



Newfoundland & Labrador Centre for

**APPLIED
HEALTH
RESEARCH**

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VITAL CONNECTIONS

2025-26 ANNUAL REPORT



“Never doubt that a small group of
thoughtful, committed citizens
can change the world.
Indeed, it is the only thing that ever has.”

— Margaret Mead

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Dr. Stuart Carney
Dean, Faculty of Medicine
Memorial University

Greetings from the Chair

In January of 2026 when I became Dean of the Faculty of Medicine at Memorial University, I set out to meet learners, staff, and faculty members to hear their stories, to get to know their motivations and values, and to learn about their aspirations for the future. In my first conversation with the team at the NL Centre for Applied Health Research, the director and staff told me about their vital connections with health system partners and their focus on community engagement to build capacity for applied health research and to support evidence-informed decision making. I appreciated learning about NLCAHR's collaborative approach to research as I assumed chairing the Board of Directors.

The NLCAHR team has established long-standing relationships with healthcare and community partners from across this province—sustained connections forged since the Centre was founded in 1999. The Contextualized Health Research Synthesis Program (CHRSP), a partnership with health system and community participants, has now published 160 reports on topics prioritized by provincial decision makers. Importantly, CHRSP tailors its work to the evolving needs of these decision makers and contextualizes its research, attuning the evidence for use in this province. Examples of CHRSP's flexibility are numerous: a pivot to rapid decision support for national and provincial health system leaders navigating the COVID-19 pandemic, and the development of new methods meet evolving demands for decision support throughout the historic health system transformation underway in Newfoundland and Labrador.

Building on this strong track record of adaptation, in 2026 CHRSP completed its first ever patient-initiated, patient-led research project. With funding from Canada's SPOR Evidence Alliance and co-leadership by patient partners, CHRSP researchers synthesized evidence about patient perspectives on team-based primary care—a timely topic given the introduction of Family Care Teams across this province. CHRSP has also completed new reports for community partners who are working to support the survivors of gender-based violence. With funding from the Transition House Association of NL, CHRSP researchers studied data collection frameworks that will improve services for these survivors. NLCAHR's director and CHRSP researchers are also involved in a multi-year, CIHR-funded, Atlantic Canadian study on work-life balance in Long-Term Care settings. Additional studies on low-value diagnostic imaging and chronic pain management are poised to be completed this year.

Momentum continues to build for NLCAHR's popular Research and Knowledge Exchange (RKE) Program. A new RKE on Implementation Science and Change Management commenced activities this year in response to a request from provincial leaders to build research capacity in this important area. In the fall of 2026, a new Exchange will be dedicated to research and policy related to intimate partner violence and gender-based violence, a crucial area of inquiry, given that gender-based violence was declared an epidemic in this province in 2026. Over the past year, twenty-two Research and Knowledge Exchanges with a combined membership exceeding 1,900 people gathered to discuss research and practice knowledge at over 100 events hosted at NLCAHR. Leveraging this success, a new brokering program now connects Master's students in the Faculty of Medicine with research opportunities proposed by RKE participants.

I hope you will enjoy reading this year's Annual Report with its focus on so many vital community connections. Congratulations to all who contributed to NLCAHR's success this year. I thank my fellow board members, the director and staff, and the outgoing board chair, Dr. Dolores McKeen, for their collective efforts to build capacity for applied health research in this province. I look forward to collaborating with the team at NLCAHR on ways to align its work with new strategic planning within the Faculty of Medicine—work we are now getting underway.



Dr. Rick Audas
NLCAHR Director,
Professor,
Faculty of Medicine
Memorial University

Greetings from the Director

The people who organize health and community care delivery in Newfoundland and Labrador face complex challenges that can only be resolved through an understanding of the issues, an assessment of best evidence, and knowledge about how best to attune that evidence to local contexts. Most importantly, this work requires sustained interdisciplinary collaboration and trusted partnerships.

The team at NLCAHR is dedicated to this approach, providing decision support grounded in long-standing relationships and an integrated collaboration among university, health sector, and community partners. Everything we do is underpinned by a steadfast commitment to listening and responding to our partners to help them connect with quality evidence that will support their work. That's why we have dedicated this year's Annual Report to the theme of **vital connections**.

This year, researchers with the Contextualized Health Research Synthesis Program (CHRSP) provided health evidence and decision support in innovative ways, producing *Quick Scans*, and *Rapid Evidence Reports*, participating in the province's Strategic Health Networks, and supporting patient-led research. The team is now collaborating with health system leaders on a return to CHRSP's annualized topic selection and priority-setting for more in-depth CHRSP studies over the coming year. Among the many CHRSP projects you will find outlined in this report are an Atlantic Canadian study on work-life balance among Long-Term Care staff and managers, a patient-initiated evidence synthesis exploring patient perspectives on primary care teams, and two new studies commissioned by community partners at the Transition House Association of NL.

The Research and Knowledge Exchange (RKE) Program continues to engage with community to build research and practice capacity. This year, the RKEs hosted researchers, learners, health professionals, decision-makers, community groups, and members of the public who share common interests in a variety of applied health topics. Their activities, highlighted in this report, included research presentations, talks from international experts, roundtables, symposia, and events that focused on the practices, programs, and policies undertaken in NL to improve health, healthcare and the social determinants of health. The diversity of topics and participants in the Centre's twenty-two RKEs continues to evolve. A new Exchange dedicated to gender-based and intimate partner violence will commence this fall, aligned with a provincial priority issue. Importantly, NLCAHR initiated a new approach to connect Master's students with research projects through the RKEs, deepening the value of the program for learners at Memorial and offering RKE members access to a talented group of learners whose work will support their organizational goals, while providing hands-on practical experience for emerging researchers.

This year's annual report showcases the Centre's successes in 2025 and 2026. Our dedicated staff and our community and health system partners have all leaned in to the effort required for sustainable change and continuous improvement: supporting evidence-informed decisions, fostering deeper collective efforts with fellow researchers, harnessing patient and caregiver perspectives, creating new learner experiences, and continuing to adopt flexible and robust approaches to evidence-informed decision making.

I extend my gratitude to the NLCAHR board of directors for their ongoing support, to our funding partners at the Department of Health and Community Services, at NL Health Services, and in the Faculty of Medicine. As always, I wish to make note of the achievements of our dedicated staff, whose work has resulted in positive relationships with our partners, in novel methods to achieve research excellence, and in meaningful community engagement. Your efforts have created many vital connections to promote population health and healthcare in this province.



About Us





The Newfoundland and Labrador Centre for Applied Health Research

(NLCAHR) collaborates with partners in government, healthcare, and community to produce research, to engage the public, to build research capacity, and to mobilize knowledge for evidence-informed decision-making in Newfoundland and Labrador.

The Centre's Contextualized Health Research Synthesis Program (CHRSP) is a partnership with the provincial healthcare system that identifies, prioritizes, and co-produces timely and relevant health evidence syntheses and other decision support products that are attuned to local capacities. Founded in 2007, CHRSP informs decisions about practices, programs, and policies in Newfoundland and Labrador's health and community systems. The NLCAHR Research and Knowledge Exchanges are a popular forum where participants discuss research and the knowledge of lived and living experiences to better understand and improve health and community services in the province. Participants include academics, learners, health system partners and community collaborators who bring a wide range of perspectives to research, practice, and policy making. NLCAHR also brokers connections among university and community partners to develop new research, to seek funding, and to support community-led projects. The Centre also enhances learner experiences by connecting students in health disciplines with research opportunities. Established as a research centre at Memorial University in 1999, NLCAHR is funded by the Department of Health and Community Services with additional support from NL Health Services and the Faculty of Medicine.



Vision

NLCAHR's vision is to improve the health of individuals and communities through applied health research, education, and public engagement, and to foster a culture of respect for the diversity of perspectives and expertise that community partners bring to research and policy making.



Mission

NLCAHR's mission is to contribute to the effectiveness of the health and community services system of Newfoundland and Labrador and to the physical, social, and psychological health and well-being of the province's population by supporting the development and use of applied health research.



Goals

NLCAHR aims to: build capacity and organizational resources for applied health research in the province; increase the amount and impact of quality applied health research undertaken on priority themes; and increase the effective and efficient use of research evidence in the province.

Governance

The Director manages the Centre and reports to the NLCAHR Board of Directors which guides the Centre's strategic decisions. The NLCAHR Board is chaired by Memorial University's Dean, Faculty of Medicine, and its members include the Associate Dean, Population Health and Applied Health Sciences, Faculty of Medicine, the Deputy Minister of Health and Community Services, the Deputy Minister of Seniors, the CEO of NL Health Services, and the NLCAHR Director (ex officio).

2026 NLCAHR Board of Directors



Chair
Dr. Stuart Carney
Dean,
Faculty of Medicine,
Memorial University



Colleen
Stockley*
Deputy Minister,
Dept. of Health and
Community Services,
Government NL



Ron Johnson
President and CEO,
NL Health Services



Jeannine Herritt*
Deputy Minister,
Dept. of Seniors,
Government NL



Dr. Laurie Twells
Associate Dean,
Population Health &
Applied Health
Sciences, Faculty of
Medicine,
Memorial University



Dr. Rick Audas
Professor, Faculty of
Medicine, Memorial
University,
NLCAHR Director
(ex officio)

**In the summer of 2026, NLCAHR welcomed the new Deputy Minister of Health and Community Services, Tracy King, and the new Deputy Minister of Seniors, Craig Davis to our Board of Directors.*

2025 NLCAHR Board of Directors

We thank outgoing Board Chair, Dr. Dolores McKeen, former Dean, Faculty of Medicine, Memorial University, for her leadership prior to January 1, 2026. We also thank outgoing Board members: John McGrath, former Deputy Minister of Health & Community Services, Alan Doody, former Deputy Minister, Department of Children, Seniors and Social Development, and Dr. Patrick Parfrey, former President and CEO of Newfoundland and Labrador Health Services, for their service on the Board of Directors in 2025 and for their many contributions to NLCAHR's success during this fiscal year.

