models in which psychiatrists support primary care providers in rural and remote settings by means of consultations and education.
- Improving coordination of care: a common goal of many programs is to improve coordination of care for rural and remote patients.
- Travelling clinics: travelling clinics were commonly used to complement other community services.
- Increasing focus on northern areas: strategies with a particular focus on the specific geographic, demographic and cultural challenges in northern regions are becoming more prominent.

Link to Report

UPDATE: MANAGING AGITATION & AGGRESSION IN LONG-TERM CARE RESIDENTS WITH DEMENTIA

The Research Question

"Other than use of physical restraints or prescription of psychotropic medications, what interventions, strategies, and/or practices have proven effective in preventing and managing agitation and aggression in Long-Term Care residents with dementia?"

Background

In 2014, the Contextualized Health Research Synthesis Program (CHRSP) published a contextualized health evidence synthesis report on interventions, strategies, and/or practices (excluding physical restraints or psychotropic drugs) that have proven effective in preventing and managing agitation and aggression among Long-Term Care (LTC) residents with dementia. The Project Team was led by Dr. Neena Chappell, Canada Research Chair in Social Gerontology and Professor of Sociology at the University of Victoria. The original study is available on the CHRSP website.

CHRSP revisits its studies after 4-5 years have elapsed to determine whether the original findings remain relevant for our health system and to add to our synthesis any new systematic review evidence published since the original report. For this project, the update was requested by our CIHR Bridge-funded partners in Ontario and Manitoba who chose this topic as the basis

for a pilot project that will see its updated findings re-contextualized for use in their respective healthcare jurisdictions.

Key Findings

The original report found that systematic reviews studying this issue were compromised by a lack of quality primary research evidence. Our 2018 update indicates that this problem has effectively worsened—a wide range of new interventions have come under the research spotlight in the interim but the quality of the available primary research has not improved. Key findings for all interventions under study, and the bodies of evidence for each, are summarized in the following table:

Intervention	Intervention Compared to Control	Body of Evidence
Interventions that are STATISTICALLY MORE EFFECTIVE when compared to control		
Staff Training—Person Centered Care	Statistically More Effective	Moderate
Horticultural Therapy	Statistically More Effective	Weak
Pain Treatment	Statistically More Effective	Very Weak
Personalized Activities		
Staff Training—Person Centered Bathing		
Yokukansan (Chinese medicine)		
Interventions that are NOT STATISTICALLY MORE EFFECTIVE when compared to control		
Aromatherapy	Not Statistically More Effective	Weak
Massage / Therapeutic Touch / Acupuncture / Acupressure	Not Statistically More Effective	Very Weak
Staff Training—Dementia Care Mapping		
Interventions for which evidence for effectiveness is INCONCLUSIVE		
Animal-Assisted Therapy	Inconclusive	Very Weak
Dance Therapy		
Electro Stimulation		
Emotion-Oriented Care (aimed at improving emotional and social functioning, and quality of life)		
Enhancing Family Visits		
Humour Therapy		
Multisensory Stimulation Room		
Pleasant Experiences		
Reducing the Use of Anti-Psychotics		
Reminiscence		
Simulated Family Presence		
Special Care Units		
Staff Case Conferences		
Structured Activities		
Interventions for which evidence is INCONSISTENT		
Exercise	Inconsistent Evidence	Very Weak
Music Therapy		

Table 1: Key findings from a 2018 CHRSP Evidence Update on Managing Agitation and Aggression among LTC Residents with Dementia

Link to Report

We asked our health system:
"What do you need to know next?"