2025-2026 NLCAHR Staff



Dr. Rick Audas
Director and
Professor, Population
Health & Applied
Health Sciences



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



Sarah Mackey
CHRSP Research
Officer and Patient
Engagement
Coordinator



Pablo Navarro
Senior CHRSP
Research Officer



Emily Granter
CHRSP Research
Officer



Tyrone White
Manager, IT, Finance
and Administration

Special Projects: 2025-26 Memorial University Graduates



Dr. Kazeem Adefemi
Ph.D. Population Health,
Post-Doctoral Fellow
Atlantic LTC Project



Taylor Anthony
M.Sc. Psychology,
Transition House
Association NL Project



Amanda Michael
Master of Public Health,
Transition House
Association NL Project



Sam Pollett
Master of Public Health,
Diagnostic Imaging Project



Research



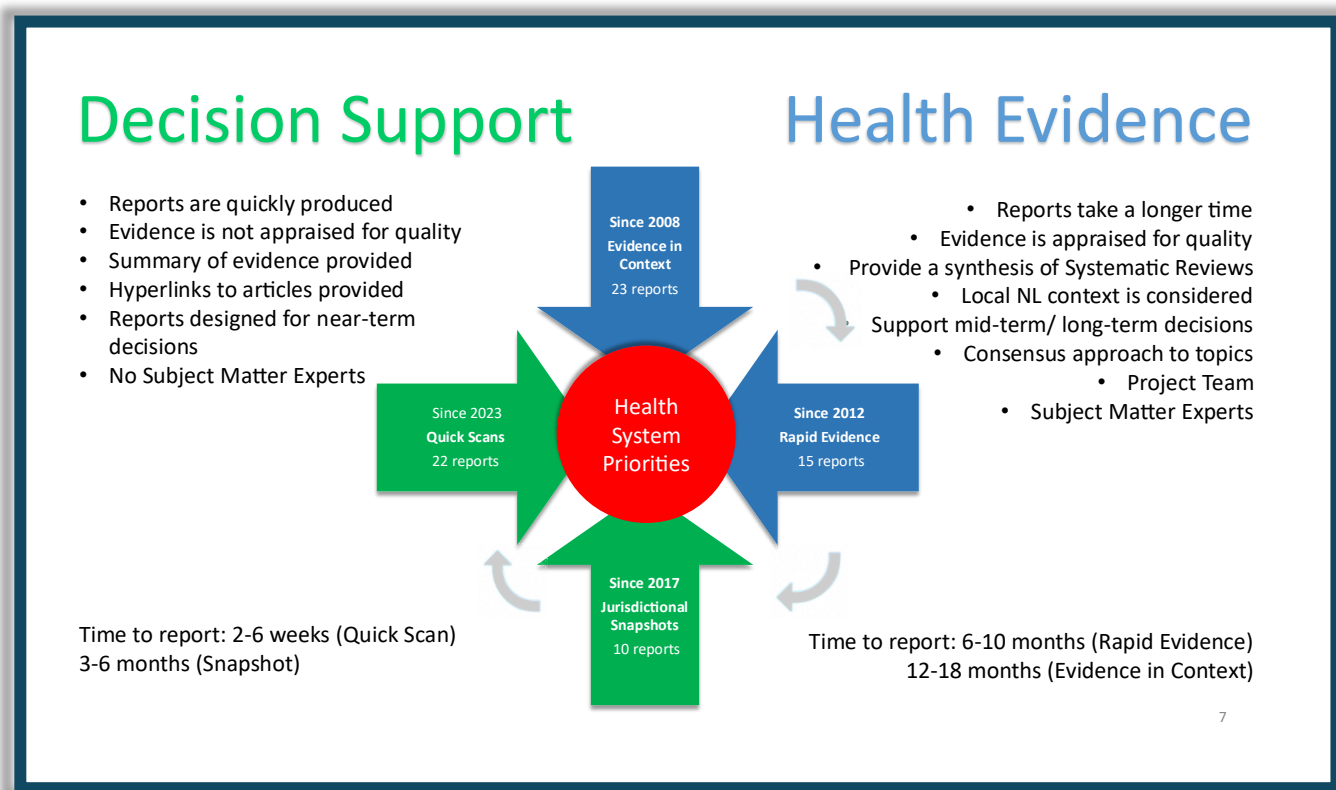
Putting Research in Place: The Contextualized Health Research Synthesis Program

NLCAHR's flagship Contextualized Health Research Synthesis Program (CHRSP) is an innovative research partnership that connects researchers with decision makers from government, the healthcare system, and with patient, caregiver, and community services advisers. Our provincial health system partners identify and prioritize CHRSP topics. Our researchers work closely with these partners to locate and synthesize health evidence that will help inform their decisions. By asking our partners to identify their own priorities and by inviting those partners to participate directly in the research process, CHRSP represents the gold standard of Integrated Knowledge Translation—a research method that involves knowledge users throughout the process: from topic identification and inclusion on project teams, to dissemination and support for implementation. CHRSP also offers flexible reporting formats that respond to health system requirements when more immediate concerns require rapid decision support, or when information about how other jurisdictions are tackling healthcare challenges might be helpful in decision making.

CHRSP Products

The graphic below illustrates the evolution of CHRSP research methods over time. It outlines:

- Key features of the health evidence CHRSP produces on topics submitted by health system partners (*Evidence in Context* and *Rapid Evidence* reports)
- Key features of the decision support CHRSP provides when questions require a more immediate response (*Jurisdictional Snapshots* and *Quick Scan* reports)
- The number of reports published to date under each methodology





Quick Scan Report Summary

Under the direction of the NLCAHR Board, CHRSP shifted its activities from 2023 to 2026 to focus on support for the integration of the province's four former Regional Health Authorities into the singular NL Health Services. Recognizing the evolving demands and challenges inherent in managing such sweeping healthcare change, CHRSP has been providing decision makers with *Quick Scans* that respond immediately to inquiries as issues arise. Given our health system's request for a stronger focus on timeliness, CHRSP suspended its traditional annual topic selection during this period. Instead, CHRSP produced evidence summaries and jurisdictional scans on a rolling basis, as information was needed to inform planning teams. Annualized topic selection for longer-term decisions and more in-depth research projects will resume in the Fall of 2026.

Given that CHRSP moves back to its traditional topic selection process this fall/winter, concluding its focus on providing rapid response, we provide the following summary of all completed *Quick Scan Reports* completed during the health system transition phase. This list demonstrates the wide range of topics that were identified as priorities during the health system transition from 2023 to 2026. [LINK TO REPORTS](#)

- Pediatric Integrated Care Teams 2025
- Clinical Psychology Workforce 2025
- Social Isolation in Older Adults 2025
- Strategies for Emergency Department Social Admissions 2024
- Reducing Administrative Burden on Physicians 2024
- Physician Engagement in the Learning Health and Social System 2024
- Environmental Sustainability in Healthcare- Evidence Scan 2024
- Environmental Sustainability in Healthcare- Jurisdictional Scan 2024
- Equity, Diversity, and Inclusion in Healthcare 2024
- Equity Diversity and Inclusion Frameworks 2024
- Virtual Urgent Care 2024
- Airway Management in Rural Settings 2024
- Point of Care Testing in Rural and Remote Settings 2023
- Health System Navigation- Evidence Scan 2023
- Health System Navigation- Jurisdictional Scan 2023
- Improving Operating Room Performance for Joint Surgery Backlog 2023
- Optimal Skills Mix for Family Care Teams 2023
- Various Policies to Support Family Care Teams 2023
- Family Care Team Appointment Scheduling Systems 2023
- Outpatient Pathways for Joint Arthroplasty 2023
- Patient Selection for Joint Arthroplasty 2023
- Wellness Networks 2023



CHRSP Decision Support Collaborations 2025-2026

In addition to the publications listed above, CHRSP has supported decision making for our health system partners through ongoing collaboration this year. While the results of the following projects have been shared directly with our partners, this work has not been published.

The following examples demonstrate the kinds of support our health system partners have come to rely on through the CHRSP research team:

- April 2025: Decision makers at NLHS requested evidence-based policies on selling food in health authorities/hospitals/healthcare settings in Canada to promote and support healthy food choices. CHRSP provided an overview of retail food policies in health facilities across Canada.
- June 2025: Decision makers at NLHS asked for help understanding best practice/guidelines for delivering certain interventions for complex pain. CHRSP provided a list of resources together with a set of guidelines for framing this issue as a researchable question to support further CHRSP study on this topic.
- September 2025: A decision-making team in NLHS Population Health, Well-Being and Provincial Community Health Systems asked for information about Health Equity Data. Pablo Navarro, CHRSP Research Officer, attended working group meetings where this topic was being discussed to help clarify the kinds of information that might support an understanding of the issues under discussion. Mr. Navarro provided the working group with resources throughout the course of his consultation, advising the team to access CIHI Social Determinants of Health equity stratifier variables and directing them to this national resource.
- October 2025: Clinical Practice decision makers at NLHS requested information on alternatives to constant observation/ family engagement in healthcare settings. The CHRSP team provided a [previously published CHRSP study](#) on this topic, together with several updated resources.
- January 2026 to present: Decision makers working in Community Supports and Long-Term Care at NLHS requested information about programs and services that are included in Community Supports Programs in other Canadian jurisdictions. The CHRSP team met with NLHS officials and other Directors on February 19, 2026 to review this request. The team then provided resources for the group to review so they could decide how they might narrow the research focus on this topic. The topic is still being deliberated as a potential subject for further CHRSP study.
- April 2026 to present: The CHRSP team met with a committee of decision makers at NLHS to discuss remote patient monitoring. CHRSP prepared example materials for review to help narrow down the topic focus. This work is currently in progress.
- 2025 to present: CHRSP Research Officers Pablo Navarro, Sarah Mackey and Emily Granter were invited to attend regular meetings of the provincial Strategic Health Networks so that they can support Networks as they seek evidence to inform future decision making.

Other Completed CHRSP Projects: 2025-2026

In addition to the work described above, the CHRSP team completed the following projects this year.



March 2026 | Patient Perspectives on Team-Based Primary Care A Rapid Evidence Report | [LINK TO REPORT](#)

The research question:

“What does the research literature reveal about patient perspectives on community-based primary care delivered by interprofessional teams, specifically regarding access, continuity, and other relevant aspects of quality of care?”

Project Background: Cris Carter, a patient partner with the NL SUPPORT Patient and Public Advisory Council submitted a request for research on primary care access as part of a Support for Patient Oriented Research Evidence Alliance (SPOR EA) national research priority-setting exercise. Ms. Carter’s topic was selected as one of 20 studies from across Canada to receive SPOR EA funding. NLCAHR, as a member of the SPOR EA, was matched as the research team to conduct this study.

Project Team: Cris Carter was the Project Co-Lead together with Dr. Rick Audas, NLCAHR Director. Rosemary Lester was the Patient Partner for the project. CHRSP Research Officers Sarah Mackey and Emily Granter carried out an evidence synthesis, working closely with patient partners through every stage of the project. NLCAHR asked Dr. Sabrina Wong, a professor at the University of British Columbia’s Centre for Health Services and Policy Research, to be the Subject Matter Expert for this report.

Why This Topic? Canada’s primary care crisis is affecting patients’ ability to access care when and where they need it. In response, several provinces have introduced primary care teams in which physicians work with other healthcare professionals to deliver coordinated patient care. Here in Newfoundland and Labrador, Family Care Teams are being introduced to improve primary care access. Gaining a better understanding of patient perspectives will support decision making in the NL health system as these team-based primary care models continue to evolve.

The Research Approach: This study was undertaken as a CHRSP *Rapid Evidence* report. CHRSP researchers located health evidence from a variety of databases and conducted a rapid synthesis of studies published between 2020 and 2025. Results were then filtered to include adult patients accessing team-based primary care in either rural or urban settings. Included care teams had to have a minimum of one physician or one nurse working with at least one other healthcare professional. Outcomes included patient perspectives on access to care, continuity of care, and other relevant aspects of quality of care. The report synthesized evidence from one integrative review of 48 primary studies and 14 recently published primary studies. Much of this research focused on patients with complex or chronic conditions. All studies were appraised for methodological quality. The researchers then outlined a series of contextual factors for decision makers to consider when applying the synthesized evidence for use in Newfoundland and Labrador.

What Did We Find?

- Patient perspectives vary. The research evidence suggests that patients generally have positive experiences with team-based primary care; however, patient perspectives differ across the literature, often depending on individual needs, the local context in which their care is delivered, and how team-based care is organized.
- Patient perspectives on access to care emphasize the value of having access to a wide network of healthcare professionals as this helps fill gaps sometimes found in solo-GP practice. Patients also value co-located services, multiple modes of access, flexible booking, and affordable healthcare.
- Patient perspectives on continuity of care emphasize the importance of building supportive relationships across the care team, and the value of the General Practitioner/ Family Physician as the anchor to care. Coordinated teamwork among providers, clear care plans, regular follow-up, and smooth information-sharing are also seen as essential to ensuring continuity of care.
- Patient perspectives on overall quality of care are most typically viewed in terms of care access and continuity and how these dimensions may interact. As an example, better access to care might require a patient to see an unfamiliar care provider, meaning that patients gain access at the expense of continuity. Patients also value patient-centered and holistic approaches and having enough time with their care providers to feel heard and understood.

Publication and Dissemination: The report was published on the NLCAHR website and emailed to over 2,000 provincial stakeholders, including decision makers in government and NLHS. The report is also published on the SPOR-EA website. The findings were presented at the May 2026 meeting of the NL SUPPORT Patient and Public Advisory Committee. On June 11, 2026, the project team hosted a provincial dissemination event that included patients and caregivers, health system decision makers, and community stakeholders in an interactive virtual event. Participants agreed that the findings offer guidance for decision makers seeking to incorporate patient perspectives in healthcare decisions. Participants also noted that continued efforts to gain an understanding of patient perspectives will be critical to ensure ongoing success and improvement of team-based models of care.



March 2026 | THANL Research Partnership Phase 2: Implementation Research for a New Harmonized Data Collection Framework

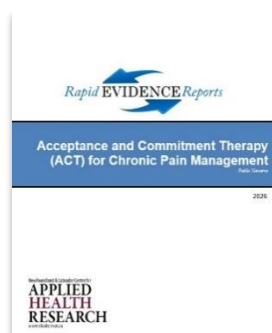
Under the leadership of Pablo Navarro, Senior CHRSP Research Officer, NLCAHR partnered with the Transition House Association of Newfoundland and Labrador (THANL) to study the data collection frameworks used by transition houses across the province. Transition houses, also referred to as violence against women shelters, support women and families fleeing from intimate partner violence. In 1987, the Provincial Association Against Family Violence (PAAFV) was established, since renamed the Transition House Association of Newfoundland and Labrador (THANL). Its members include provincially funded shelters throughout the province.

With Phase 1 funding of \$100,000 from THANL, CHRSP researchers studied the data collection frameworks used by transition houses in NL and how that data is used for analysis, reporting, and decision making. Phase 1 also studied the barriers and facilitators to changing data collection frameworks, particularly in the context of harmonizing those frameworks to be more consistent across all shelters. The team completed this first phase of the project in 2024.

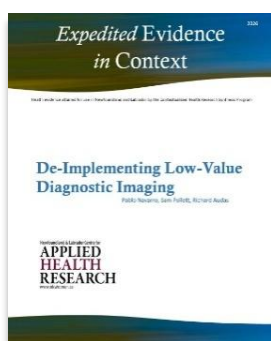
CHRSP then collaborated with THANL to seek additional funding to implement the findings from the Phase 1 report. Phase 2 of this project, with an additional \$120,000 in funding from THANL, was undertaken from 2025 to 2026 to build an implementation plan for a shared data collection framework. This shared framework will be critical for understanding the state of gender-based violence in Newfoundland and Labrador and identifying developing trends, as well as for assessing the changing needs of transition houses.

CHRSP Reports Now in Progress

CHRSP researchers are currently working on the following projects:



Rapid Evidence Report: Acceptance and Commitment Therapy (ACT) for Chronic Pain Management. This *Rapid Evidence* Report is now being completed in response to a topic requested by NLHS. This project is studying the effectiveness of Acceptance and Commitment Therapy (ACT) for patient groups with chronic pain conditions (not including cancer patients). ACT is a mindfulness-based behavioral therapy that aims to help individuals with chronic pain to develop "psychological flexibility" – the ability to accept difficult thoughts and emotions without judgment, while committing to actions that align with personal values.



Evidence in Context Report: De-Implementing Low-Value Diagnostic Imaging.

In response to a topic requested by the Department of Health and Community Services, and with external funding of \$25,000 from the SPOR Evidence Alliance, CHRSP researchers are in the process of completing a report that will be published by year-end 2026. CHRSP researchers are studying contextual factors that may influence the implementation of a decision-support tool to reduce the number of unnecessary computerized tomography (CT) scans for unspecified low back pain.



An Underrepresented, Undervalued Workforce: Understanding and Supporting Quality of Work Life in Long-Term Care

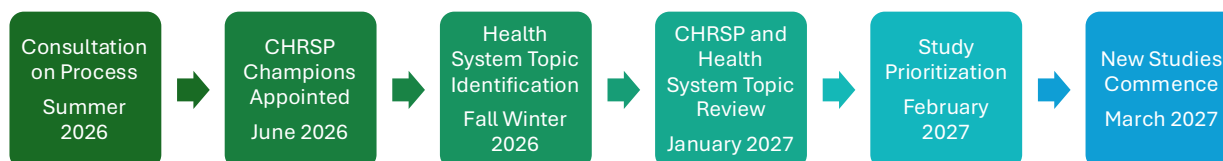
Dr. Janice Keefe, Professor and Chair, Family Studies and Gerontology Department, and Director of the Nova Scotia Centre on Aging, and colleagues were awarded a \$2.1 million-dollar CIHR Project

Grant for this project, which includes sites from across Atlantic Canada. Dr. Rick Audas, NLCAHR Director, is leading a research team in Newfoundland and Labrador which now includes Dr. Kazeem Adefemi, Postdoctoral Fellow, Memorial University (November 2024—Present) and has involved past support from CHRSP researchers Dr. Emily Doyle, Emily Granter and Julia Li. Other team members include Deena Waddleton, NL Department of Seniors, representative Kelli O'Brien from NL Health Services, together with academic and research partners from Dalhousie University, Memorial University, University of New Brunswick, University of Calgary, Nova Scotia Health, Nova Scotia Ministry of Health and other policy and practice stakeholders. Announced in February 2023, this CIHR Project Grant is funding for a multi-site, multi-year research study that aims to improve quality of work life for staff in long-term care. This study commenced in April 2023 with an anticipated completion date of March 2027 and is assessing how work environments may have an impact on the quality of work life for staff in Long Term Care homes and ultimately, on resident quality of care outcomes. [Link to Project Website](#).

2026: Returning to Annualized CHRSP Topic Selection

With the establishment of NL Health Services now complete, CHRSP will move back to annual topic selection for the 2026-27 year. This process produces a slate of new, in-depth studies to support mid- to longer-term decision making. The planned topic identification and prioritization process is outlined below:

CHRSP Annual Topic Selection Process: 2026-2027



NL Health
Services



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The Process: Identifying New CHRSP Topics for 2026-2027:

- The first step in re-establishing annual topic selection involved a series of preliminary consultation meetings with our health system leaders in 2026 to review CHRSP products and processes. Through these iterative consultations, CHRSP researchers determined:
 - partner preferences for timing and approach to topic selection,

- the kinds of reports that decision makers value, and
 - how CHRSP can support information-sharing and priority-setting across the system.
- The consultation process was completed in early June. A meeting in November is now being planned to further discuss the potential for CHRSP to provide even more responsive decision support, based on feedback from across the system and from the decision makers serving on the NLCAHR Board.
- Our partners have now appointed strategic CHRSP Champions who will guide the topic identification process within their respective organizations.
- Documentation to guide the topic identification process has been prepared and sent to our valued CHRSP Champions.
- Our partners indicated a preference to solicit topics from their respective organizations commencing in September 2026.
- By December of 2026, CHRSP Champions will collect all submitted topics and review submissions in-house with their senior leadership.
- Based on the outcome of the in-house consultations, the Champions will send a long list of topics to CHRSP for review in January of 2027.
- CHRSP Research Officers will then work with our partners to review and refine submissions to create a shortlist of priority topics.
- Shortlisted topics will be shared among all health system partner organizations (i.e., Departments of Health & Community Services and Seniors, NLHS) to prevent duplication of effort and to break down silos in healthcare planning and prioritization.
- Prioritization will be determined iteratively based on factors such as importance to population health, impact on strategic planning, and other factors, including timeframe for decision-making, and urgency.
- CHRSP will commence work on new projects, in the priority order determined by our health system partners, in March/April 2027.
- In addition to completing projects based on this annualized topic selection, our partners have asked CHRSP to continue to produce *Quick Scan* reports on an ad hoc basis, as this rapid response has proven valuable to planning teams.