In late 2017, CHRSP asked our health system partners to submit topics for which research might help support pending decisions. We received over 30 potential topics for consideration. By the end of October, 2017, a consensus vote by the CEOs of the four Regional Health Authorities and the Deputy Ministers of two government departments (Health & Community Services, and Children, Seniors, and Social Development) identified the following as priorities for 2018-2019 studies:

Evidence in Context or *Rapid Evidence* Reports:

- Preschool Screening (in progress) *For which growth and development issues should the preschool population of NL be screened, based on scientific evidence?*
- De-Prescribing Medications *What approaches to de-prescribing medications could be used effectively to improve health outcomes and cost-effectiveness in community, acute care, and long term care settings?*
- Experiences in Palliative Care: Home vs. Healthcare Settings: *What are the experiences of patients and families who utilize a palliative/end-of-life program for a death at home compared to the experiences of those who utilize these services within a healthcare facility?*
- Centralizing vs. decentralizing high-risk, low-volume obstetrics and pediatric services: *What does the evidence tell us about the effectiveness of centralized vs. decentralized provision of low volume, high risk acute care obstetrics and pediatric services in rural sites?*
- Advance Care Paramedics (ACPs) in Rural Settings: *Does the use of ACPs in rural practice improve quality of care, morbidity, and mortality?*

Snapshot Reports:

- Rural Psychiatry Services (completed) *Identify and describe models and best practices for the delivery of rural and remote mental health services that include psychiatry as a key component and that are carried out in other rural and remote Canadian jurisdictions.*
- Remote Patient Monitoring (in progress) *How have other jurisdictions integrated remote patient monitoring into existing models of care to ensure continuity and improved patient outcomes for those individuals with chronic disease/complex care challenges in patient/client homes and personal care homes?*
- Home Dialysis (in progress) *What home dialysis programs have been implemented in other jurisdictions to improve health outcomes/quality of life and increase healthcare efficiencies for renal patients of all ages in acute and community care settings?* (*Snapshot* Report)

Studies in Progress

Our researchers are now working on the following reports:

- Barriers and Facilitators to Care Transitions
- Determining Growth and Development Issues to be Included in Preschool Screening
- Remote Patient Monitoring
- Home Dialysis
- An *Evidence Update* for Hyperbaric Oxygen Therapy for Healing Difficult Wounds

Does CHRSP Support Evidence-Informed Decision Making in Newfoundland & Labrador?

We asked our partners and here's what they said….

YES.

"Using the Memphis Model of mobile crisis intervention, 161 visits to homes were made in April 2018 compared to 84 visits in April 2017."

-CBC News July 2018

"The Memphis model for mental health crisis intervention was recommended to the All-Party Committee on Mental Health…. when we looked into it, the CHRSP study on Mobile Mental Health Crisis Intervention supported its use. So yes! CHRSP certainly supported us in being able to fund and support the implementation of the Memphis Model in the province."

-Government Official
Health & Community Services

YES!

The Age-Friendly Acute Care report was very helpful. It examined research and the NL context, including implications for decision makers in this province. This is a useful document as we consider outcomes for seniors in acute care and how to improve them. It has been circulated to the regional consultants for acute care for their information and consideration when dealing with operational issues and reviewing programs and services.

-Government Official
Health & Community Services

POSTSCRIPT: St. Clare's Hospital in St. John's piloted the first Acute Care for the Elderly (ACE) Unit in the province in 2017. Evidence supporting ACE Units was a key finding of this CHRSP study.

CHRSP ALSO SUPPORTS ADVOCACY

Although our association does not make healthcare policy decisions ourselves, we do advocate with Government and stakeholders for policies that support the provision of quality healthcare and we will respond to calls for input into government policies/programs that impact the health of the population. We have used (and will continue to use) CHRSP reports in this context.

We continue to share information about CHRSP reports with our committees (including Council) and, where relevant, we use the evidence in our briefs/briefing notes, public policy documents, and responses to calls for input on government strategies.

-Provincial Nursing Association

Engagement

A Summary of Engagement & Partnership activities at NLCAHR

RESEARCH EXCHANGE GROUPS

Building capacity for research and supporting collaboration among researchers and research users, the Research Exchange Groups Program of NLCAHR continues to thrive. Again this year, group membership, diversity, and participation were on the rise— evidence of a growing interest in collaborative research across the province. Highlights this year included a stellar start-up for our new group on Service Learning in Community Engagement which hosted a one-day workshop in October, 2017. We are poised to welcome a new group on Palliative Care in September, 2018 which will bring our total number of groups to 19 by the end of this year. The combined membership of current groups now exceeds 1,000 researchers, students, decision makers, clinicians, community group representatives, and members of the public.