2025-2026 Health System and Community Partners in CHRSP

We thank the following individuals for their support of the CHRSP process: as the initiators of new research projects; as our CHRSP Champions helping connect our work with others within their organizations; and as essential partners in CHRSP research teams.

Partners in the Department of Health and Community Services:



- Deputy Ministers: John McGrath (2025), Colleen Stockley (2025-6), Tracy King (2026)
- Manager of Policy and Planning: David Coffin (CHRSP Champion)
- Associate Deputy Ministers: Katie Norman (2025-6), Gillian Sweeney (2026)
- ADM Professional Services: Patrick Morrissey (2025-6), Lisa Curran (2026)
- ADM Corporate Services: Robyn Hayes
- ADM Population Health: Pam Barnes (2026), Gillian Sweeney (2025-6)
- ADM Regional Services: Justin Garrett
- Director of Health Professional Recruitment & Retention: Carla Whittle
- Director Privacy Performance Evaluation: Janelle Hippe

Partners in the Department of Seniors:



- Deputy Ministers: Alan Doody (2025) Jeannine Herritt (2025-6), Craig Davis (2026)
- Director, Seniors, Aging, Disability Policy: Henry Kielley (CHRSP Champion)
- Director of Seniors' Healthcare: Deena Waddleton

Partners at NL Health Services



- CEO: Dr. Patrick Parfrey (2025-6), Ron Johnson (2026)
- Provincial Director of Planning and Policy: Keith Parsons (CHRSP Champion)
- Regional Director of Planning and Policy: Mariel Newell (CHRSP Champion)
- VP Population Health, Well-Being and Provincial Health Systems: Darla King
- VP Quality and Safety: Tina Edmonds (2025-6) Joanne Pelley (2026)
- VP Human Resources: Debbie Molloy (2025-6) Collette Smith (2026)
- VP Medical Services and Academic Affairs: Dr. Gena Bugden
- VP Mental Health and Addictions and Correctional Health Services: Glenda Webber
- VP COO Eastern Zone: Glenda Webber (2025-6) Michelle Alexander (Interim-2026)
- VP COO Central Zone: Craig Davis (2025-6), Traci Foss (2026)
- VP COO Western Zone: Teara Freake
- VP COO Labrador: Cassie Chisholm
- Director, Research and Innovation: Liam Kelly (2025-6)
- Director, Paramedicine: Charlene Tellenbach
- Director, Performance and Evaluation: Amy Folkes

- Strategic Health Networks (SHN): Nadine McEvoy, Kim Ghaney, Jessica Connors, Marcel Billard, Natalie Reardon, Michael MacDonald, Sarah Critch, Julie Sullivan
- Program Evaluation Consultant (SHN Evaluation): Krista Butt
- Program Evaluation Consultant (SHN Evaluation): Nicole Power

Public, Patient, and Context Advisers



Public, Patient, and Context Advisers

Patient partners provide valuable insight, advice, and contextual knowledge that helps shape and strengthen CHRSP research projects. Working with the NL SUPPORT Patient and Public Advisory Council (PPAC), CHRSP involves patient partners in research that aligns with their

interests and experiences. CHRSP Research Officer Sarah Mackey is the CHRSP Patient Engagement Coordinator, participating in PPAC meetings to identify opportunities for patient involvement.

This year, CHRSP worked with two patient partners from the NL SUPPORT PPAC, Cris Carter and Rosemary Lester, who provided excellent leadership to their patient- led project on team-based primary care. This first patient-initiated, patient-led research project provided reciprocal learning opportunities for all involved. CHRSP also engages with the NLCAHR Research & Knowledge Exchanges, whose members contribute to focus groups on topics of CHRSP study that are aligned with their specific research, practice, programming and policy expertise.



CHRSP has now published 160 reports in a variety of formats, providing responsive decision support for health system and community partners in Newfoundland and Labrador.



Engagement



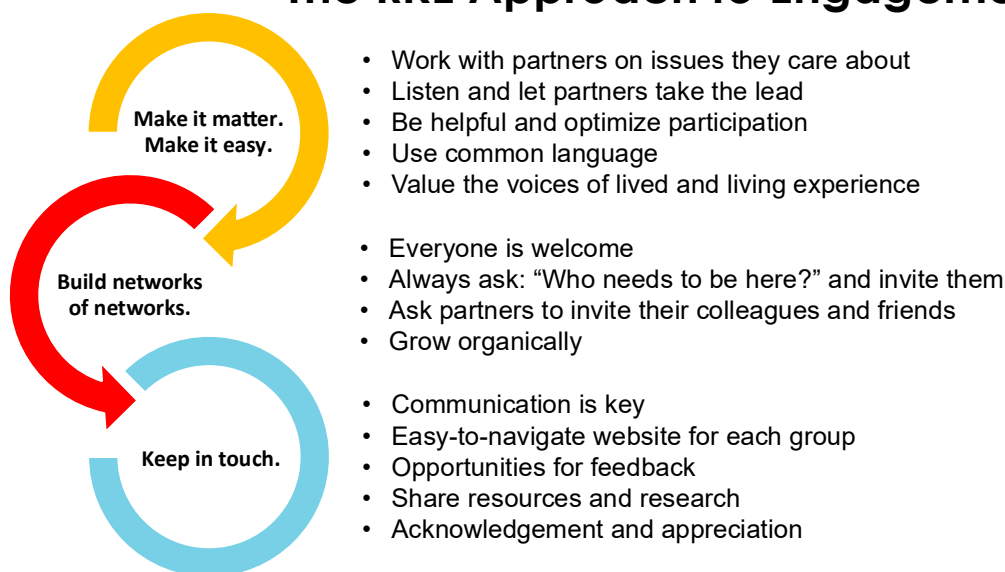
Meaningful Engagement: Research and Knowledge Exchange at NLCAHR

The Newfoundland and Labrador Centre for Applied Health Research established the Research & Knowledge Exchange (RKE) program to engage with our communities and to build research and practice capacity in the province. The program brings together university researchers and learners, health professionals, decision-makers, community groups, and members of the public who share common interests in a variety of applied health research topics. NLCAHR hosts 22 Exchange groups, each organized around a specific area of interest. The meetings take a variety of formats: research dissemination, symposia, presentations from healthcare and community partners about practice, programs, and policy making, interactive roundtables, journal clubs, workshops to provide feedback on research being planned or in progress, and focus group discussions. Diverse inter-professional and experiential perspectives are highlighted in every RKE discussion. Participants consistently cite networking and collaboration as key benefits of the RKE program, or, as one community participant told us:

*“These groups smash silos!
The magic of the NLCAHR Research & Knowledge Exchange is in the way the groups are structured to bring such a range of folks together with a shared agenda while maintaining a noncompetitive environment that promotes real collaboration.”*

The RKE approach to community engagement has resulted in a dynamic program—led by participants, and designed to meet people where they are.

The RKE Approach to Engagement



Research and Knowledge Exchanges: 2025-2026

Topic	# of Members	Conveners (Disciplines/Affiliations) *
Attention Deficit and Hyperactivity Disorder (ADHD)	68	Dr. Jackie Hesson (Education) Dr. Ross Connolly (Psychology)
Aging	174	Dr. Sharon Buehler (Medicine) Dr. Karen Doody (Chemistry, Director of ARC-NL)
Autism	92	Rachel Hogan (Autism Society of NL) Kayla Warren (OT Private Practice in Autism and ADHD)
Arts and Health	125	Dr. Natalie Beausoleil (Medicine) Dr. Jane Gosine (Music/ Medicine)
Chronic Disease	70	Anne Wareham (Psychology at NL Health Services) Dr. Jennifer Collins (Nursing)
Climate Change	65	Pablo Navarro (NLCAHR) Dr. Stephanie Atkinson (Surgeon, NLHS, CAPE-NL) Yasamin Atabaki (Graduate Student, Medicine)
Critical Disability Studies	85	Dr. Laura Pacheco (Social Work) Dr. Andreae Callanan (Researcher on neurodivergence)
Eating Disorders, Disordered Eating & Body Image	68	Dr. Pamela Ward (Nursing) Dr. Susan Pardy (Psychologist, NL Health Services) Holly Grant (Medical Student)
Gender, Sexuality, and Health	74	Mary Walsh (End Sexual Violence NL)
Global Health	69	Dr. Kimberly Jarvis (Nursing)
Harm Reduction/Critical Drug Studies	94	Dr. Gillian Kolla (Medicine) Jane Henderson (NL Centre for Substance Use)
Health Human Resources**	85	Dr. Rick Audas (Medicine, NLCAHR)
Horticultural Therapy	75	Dr. Jan Buley (Education) Jennifer Joy Russell (Education, Government NL)
Human Animal Interaction and Wellness	60	Dr. Carolyn Walsh (Psychology/ Canine Research Unit) Dr. Katherine Wayne (Graduate Student, Medicine, UNB) Sam Morton (Graduate Student, Geography)
Implementation Science and Change Management	66	Dr. Amanda Hall (Medicine) Krista Butt (Evaluation, NL Health Services) Dr. Josh Rash (Psychology)
Indigenous Health	106	Dr. Fred Andersen (Social Work)
Learning Health & Social System	112	Dr. Robert Wilson (Medicine) Dr. Brendan Barrett (Medicine)
Mental Health	175	Dr. Tyler Pritchard (Psychology)
Midwifery and Maternal Health	95	Dr. Ann Noseworthy (Retired Nurse Midwife) Sarah Harnum (Midwife, NLHS/ Graduate Student Medicine)
Oral Health	38	Cindy Holden (MPH, Registered Dental Hygienist)
Palliative and End-of-Life Care	70	Dr. Susan MacDonald (Palliative Medicine) Dani Taylor (Young Adult Cancer Canada) Jessica Wall (NL Health Services)
Rural Health	96	Dr. Jennifer Shea (Medicine)
New in September 2026: Intimate Partner Violence	30	Dr Ami Goulden (Social Work) Emma Duke (The Journey Project) Stacey Hoffe (Mokami Status of Women Council, co-chair NL Task Force on Gender-Based Violence)
Total Membership:	1,992	
* Unless otherwise indicated, RKE conveners are situated at Memorial University		
** Although this Exchange was inactive in 2025, it will re-commence activities in October 2026		



New for 2025-2026:

Connecting the Research and Knowledge Exchange Program with Graduate Students

Over the past several years, the NLCAHR Research and Knowledge Exchanges have provided practicum placement opportunities for students in the Master's of Public Health program at Memorial University who have undertaken community-based research projects brokered through NLCAHR. Leveraging on this success, NLCAHR created a new program this year to connect RKE participants with student research support through the

practicum component of the Master's of Applied Health Services Research program, which operates through the Atlantic Regional Training Centre (ARTC). The ARTC is a collaborative venture among four universities: Memorial University, University of New Brunswick, University of Prince Edward Island, and Saint Mary's University. Dr. Rick Audas, MAHSR Program Coordinator at Memorial University, organized the new program with the leadership of Dr. Emily Doyle, a post-doctoral fellow in the Faculty of Medicine, who took on the role of Experiential Learning Coordinator. Dr. Doyle worked with Rochelle Baker, Manager of Communications, Partnerships and Research Exchange at NLCAHR, and with Courtney McKay, Program Manager for the ARTC Master of Applied Health Services Research program, to launch this initiative.

The goal of the partnership was to match MAHSR students with research projects identified by RKE participants: to build research capacity and community knowledge among the MAHSR students and to engage with health system and community partners working in diverse topic areas in Newfoundland and Labrador. The composition of the RKEs and their embeddedness in the Atlantic Canadian health system made this an ideal learning ground for the MAHSR students. The established RKE infrastructure generated context-relevant research projects that will build capacity across the health and community system research and policy landscape.

This first year of the partnership was a resounding success with more projects being proposed by RKE members than students available to support them. With such a variety of projects to choose from, students seeking opportunities were able to be matched with projects of particular interest to them. While this program/ partnership is still unfolding, one of its key elements will involve having participating students present their projects back to the RKEs, an excellent opportunity for community validation and reciprocal knowledge sharing. While many RKE participants are based in NL, most of the practicums were able to be conducted remotely, thereby enabling students from across Atlantic Canada to be paired with projects here in NL. The organizers are learning from students and RKE participants about the strengths, best practices, and challenges of building new collaborations to meet the broader goals of the RKEs. The team at NLCAHR is hopeful that investing in these partnerships over time will lead to deeper engagement and strategic opportunities for both students and RKE participants.

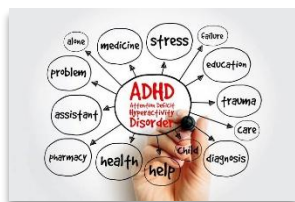
Research and Knowledge Exchange: Highlights from Activities and Meetings

The events listed below showcase the diverse range of events hosted at NLCAHR this year. We thank our volunteer presenters and our dedicated RKE participants for their contributions to the program's continued success.



Meaningful Activity Prescriptions (MAPs): An Evidence-Based, Action-Oriented Approach to Dementia Care in the Community

Cassandra McLean is a Certified Therapeutic Recreation Specialist and MAHSR student with a professional focus on dementia care. She presented to the RKEs on Aging and on Mental Health about Meaningful Activity Prescriptions (MAPs) which are structured, evidence-informed approaches that support people living with dementia and their caregivers through personalized, strengths-based activity engagement. Grounded in recreation therapy, occupational science, gerontology, and dementia care best practices, MAPs prescribe individualized activities that support identity, function, and quality of life. Ms. McLean spoke about the theoretical and empirical foundations for the approach and framed MAPs as part of an integrated, stepped-care community dementia model. The group discussion highlighted program feasibility, adaptability, and system alignment. The presenter underscored emerging outcomes related to participant engagement, caregiver confidence, service navigation, and health system efficiency. The session emphasized how evidence can be operationalized into scalable programs that bridge healthcare, community services, and social innovation.



How do we diagnose ADHD? Who makes the diagnosis? Then what?

For this meeting of the RKE on Attention Deficit-Hyperactivity Disorder (ADHD), a discussion led by conveners Dr. Jackie Hesson and Dr. Ross Connolly focused on ADHD diagnosis and service provision in Newfoundland and Labrador. The discussion covered diagnostic landscapes, service accessibility, and challenges in healthcare and educational settings. Participants shared personal experiences with diagnoses, including challenges with wait-times, costs, and the need for better support services for neurodivergent children and adults. The group explored various aspects of diagnosis and treatment, including concerns about over-diagnosis, the credentialing requirements for diagnosticians, and the importance of involving neurodivergent individuals in planning and delivering support services for people with ADHD.



The Learning Health and Social System: Choices for Youth

Matthew Cooper is the Newfoundland and Labrador Data Lead for a CIHR-funded project to build a Learning Health and Social System by gathering and analyzing data from Integrated Youth Service sites across Canada. Here in Newfoundland and Labrador, Choices for Youth (CFY) offers Integrated Youth Services that include mental health/ substance use support, youth and family peer support, primary care, social services, housing, food security, social enterprise, education, and employment. Matthew presented this research project to the RKE on the Learning Health and Social System in 2025.



A National Assessment: The Needs of Canadian Autistic Adults

A recent national survey of over 1,900 Autistic adults helped to better understand the daily lives of Autistic adults in Canada. Since ADHD is very often associated with Autism, the RKEs on Autism and ADHD co-hosted this presentation by Dr. Mackenzie Salt, postdoctoral fellow in the Department of Psychiatry and Behavioural Neuroscience at McMaster University, who presented findings from the national survey. Dr. Salt talked about the broader implications of this research for improving services to support Autistic adults in Canada, based on feedback from Autistics adults themselves.



The Death Dictionary: How to Plan for End-of-Life

Alison Judd is a Master's-certified Registered Social Worker with the Newfoundland and Labrador College of Social Workers (NLCSW) whose professional interests are focused on improving health and well-being, with a specific focus on older adult care and end-of-life, palliative care patients. Alison presented to the RKEs on Aging and on Palliative/End-of-Life Care about how to help prepare and plan for death. Her presentation looked at pragmatic concerns related to death and dying, including advance healthcare directives, pre-planning for funerals and burial, preparing a legally-binding will, the role of the executor, and other important considerations. She offered pragmatic guidance for people and their families as they navigate complex end-of-life decisions.



Experiencing Menopause: Insights and Experiences

This presentation to the RKEs on Aging, on Midwifery and Maternal Health, and on Mental Health explored menopause as both a biological and a social experience. Presenter Alyssa Blais highlighted changes in the brain and body during midlife, and talked about how, historically, menopause symptoms have been medicalized, stigmatized, and dismissed. The presentation examined how societal narratives, cultural expectations, and historical perspectives have shaped our collective understanding of menopause. By considering patient voices and stories as essential sources of knowledge, Ms. Blais encourages more open discussion to support health, agency, and well-being, including the potential for peer-support and community-based approaches to learning and coping during this life stage. Alyssa Blais is a lifelong learner and an emerging health services researcher, currently pursuing her Master's of Applied Health Services Research degree at Saint Mary's University. She also holds a Master's degree in Adult Education and Community Development. By centering people's stories as essential sources of knowledge, her work advocates positive, person-centered approaches to health and aging.



Food Insecurity in Newfoundland and Labrador

Sadiqa Sheikh, a Master's of Public Health student at McMaster University, completed an MPH practicum with Newfoundland and Labrador Health Services. Under the supervision of Dr. Itai Malkin, her research focused on assessing the local food landscape in Newfoundland and Labrador and exploring climate change adaptation strategies that will support food security. Ms. Sheikh shared the outcomes of this practicum with the RKE on Climate Change to initiate an important dialogue about the key food insecurity issues facing this province and some of the ways we might adapt to build resilience in future.



Advancing Seniors' Health and Well-Being in Newfoundland and Labrador

Deena Waddleton, the Director of Seniors' Healthcare with the Department of Seniors at Government NL, spoke to the RKE on Aging about current and planned provincial initiatives to advance the health and well-being of older adults in Newfoundland and Labrador. Ms. Waddleton outlined her division's responsibilities, which include homecare, personal care homes, long-term care, and palliative care, and discussed the Home First initiative which works to support people to remain independent and active in their communities. The

presentation also outlined a framework for supporting seniors' health and well-being, focusing on improving well-being, establishing centers of excellence, and integrating services across the healthcare continuum. Exchange participants discussed a variety of topics outlined in the talk, including age-friendly community initiatives, community-based rehabilitation, dementia care, home support workforce training, and other relevant government initiatives. This session gave participants an opportunity to ask about specific programs for seniors and to explore future engagement and information-sharing opportunities.



A Two-Step Presentation on Dance and Health

Lauren Jackman and Abigail Druken are medical students at Memorial University with a lifelong passion for dance. Their research interests include exploring the role of the arts in human health and well-being. The RKE on the Arts and Health welcomed a co-presentation of their research. Lauren Jackman presented her project, "Dance on Prescription: Exploring the Potential Applications of Healing and Health Promotion through Movement to Music in Newfoundland and Labrador" and Abigail Druken' spoke about her

work on "Using Dance as a Beneficial Instructional Tool in Medical Education." Their qualitative research revealed the positive impact of dance on individuals with health challenges (e.g., chronic illness and social isolation), and as a tool for connection and stress reduction among medical students.