18 Groups

1063 Members

89 Meetings

2017-2018 Groups:

- Attention Deficit and Hyperactivity Disorder (ADHD)
- Aging
- Autism Spectrum Disorder (ASD)
- The Arts & Health
- Bullying and Health
- Chronic Disease
- Cost & Value in Healthcare
- Eating Disorders, Disordered Eating & Body Image
- The Health Impacts of Fracking
- Gender, Sexuality, and Health
- Global Health
- Harm Reduction & Critical Drug Studies
- Horticultural Therapy
- Mental Health
- Military Families' & Veterans' Health
- Oral Health
- Rural, Northern & Aboriginal Health
- Service Learning and Community Engagement

Membership in the groups is open to everyone. By ensuring that all meetings are accessible by webinar, the groups include participants from across the province, across Canada, and around the world, including members from Nunatsiavut, Ontario, Quebec, New York, and Ireland. The groups encourage knowledge translation and research team development. Group members are always on the look-out for new collaborative opportunities. Activities are determined by the membership and may include: presentations on planned, ongoing, or completed research projects; community partner and clinician presentations on interventions, programs, and services in NL health and community organizations; group discussions about journal articles on topics of interest; identifying knowledge gaps and developing research agendas; providing support and feedback to students conducting graduate research; developing research teams; and organizing workshops, guest lectures, and symposia.

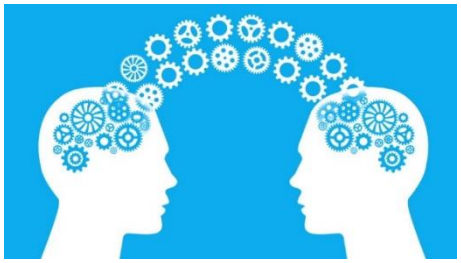
Each Research Exchange Group at NLCAHR offers its participants a chance to build connections with people from a range of disciplines who share their particular interests—this opportunity to simply meet others and connect with their work is valued by participants as a key benefit of membership.

RESEARCH EXCHANGE HIGHLIGHTS

A list of all meetings and events hosted by our Research Exchange Groups can be found online here: http://www.nlcahr.mun.ca/Research_Exchange/. Following are some highlights from the past year:

Attention Deficit & Hyperactivity Disorder (ADHD): This group hosted talks on lifestyle behaviours and ADHD, on gaming addictions and people with ADHD, and on self-management of ADHD symptoms. The group also established a working sub-committee on research that looks at cannabinoids and ADHD.

Aging: Reflecting the depth and breadth of research on aging in the province, this group had an impressive roster of twelve presentations this year, including a special meeting at which the membership served as a focus group to inform the NL Public Service Commission's efforts to recruit a new Seniors' Advocate for NL. Group members also continue to work towards establishing a provincial Centre on Studies on Aging.



Autism Spectrum Disorder (ASD): This group hosted talks about the Autism Society of NL's Worktopia Project, about new research on managing the wait for Autism Spectrum Disorder services in NL, and about arts and animation programs for children with ASD at Sassy Tuna Studios in St. John's.

Arts & Health: This group hosted a powerful interactive workshop about what happened when youth at a homeless shelter were invited to write and share their life stories through song, poetry, and artefacts. Other highlights included a talk on the Shea Heights Community Alliance's arts-based programming, on arts-based Indigenous health research and nursing, on chronic pain and Disability Arts aesthetics, and on art therapy through the Canadian Art Therapy Association.

Bullying & Health: The group hosted a research talk on weight stigma and bullying (co-hosted by the group on Eating Disorders & Body Image) and looked at new research on cyber-bullying and the online lives of middle-school students. This spring, the group supported a special presentation by Dr. Mairéad Foody, Dublin City University, James O' Flaherty Visiting Scholar, Irish Canadian University Foundation (sponsored by the Dobbin Foundation and Memorial's Faculty of Education) on the psychological implications of talking about bullying and cyberbullying.