Foot Health and Self-Management in Diabetes: Insights from the Experiences of Patients, Caregivers, and Healthcare Providers

Dr. Kathleen Stevens is an Assistant Professor at Memorial's Faculty of Nursing and an advanced foot care nurse in St. John's. Her research focuses on preventative foot health, diabetes-related foot complications, and patient self-management strategies. In a presentation to the RKEs on Chronic Disease and on Aging, she noted that while people with diabetes face an increased risk of foot complications, effective foot care self-management remains challenging. Prevention requires engaging in

multiple behaviors, including daily foot care and appropriate footwear use, and also requires timely access to healthcare providers. Dr. Stevens' qualitative research explored the experiences of foot self-management from the perspectives of patients with diabetes, the people who support them at home, and their healthcare providers. An overarching theme of complexity in foot self-management emerged. Interconnected sub-themes included knowledge, physical ability, footwear, support, readiness to self-manage, and communication between patients and their healthcare providers. Findings highlighted the importance of individualized, relationship-centered strategies for diabetic

foot care. The research found that emphasizing rapport, assessing and capitalizing on readiness, and reinforcing positive behaviors may help strengthen self-management and support the prevention of diabetic foot complications.



**Two Projects on Positive Psychology:
Integrating Positive Psychology into Psychological Assessments, and
An Intervention for Parents and Pre-Teens**

Positive psychology is the study of the conditions and processes that contribute to the flourishing or optimal functioning of people, groups, and institutions. Its aim is not the denial of the distressing, unpleasant, or negative aspects of life; rather, positive psychology explores the other side of the coin—the ways that people feel joy, show altruism, and create healthy families and institutions—thereby addressing the full spectrum of human experience. Positive psychology positions positive topics of inquiry as being important to understand in themselves, and not solely as buffers against the problems, stressors, and disorders of life. Jennie Martow and Emi Thornton are Ph.D. students in the Clinical Child and Adolescent Psychology program at the University of Guelph. They are members of Dr. Margaret Lumley's Resilient Youth Research Group. Ms. Martow's dissertation explores how positive psychology principles can be integrated into psychological assessment practice, and Ms. Thornton is evaluating a school-based parenting intervention designed to promote well-being of parents and their pre-teen children. They spoke with the RKE on Mental Health about their research on positive psychology from both theoretical and practical perspectives.



**The Atlantic Research Collaboration on Long-Term Care
(ARC LTC)**

In this presentation to the RKE on Aging, Dr. Heather Dicks and Dr. Kazeem Adefemi introduced the work of the Atlantic Research Collaboration on Long-Term Care (ARC LTC), which represents a program of research comprising researchers, trainees, and sector collaborators studying the Atlantic Canadian long-term care sector. The presenters outlined early findings emerging from their research, including an overview of demographic features and overall wellbeing of care aides working in the LTC sector. As care aides represent the largest staff group providing direct care in long-term care homes, understanding this crucial workforce in the Atlantic Canadian context is an important first step in developing effective policies and practices to support improvements in the sector. Dr. Kazeem Adefemi is a Postdoctoral Fellow with the NL Centre for Applied Health Research (NLCAHR). In his current research, he is using advanced quantitative analysis to identify the organizational and personal factors that predict job satisfaction, burnout, and intention to leave among healthcare workers in the long-term care sector. Dr. Dicks is a Postdoctoral Fellow with the Nova Scotia Centre on Aging at Mount Saint Vincent University. In her current research, she is exploring the demographics and work life experiences of healthcare workers in Atlantic Canada, including the distinct experience of immigrant and racialized workers.



A Staged Approach to Managing Postpartum Hemorrhage

Postpartum hemorrhage is severe bleeding after childbirth, an emergency often caused by the uterus not sufficiently contracting (uterine atony), retained placenta, or birth injuries. Postpartum hemorrhage can cause dizziness, rapid heart rate, and low blood pressure and it requires immediate medical attention to replace fluids and treat the underlying causes. Tonya Somerton, Division Manager of Children's Women's Health

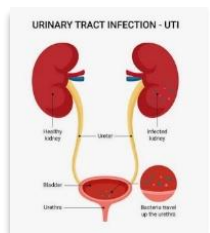
& Surgical Services at Carbonear General Hospital spoke to the RKE on Midwifery and Maternal Health about postpartum hemorrhage and outlined a new staged approach to managing the condition and new tools developed at Carbonear General Hospital to assist in the consistent application of best practices to manage postpartum hemorrhage for patients.



ElderDog Canada: Supporting Older Adults and their Canine Companions

Dr. Gail Wideman spoke to the RKEs on Aging and on Human-Animal Interaction about ElderDog Canada, a national, registered charitable organization dedicated to aging people, aging dogs, and the important relationship they enjoy. ElderDog recognizes that the human-animal bond is perhaps stronger and more profound in late life than at any other age. In Canada, ElderDog volunteers assist and support older adults in the care and well-being of their dogs and promote the welfare of older canines whose lives

have been disrupted due to illness, relocation or the death of a human companion. Established through a working group of the RKE on Human-Animal Interaction and Wellness, the NL branch of ElderDog Canada, located in St. John's Metro, is now up and running. This information session helped familiarize RKE members, their families, and their care providers with the support available through ElderDog to help them maintain the vital connection with their beloved canine companions. Dr. Gail Wideman is retired faculty from the School of Social Work at Memorial and the leader of ElderDog St. John's Metro.



A Quality Improvement Project: Developing an Evidence-Informed Infographic Supporting Early Identification and Prevention of Urinary Tract Infections in Older Adults Living in Long-Term Care Homes

Urinary tract infections (UTIs) can lead to serious infection resulting in hospitalization and death. With decreased immunity, older adults are at a higher risk of developing UTIs, and this risk may be exacerbated by increased rates of bladder and bowel incontinence. UTIs are among the most frequently diagnosed

infections in older adults but they can be prevented or be less severe if they are detected early with modifiable risk factors (i.e., hydration) identified and addressed. Zachary Thorne spoke with the RKEs on Chronic Disease and on Aging about a quality improvement project he initiated to develop an evidence-informed infographic that supports the identification and prevention of UTIs among staff in Long Term Care Homes in Newfoundland and Labrador. Mr. Thorne has created two infographics for LTC staff, and for family members of older adults. The educational resource provides a quick reference to prevent and identify UTIs and includes evidence, best practices, and preventative measures. Zachary Thorne holds a Master's of Science in Nursing and has a background in medicine, geriatrics, and nursing education. He is the Clinical Placement Coordinator for the BScN program at Memorial University.



Learning Inside and Outside Correctional Settings:

Launching Walls to Bridges in Newfoundland and Labrador

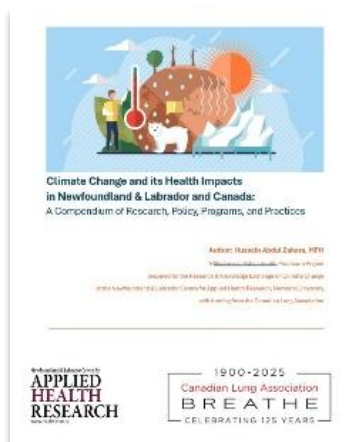
Walls to Bridges (W2B) is a transformational, experiential education initiative that brings together university-enrolled students and students who are incarcerated to study as peer learners. Walls to Bridges (W2B) classes are for-credit courses offered through universities and colleges and taught within correctional settings. W2B classes involve equal numbers of incarcerated (“inside”) learners and university/college-based (“outside”) students learning together as peers. Dr. Shoshana Pollack founded Walls to Bridges in partnership with Grand Valley Institution for Women in Kitchener, Ontario. Sixteen universities in Canada now offer W2B courses with all partnerships documenting the transformative impacts for all learners who participate – inside and outside – with no safety or security issues arising. Memorial’s W2B-NL will be the newest partnership in Canada and the first in the Atlantic region. The W2B-NL research project was funded by Memorial’s Office of Public Engagement. The project involved a two-year feasibility consultation with 112+ people from campus, community, and corrections settings. These consultations yielded important strategies for a ‘Made in Newfoundland and Labrador’ Walls to Bridges approach and affirmed robust cross-sectoral support. The partnership is now moving forward with a Memorandum of Understanding between Memorial and His Majesty’s Penitentiary in St. John’s to offer the first W2B-NL course in the summer intersession, 2026. This presentation was made to all RKEs to provide an overview of W2B’s history, intentions, and impacts, a tour through the ‘what, why, who, and how’ learnings from the W2B-NL consultation project, a discussion of the unique training and preparation for W2B pedagogy, and a roadmap of next steps toward a program launch in St. John’s. Presenters from the W2B-NL Project Team were: Dr. Julia Janes, Dr. Fred Andersen, and Dr. Kathy de Jong (School of Social Work), Dr. Jan Buley (Faculty of Education), with considerable project support being provided by Cindy Murphy and Melissa Noseworthy of the John Howard Society-NL and Heather Yetman and Susan Green of Corrections NL.



Dr. Lori Clarke

The Art of Grieving in an Era of Collapse

Dr. Lori Clarke’s autoethnography performance for the RKEs on Arts and Health and on Climate Change marked a dance between solo grieving and grieving while leaning into an artistic community. After her only adult child died by homicide, Dr. Clarke says she received “the support of the ground and the help of other bodies,” while sharing her grief and her experience of profound loss in connection with others. One formal direction in her own grieving came during her doctoral studies at Memorial University as she began a research-creation path that explored grief in response to climate change. A version of her autoethnography was performed at the Performance and Mourning Research Group in Austin, Texas where she participated in the Performance Philosophy biennial conference, “After Tragedy.” That conference was centered on the idea of performance in an era of collapse and Dr. Clarke’s approach contemplates the embodied tendencies of humans to protect themselves in the face of profound threats to their world. Dr. Lori Clarke is an Interdisciplinary artist-researcher with a Master’s of Arts degree in Somatic Psychology from the California Institute of Integral Studies, and an Interdisciplinary Ph.D. from Memorial University. Dr. Clarke operates a private practice in body psychotherapy.



Master's of Public Health (MPH) Practicum Projects on Climate Change

Supported with funding from the Canadian Lung Association, MPH graduates Kiana Sederati and Hussein Abdul Zahara completed practicums at NLCAHR with the guidance of the Research and Knowledge Exchange on Climate Change. In a presentation to the Exchange, Ms. Sederati outlined her project, which focused on health system readiness for climate change and included surveys of small hospitals in the NLHS Eastern Rural Zone using the Green Hospital Scorecard. Mr. Zahara's work focused on compiling the diverse and available resources to address climate change and health in their province into a publicly accessible compendium, now published on the Exchange's website.