Chronic Disease: The group hosted talks on mammography screening, on adopting a "health, not weight" approach to chronic disease and was provided with an overview of the considerable research taking place on infant feeding in Newfoundland & Labrador.

Cost & Value in Healthcare: This group hosted talks about new perspectives in the public vs. private healthcare debate, bundled payment systems, designing primary care to optimize efficiency and effectiveness, enhancing inter-professional education in pre- and post-licensure professional education, population mammography screening, the use of administrative data to evaluate health outcomes, how the social determinants of health inform Stella's Circle community programs, an assessment of the NL school food environment, the impacts of the Children's Dental Health Plan and a new oral healthcare initiative for low-income individuals in St. John's (co-hosted by the group on Oral Health).

Eating Disorders, Disordered Eating and Body Image (EDDEBI): The group cohosted a talk on "health not weight" with the Chronic Disease REG. EDDEBI also hosted a talk on Emotion-Focused Family Therapy (EFFT) by its creator Dr. Adele Lafrance of Laurentian University, providing a welcome opportunity for local clinicians and researchers to learn more about EFFT, which treats eating disorders by supporting caregivers and patients through supportive caregiver involvement and decreased obstructive behaviours.

Gender Sexuality & Health: The group hosted a round-table discussion led by Dr. Robin Whitaker about abortion access in Newfoundland & Labrador and the potential of medication abortion in the province.

Harm Reduction & Critical Drug Studies: This group's activities included a talk about harm reduction initiatives at the Gathering Place, a presentation on *Pushing the Point*, a university-community research team doing a needs assessment of NL drug users that was invited to contribute to the Public Health Agency of Canada's national drug users' needs assessment.

Horticultural Therapy: This group's meetings included a presenter from the Pacific Institution in British Columbia, a therapist from the Horticultural Skills Training Program at the Nova Institution for Women, and a talk about Green Mindfulness at Her Majesty's Penitentiary in St. John's. The group also hosted a talk about Memorial University Social Work students who worked with the NL Autism Society's *Transitions* Gardening Program, and a report on the Bonaventure Community Garden Project.

Mental Health: A webinar by Karla Thorpe of the Mental Health Commission of Canada (MHCC) outlined MHCC suicide prevention initiatives. The group also hosted a research talk on the results of a community-based study, in partnership with Stella's Circle, involving persons with complex mental health needs who are aging in community; a presentation about a women's centered, trauma-informed counselling initiative; and a presentation by the Department of Health & Community Services outlining the findings of the All-Party Committee's report on Mental Health in Newfoundland & Labrador.

Oral Health: The group co-hosted an oral health research talk with the group on Cost & Value in Healthcare and also organized a special presentation by visiting scholar, Dr. Catriona Steele of the University of Toronto, who spoke about inter-professional collaboration using oral hygiene to limit the risk of aspiration pneumonia in Long-Term Care.

Rural, Northern, and Aboriginal Health: Dr. Fern Brunger of Memorial's Faculty of Medicine (Community Health and Humanities) presented on her partnership with NunatuKavut on the Research Ethics Project. Dr. Carolyn Sturge-Sparks of the Faculty of Medicine's Aboriginal Health Initiative spoke about the *Healers of Tomorrow* program.

Service Learning in Community Engagement (SLICE): This group hosted a workshop in October 2017 to explore how the university and the community can combine efforts to promote meaningful community service, to enrich the learning experience, to teach civic responsibility, and to strengthen communities. Following from outcomes of the Workshop, a Master's of Public Health practicum student began working with the SLICE group this year to develop resources to improve engagement between community organizations and the University.

SPECIAL EVENTS

CIHR BEST BRAINS EXCHANGE ON MENTAL HEALTH 2017

A one-day "Best Brains Exchange" (BBE) was convened in St. John's in December 2017 on the topic of "Alternative Models of Care to Manage Mental Health and Addiction Services in a Diverse Province."

Hosted by the Canadian Institutes of Health Research (CIHR), the NL Department of Health and Community Services and NLCAHR, the meeting brought together provincial stakeholders, researchers, and policy makers who met with scientific experts to discuss relevant research evidence and its applicability to the current context, including discussions about:

- the best available research evidence on 'stepped care' models, and where gaps in knowledge currently exist;
- best practices and lessons learned from other Canadian and international jurisdictions in implementing an alternative model of care for mental health and addiction service delivery;
- how a 'stepped care' (or alternative) model could be effectively implemented within multiple diverse settings and jurisdictions with variable resources and demographics across NL, considering barriers and enablers to implementation; and
- the best available research and implementation evidence, with the intention of informing the development of an implementation plan to adopt a 'stepped care' (or alternative) model for mental health and addiction services that effectively integrates institutional and community-based care within the province.

Presentations to the Mental Health BBE:

Shared Collaborative Mental Health Care: The Good, the Bad & the Ugly by Dr. Thomas E. Ungar, Psychiatrist-in-Chief, St. Michael's Hospital, Associate Professor, University of Toronto

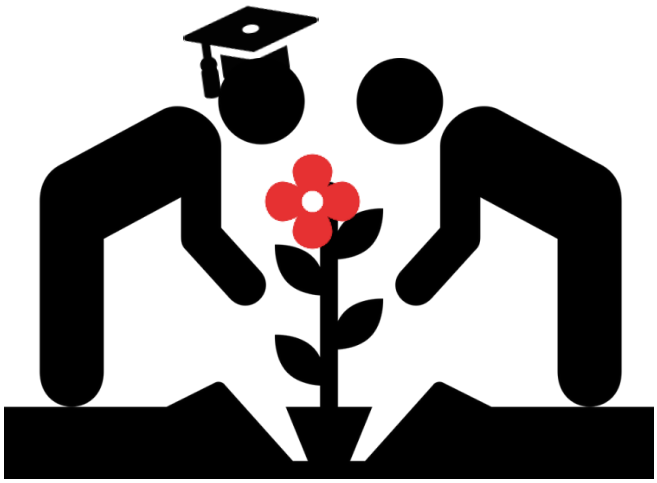
Implementing Stepped Care at Scale by Dr. David Richards, Professor of Mental Health Services Research, NIHR Senior Investigator, University of Exeter Medical School, United Kingdom

Clinical Staging and Stepped Care: Lessons from early psychosis to youth mental health services by Dr. Jai Shah, psychiatrist and researcher at the Program for Prevention and Early Intervention in Psychosis (PEPP-Montréal), Douglas Mental Health University Institute, McGill University

Introducing Foundry and Frayme: growing integrated youth services in a stepped approach by Dr. Steve Mathias, Executive Director, Foundry, Psychiatrist and Medical Manager, Inner City Youth Program, St. Paul's Hospital, Clinical Assistant Professor, Department of Psychiatry, Faculty of Medicine, UBC, Medical Lead, Infant, Child, and Youth Mental Health and Addictions Regional Program, Vancouver Coastal Health.

Outcomes

The BBE facilitated important interaction, exchange, and mutual learning so that participants gained a better understanding of the existing evidence base on effective alternative models of care to manage mental health and addiction services while improving access to care in the province.



COMBINED EFFORTS WORKSHOP

"COMBINED EFFORTS" WORKSHOP

On October 23, 2017, NLCAHR, the Research Exchange Group on Service Learning in Community Engagement (SLICE), in partnership with the Community Employment Collaboration and partners from throughout Memorial University, hosted an interactive community-university workshop at the Cochrane Centre in downtown St. John's. Workshop participants explored how the university and the community can combine efforts to promote meaningful community service that enriches the learning experience, teaches civic responsibility, and ultimately strengthens communities throughout Newfoundland & Labrador.

This event was moderated by SLICE co-conveners Elayne Greeley, Partnership Broker with the Community Employment Collaboration, Dr. Jill Allison, Global Health Coordinator with Memorial University's Faculty of Medicine, together with Pablo Navarro and Rochelle Baker of the NL Centre for Applied Health Research and brought together 45 participants: faculty and students from multiple university disciplines, representatives from municipal and provincial governments, provincial health system officials, and people who work within community organizations, all of whom expressed a common interest in forging stronger partnerships to support health equity and social justice.