Dementia Gardens- A Place to Grow

The Centre for Education and Research on Aging and Health (CERAH) at Lakehead University in Thunder Bay, Ontario conducts high quality knowledge translation, rigorous research, and supports education aimed to advance health and social care that will improve the health and well-being of people aging across the life cycle. CERAH's priorities include Aging in Place, Dementia and Seniors' Mental Health, Indigenous Peoples' Health & Aging, and

Palliative Care. Dr. Elaine Wiersma is Chair and Associate Professor of Health Sciences at Lakehead University and a researcher with CERAH. She spoke with three Research and Knowledge Exchanges (Horticultural Therapy, Aging, Mental Health) about work in progress at CERAH for people with dementia, including the Dementia Café, the North West Dementia Working Group, and several other related research projects. The new Dementia Gardens initiative will focus on outdoor native plant gardening for people living with dementia and their families, including the incorporation of an outdoor day program or green care farm for people living with dementia.



CASCADES: Pan-Canadian Action on the Health System's Response to Climate Change

Funded by Environment and Climate Change Canada (ECCC) to support climate action and awareness in healthcare, CASCADES has developed strong pan-Canadian links with clinical and organizational leaders.

Leveraging these links, CASCADES has convened health system leaders from across Canada to review current sustainability efforts and to identify opportunities for coordinated, pan-Canadian action on the health system's response to climate change. Katy Devitt, Project Manager for CASCADES and a core member of the Network's Coordination and Support team, presented to the RKE on Climate Change. She outlined the CASCADES development process, governance structure, opportunities for engagement, and key priorities for collaborative action.



The Mental Health Impacts of Artificial Intelligence (AI)

Artificial Intelligence is reshaping many aspects of human life. While some report that AI offers new ways to reach underserved populations in need of information, social connection, and healthcare access, the mental health impacts of AI have become an increasing area of concern and the focus of scientific research. Dr. Hamilton Morrin, a researcher, neuropsychiatrist, and doctoral fellow at King's College London, presented to the RKE on Mental Health about his research on the mental health implications of AI. His talk outlined a history of "mind

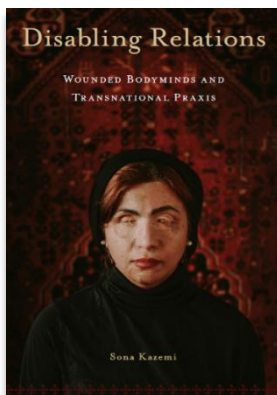
machines," looked at AI chatbots and mental health, discussed AI sycophancy, and the rise of what is commonly termed 'AI psychosis.' His talk included how to define AI psychosis, how to set benchmarks, the establishment of potential safeguards, and future directions in research. Dr. Morrin is an academic neuropsychiatrist at South London and the Maudsley NHS Foundation Trust and is a Wellcome Doctoral Fellow at the King's College London Institute of Psychiatry, Psychology, and Neuroscience. His research focuses on human-technology interactions. His work on AI psychosis has been covered in Scientific American, TIME Magazine, and the Wall Street Journal.



The Impacts of Climate Emergencies and Emergency Preparedness on Wildlife, Agricultural Animals, and Companion Animals

NLCAHR's RKE on Human-Animal Interaction & Wellness invited members of the RKE on Climate Change to join them in a discussion about climate change impacts on animal populations (wild animals, agricultural animals, and companion animals), including challenges in

research, policy making, and emergency response coordination. The group concluded by discussing future research directions and potential collaborations. Participants explored the connections between animal ownership, agricultural resource demands, and consumption patterns in wealthy countries, and their impacts on climate change.



Disabling Relations: Wounded Bodyminds and Transnational Praxis

The Research & Knowledge Exchanges on Critical Disability Studies, Gender, Sexuality and Health, and Global Health invited Dr. Sona Kazemi to discuss her new book, *Disabling Relations: Wounded Bodyminds and Transnational Praxis* (Temple University Press, December 2025).

Dr. Kazemi's publication focuses on the disabled dissidents who were incarcerated and tortured by the Islamic regime in the aftermath of the 1979 revolution in Iran, the disabled veterans and civilians wounded during and after the Iran-Iraq War, the disabled survivors of state-sanctioned punitive limb amputation, and the disabled women survivors of acid attacks, a form of gender-based violence. Dr. Kazemi is an

Assistant Professor in the department of Race, Gender, and Sexuality Studies at the University of Wisconsin-La Crosse. From 2018 to 2022, she held multiple postdoctoral fellowships with the Society of Fellows, including Human Rights, Pasts, Presents, Futures, at the Ohio State University where she taught courses in Global Inequality, Global Human Rights, and Disability Experience in

the Contemporary World. Dr. Kazemi was the Provost's "Research Justice at the Intersections" Fellow at Mills College in Oakland, California.



Introducing the Centre for Rural Health Studies (CRHS)

Dr. Wendy Graham, a family physician in Port aux Basques and professor of Family Medicine and Dr. Shabnam Asghari, CRHS Research Director and professor of Family Medicine introduced the work of Memorial University's Centre for Rural Health Studies to the RKE on Rural Health. Researchers at CRHS are dedicated to improving rural healthcare through research, education, and community-driven solutions. The CRHS conducts research involving rural healthcare, services and policy, and provides support for rural health research.

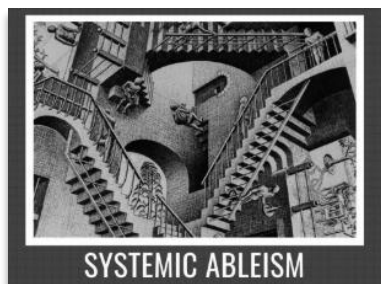
Guided by principles of community collaboration, patient perspectives, and the meaningful inclusion of rural stakeholders, the CRHS operates using a learning healthcare community model. Presenters outlined a program called 6for6, a research development program that builds capacity among rural physicians, with participants remaining in their communities while developing leadership and research skills. The presenters also discussed the R3 Academy and Rural 360 which prepare learners for rural health through research opportunities. The presenters noted the work of the Carbonear Institute for Rural Reach and Innovation by the Sea (CIRRIS) to promote and support rural health research in NL. They presented RuralDex, a new internship project at CRHS that will look at mapping and knowledge exchange/ digital tools for rural health research KT. Finally, the presenters outlined several rural health research initiatives completed or in progress, highlighting projects focused on environmental safety, healthy aging, maternal-child health, autism, emergency access, diabetes, and Indigenous health. Exchange members agreed that forging stronger connections between the work of NLCAHR and CRHS will help to support Memorial University's efforts to promote knowledge translation, collaboration, and capacity building for rural health research in this province.



The Ubuntu Model of Disability

The Ubuntu model is based on an African philosophy that means, "*am because we are*". It treats people as a connected community rather than as separate individuals and focuses on sharing, empathy, and working together for the common good. Sibusiso Moyo, an emerging scholar in the field of Critical Disability Studies, engaged with the RKE on Critical Disability Studies and the RKE on Global Health in a presentation and focus group discussion to help advance her research. Ms. Moyo is a Ph.D. student in the School of

Social Work at Memorial University whose doctoral research will explore the Ubuntu Model of Disability and its potential usefulness in examining the experiences of parents with intellectual disabilities within Zimbabwe. Included in her presentation were the key principles of the Ubuntu model of disability and how it could expand our understanding of disability as being rooted in culture, relationships, community, solidarity and support. Ms. Moyo's work in Zimbabwe is aimed at contributing to a broader conceptualization of caregiving that considers the intersections of race, culture, gender and disability.



Ableism in Healthcare and Education

Jaime Blenus is a Ph.D. student in Health at Dalhousie University and an Accessibility Health Consultant with the IWK Health Centre, a major pediatric and obstetric teaching hospital in Halifax, Nova Scotia. Presenting to the RKE on Critical Disability Studies, Ms. Blenus shared her proposed research on ableism through the lens of her own experiences with disability within the healthcare system and post-secondary education. Her

presentation outlined the use of autoethnography and narrative approaches to identify experiences of ableism, internalized ableism and to explore the often-ignored effects of ableism on the personal level.



Climate Change & Health:

The Respiratory Impacts of Wildfires and Related Health Concerns

As the summer of 2025 showed people from across our province, climate change is having an impact on our health. Recently, a panel of doctors and researchers from the RKE on Climate Change were invited to a CBC Radio broadcast of The Signal with Adam Walsh to talk about how people and communities can adapt to what is here and what may be coming in terms of climate change

emergencies. Following this broadcast, the RKE on Climate Change hosted a discussion to explore the real-world population health impacts of climate change, especially as these relate to respiratory issues resulting from wildfires.



Maternal and Newborn Health in Ghana

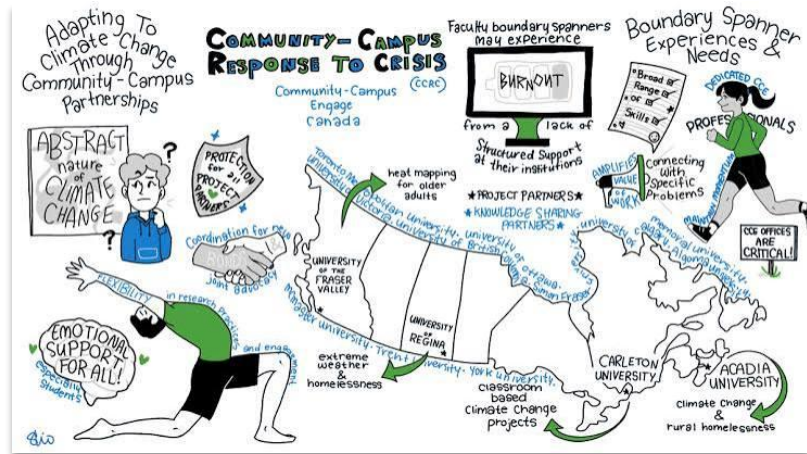
Presenting to the RKEs on Global Health and on Midwifery and Maternal Health, Dr. Mary Ani-Amponsah spoke from the University of Ghana about her research on the contextual dynamics impacting maternal and newborn health outcomes; emerging issues in maternal/newborn health; what the journey to the United Nations' Sustainable Development Goals 2030 looks like now; and priority strategies/interventions for improving maternal and newborn health in Ghana. Exchange members discussed the need to capture Social Determinants of Health data, factors that can influence global

maternal and neonatal health outcomes, and the important role of midwifery in providing quality perinatal care. Dr. Ani-Amponsah is a lecturer at the School of Nursing and Midwifery, University of Ghana. She holds a Ph.D. in Nursing from the University of Alberta and a Newborn Care Specialist Certification from the USA. She has 18 years of neonatal healthcare and education experience. She is currently the Country Representative for the Council of International Neonatal Nurses – COINN and the Faculty Chair of Neonatal Intensive Nursing at the Ghana College of Nurses and Midwives (GCNM). Her research orientation in neonatal health integrates African philosophy with phenomenological, participatory, qualitative and arts-based research approaches.