The workshop fulfilled its objective: it built a solid framework for the group to explore collaborative opportunities and approaches in the coming years that will support more and better partnerships and that participants hope will build genuine and meaningful engagement.

Link to Workshop Report

Combined Efforts Workshop participants met at the Cochrane Centre in downtown St. John's in October, 2017 to collaborate on ways to build stronger engagement and service learning opportunities that will engage Memorial University with community partners.

SUPPORT FOR *REWARDING SUCCESS*

In partnership with the Department of Health & Community Services (DHCS) and the Newfoundland and Labrador's Support for People and Patient-Oriented Research and Trials Unit (NL-SUPPORT), NLCAHR provided assistance to teams of researchers from Newfoundland & Labrador to participate in the Canadian Institutes for Health Research's (CIHR) Rewarding Success Initiative. This funding opportunity was designed to incentivize multidisciplinary research teams to enhance value-based care, health system sustainability, and health outcomes and it is being piloted in 2017-2019 in five provinces: British Columbia, Alberta, Manitoba, Saskatchewan, and Newfoundland & Labrador.

NLCAHR coordinated the planning for this initiative in the province, working with the DHCS, NL SUPPORT and with CIHR to communicate with research and community partners, to establish the peer review panel for the first phase of the program, and to host an information session for local research teams on October 3, 2017 that included: a program overview from CIHR; a review of provincial healthcare priorities; detailed instructions on how to apply; and training and support opportunities for applicants.

Rewarding Success Teams had to be multidisciplinary, involving patients, healthcare delivery organizations, clinicians, and researchers who would work together to find potential solutions to identified problems in healthcare that would: reduce low-value health care, and/or address health care inefficiencies, and/or reduce avoidable morbidity. Teams partnered with payers of health services (Ministries of Health or Regional Health Authorities) and/or charities and non-profits to address the following priorities identified by leaders of the provincial healthcare system:

- Home and Community Care
- Mental Health and Addictions
- Primary Health Care
- eHealth / Health Information Management

In February, 2018, five teams from Newfoundland & Labrador travelled to Ottawa to pitch their ideas to a national panel. Three of these teams each received $100,000 Business Case Development Grants to continue their work with health and community partners to develop business cases for their projects:

- Dr. Shabnam Asghari and her team were funded to develop a business case for an Emergency Department Surge Management Platform
- Dr. Roberta DiDonata and her team, including community partners at Stella's Circle, will develop a project to support older adults with complex mental health issues to age in place in their homes
- Dr. Rose Ricciardelli and her team will develop a proposal for a project on overcoming stigma and responding to the mental health needs of Public Safety Personnel in Newfoundland and Labrador.

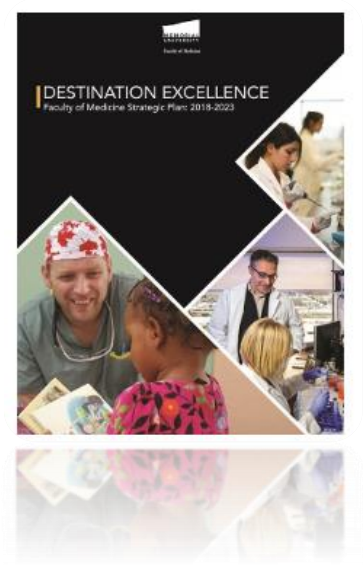
We congratulate these researchers and their partners and wish them every success in the next round of this competition.

COMMUNITY ENGAGEMENT

PROVINCIAL ENGAGEMENT

Support for a Healthy Built Environment

This year, the former Building Healthy Communities Collaborative (BHCC) which was co-chaired by Pablo Navarro, Senior CHRSP Research Officer, became part of a Healthy Built Environment Working Group organized by the provincial Department of Children, Seniors and Social Development (CSSD). Pablo served on this working group, which included several former members of the BHCC and representatives from government and the health system.



Destination Excellence: The Faculty of Medicine's New Strategic Plan

This year, the Faculty of Medicine developed *Destination Excellence,* a new strategic plan that outlines a vision for the Faculty, through excellence, to integrate education, research and social accountability to advance the health of the people and communities we serve. The Director and the staff at NLCAHR engaged with the process by completing stakeholder surveys, by participating in focus groups and by attending planning sessions to help inform the process. The engagement and review phases provided the Centre with an excellent opportunity to identify strengths, to make suggestions about strategic priorities, and to offer support for the plan's strategic directions, particularly as these relate to: impactful research, healthier communities, research excellence and social accountability. Rochelle Baker, Manager of Communications & Partnerships, serves on the *Destination Excellence* Implementation Steering Committee.

Food First Newfoundland & Labrador (FFNL)

Pablo Navarro served on the FFNL "Everybody Eats" Project Advisory Committee to build support for informed discussions on, and a common vision for, the future of food security in Newfoundland &

Labrador. Food First NL is a provincial, membership-based, non-profit organization dedicated to improving food security for everyone in the province. Food First NL's mission is to actively promote comprehensive, community-based solutions to ensure access to adequate, healthy food for all.

Faculty of Medicine Senior Management Committee

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

Working Group for a Newfoundland & Labrador Centre for Studies on Aging

NLCAHR continues to support ongoing plans for the establishment of a Newfoundland & Labrador Centre for Studies on Aging, and is supporting a working group of the Research Exchange Group on Aging towards this initiative. This year, the working group has moved forward with a proposal to Memorial University's Board of Regents for the new Centre to be established in Corner Brook.

Newfoundland & Labrador Health Research Repository Project

The Centre continued this year to pursue plans to work with partners at Memorial 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 have asked NLCAHR to create a web-based registry of health research being carried out in the province. An Action Plan for the project is in progress as NLCAHR, Memorial University, and the DHCS explore options for an online information portal/ reporting process.

Breast Cancer Research Study: Health System Participants' Group

In February 2018, NLCAHR hosted a special event on behalf of project Leader Dr. Kathleen Sitter of University of Calgary, who gave a video presentation to facilitate analysis for a research project involving digital story-telling by breast cancer survivors. Participants from Eastern Health were invited to view the videos and provide feedback about the cancer survivors' stories.

NATIONAL ENGAGEMENT

The Canadian Academy of Health Sciences (CAHS)

Stephen Bornstein served on the Expert Panel of CAHS that examined the academic recognition of team science in Canada. Its report: *Canadian Academy of Health Sciences. (2017). Academic Recognition of Team Science: How to Optimize the Canadian Academic System. Ottawa (ON): The Expert Panel on Academic Recognition of Team Science in Canada* is available online here. 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 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 modernization which has created three new graduate and postgraduate fellowship programs—the Health Impact Fellowships— that emphasize training in the skills required for non-academic employment as well as innovative approaches to experiential learning.

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 Memorial's SafetyNet Centre for Occupational Health and Safety, were involved in 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.

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.

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.

Peer Review Activities

The Director served on two National Peer Review panels this year: the 2017 CIHR Project Grants Competition and the panel reviewing applications to CIHR-SSHRC for Healthy and Productive Work – Partnership Development Grants.

Financial Report

NLCAHR BUDGET

APRIL 1, 2017 TO MARCH 31, 2018

Operating Funds			
	Budget	Spent	Remaining
Salaries and Benefits	$396,700	$366,881	$29,819
Operating Expenditures	$14,000	$14,613	$613
Hosted conferences and meetings	$1,000	$1,397	$397
Travel/Representation	$100	$27	$73
CHRSP Consultants	$10,000	$10,000	$0
TOTALS	$421,800	$392,918	$28,882

Funding sources:

- Budget Surplus from Fiscal Year 2016-2017: $10,025
- Funding from the Faculty of Medicine: $378,400
- Transfers to NLCAHR from unused research funding commitments: $20,875
- Funding from Memorial's Office of Research: $12,500
- **Total: $421,800**

In addition to the Operating Funds noted above, NLCAHR received $35,000 from the Department of Health and Community Services to purchase software for the NL Health Research Registry Project.