Connecting to Place through Disaster Response: New Opportunities for Community-Campus Partnerships: A SSHRC Partnerships Grant

This year, Pablo Navarro, Senior CHRSP Research Officer at NLCAHR and Convener of the RKE on Climate Change, together with Dr. Garrett Richards, Dr.

Josie Wittmer, Dr. Katherine Pendakis, and Food First NL submitted a case study on behalf of the RKE on Climate Change as part of a Social Sciences and Humanities Research Council (SSHRC) funding application initiated at the University of Regina. The project will comprise six case studies with research partners from across Canada. The RKE on Climate Change will lead the Newfoundland and Labrador case study in partnership with Food First NL and Drs. Richards, Wittmer and Pendakis to look at ways the Sir Wilfred Grenfell Campus can help support food security during climate change-related disasters affecting Corner Brook and the surrounding areas. The national study is led by Principal Investigator Dr. Amber Fletcher at the University of Regina and Magda Goemans at Community Campus Engage Canada. The researchers were successful in being awarded a SSHRC Partnership Grant in 2026. The overall project, "Connecting to Place through Disaster Response: New Opportunities for Community-Campus Partnerships" will focus on how communities and universities can handle crises together. In partnership with Community Campus Engage Canada (CCEC) the work is designed to connect academic research directly with local needs. The national project will examine how places change when disasters happen and will explore how local groups and universities can team up to help people recover more quickly and adapt to future crises.



WHAT IS
**IMPLEMENTATION
SCIENCE?**

Implementation Science 101: Key Concepts

Implementation science aims to bridge the gap between what is known from research and what is carried out in practice with the aim of improving the quality and effectiveness of healthcare services and achieving better public health

outcomes. It involves systematically studying the factors that can affect the successful adoption of evidence-based practices in different settings. Dr. Amanda Hall, the co-convenor of the Research and Knowledge Exchange on Implementation Science and Change Management initiated the group's activities by introducing key concepts and principles underpinning Implementation Science and how these are applied in real-world scenarios. The objective of this presentation was to ensure that participants in the Exchange are grounded in a solid understanding of what we mean when we say, "Implementation Science." Dr. Amanda Hall is an Associate Professor of Family Medicine working in the Primary Healthcare Research Unit at Memorial University's Faculty of Medicine whose research focus is on Implementation Science.



Shaping Sexual and Reproductive Healthcare for Newcomers to Canada

Dr. Kimberly Jarvis is an Associate Professor at Memorial's Faculty of Nursing and convener of the RKE on Global Health. Her research focus is population/global health, international leadership, global partnerships, intersectoral collaboration, and research-driven capacity building and the intersection of culturally embedded practices and

gendered roles, particularly their marginalizing effects on women's sexual and reproductive health. In 2020, Kimberly Jarvis, Solina Richter, Alison Farrell, and Julia Lukewich of Memorial University published a scoping review on the determinants of accessibility to primary sexual reproductive healthcare among vulnerable women in Canada. The objective of that review was to describe, synthesize, and document the determinants that impact a vulnerable woman's access to primary sexual reproductive healthcare in Canada. In their introduction to this study, the authors noted that *"Canada is committed to advancing sexual reproductive healthcare initiatives. Although both men and women require sexual reproductive healthcare, the implications for women are far more significant. While Canadian women do generally experience 'good health,' issues with sexual reproductive health do exist, particularly for vulnerable women for whom questions about accessibility arise. Therefore, there is a need to understand the true extent of a woman's access to sexual reproductive health in Canada. Findings from this review will be used to inform future implementation research and provide recommendations to key stakeholders."* Dr. Jarvis spoke to the RKE on Global Health about her research on sexual and reproductive healthcare specifically as it applies to newcomers to Canada and the potential for further research, advocacy and informed public policy in this crucial area.



Palliative Care and Vulnerable People:

Developing a Blended Palliative–Social Vulnerability Index

Registered Nurses Morgan Croft and Seretha Wheaton work with Occupational Therapist Keri Chambers in the Harm Reduction Outreach Team in St. John's, which provides primary healthcare to individuals experiencing homelessness, sleeping rough, or living with mental health and substance use challenges. Their work centers on

equitable, low-barrier, trauma-informed care and recognizes the profound impact of structural and social determinants of health on patient outcomes. The team recently received first place at the NLHS Innovation Summit for their proposal of a Blended Palliative–Social Vulnerability Index — a standardized assessment tool designed to capture both medical need and social context for patients with life-limiting illness. They are now seeking interested researchers and subject matter experts to collaborate on the development, refinement, and validation of this tool, with the goal of improving equitable access to palliative care for the province's most vulnerable populations. They spoke about this important project with members of the RKEs on Harm Reduction and on Palliative and End-of-Life Care and were able to connect with interested academic and community partners, with NLCAHR pledging its support for this project through communications assistance, focus

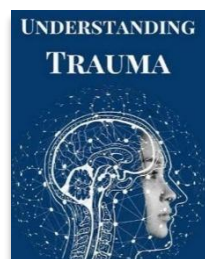
groups in the RKEs, as required, and by helping with any other needed project support this healthcare team may require.



Support for a National Survey on Navigating Mental Health and Substance Use Services and Early Intervention for Children and Youth

Rahme Daoud is Program Lead, Performance Improvement and Capacity Building (PICB) at the Canadian Institute of Health Information. He spoke with the RKE on Mental Health about a national survey that is part of CIHI's commitment to "A Common Statement of Principles on Shared Health Priorities," in Canada. CIHI worked with system leaders to understand

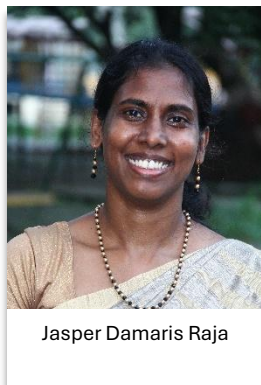
Canadians' experiences when accessing mental health and substance use services by asking about two self-reported indicators through a national survey. The survey calculated measures of navigation of mental health and substance use services for people aged 15 and older and early intervention for mental health and substance use among children and youth. NLCAHR supported CIHI's efforts by sharing the survey widely among our contacts in Newfoundland and Labrador, as this province had been previously under-represented in the survey results. Our efforts paid off. Data from Newfoundland and Labrador were included in the survey results this year, for the first time. The Canadian Institute for Health Information (CIHI) is an independent, not-for-profit organization that provides comparable and actionable data and information on Canada's health systems performance and the health of Canadians.



Understanding Trauma: Navigating Complexity and Moving Forward

Trauma doesn't always look the way we expect. It can show up in behaviour, be mistaken for other mental health issues, or even get passed down through families. In a presentation to the RKE on Mental Health with invitations extended to the RKEs on Autism, ADHD, and Critical Disability Studies, Dr. Chantel Ritter explored how trauma can take many different forms. The group discussed how trauma is often missed or misunderstood, especially when it is cumulative, building over time through repeated experiences of loss, violence, or systemic

harm. Dr. Ritter spoke about how trauma can show up differently in those who are neurodiverse or have disabilities, and how it can be overlooked or misinterpreted in these contexts. Importantly, she uncovered what "trauma-informed care" means (beyond buzzwords) and why it matters. She spoke about the role of early attachment and relationships in both the development and healing of trauma, with a focus on how safe, trusting relationships (including in therapy) can support recovery. Using stories from research, clinical practice, and lived experience, this interactive session explored how trauma is experienced and treated, with a focus on children, youth, and their families. Dr. Chantel Ritter obtained her Ph.D. in Clinical Child and Adolescent Psychology from the University of Guelph where she was a member of the Psychology, Law, and Neurodiversity (PLAN) Lab. She also holds a Master's of Science in School and Applied Child Psychology from the University of Calgary. Her research interests include the mental health and well-being of children and adolescents with neurodevelopmental disorders, with particular focus in the criminal justice system context.



Jasper Damaris Raja

Interlocking Insights & Experiences in Conflict Regions: Doctoral Research on the Culture of Child Poverty in South Sudan

Having worked in conflict-affected regions in both India and Africa, Jasper Damaris Raja has gained a grounded understanding of how violence reshapes the everyday lives of communities, especially children. In a presentation to the RKE on Global Health, she noted that while these environments have shown her the fragility of social systems, they have also revealed the remarkable resilience and agency that families mobilize in the face of uncertainty. Through her lived experience, Ms. Raja has learned how conflict disrupts childhood, alters cultural expectations, and forces communities to renegotiate what safety, security, protection, care, and a sense of belonging mean. These experiences have informed her doctoral research at the University of Saskatchewan, which will focus on the culture of child poverty in South Sudan, where armed conflict intersects with historical marginalization, displacement, and structural inequalities. She is learning that child poverty is not simply a lack of material resources, but a lived cultural condition shaped by disrupted kinship networks, constrained opportunities, and the enduring impacts of war. Understanding these dynamics requires approaches that center local knowledge, community voices, and the everyday strategies that children and their caregivers use to navigate precarity. Jasper Damaris Raja is a Ph.D. candidate at the University of Saskatchewan pursuing international research. She is an interdisciplinary pediatric nurse with degrees in child health nursing, sociology, health systems, and hospital administration. Her work has included establishing pediatric, neonatal, and infection-control units in conflict-affected regions to reduce child mortality. In 2014, her work gained international attention when she pioneered a health institute for South Sudanese refugees in Uganda, training clinical officers, nurses, and midwives. She collaborated with the Government of South Sudan and several UN agencies for drafting the South Sudan nursing and midwifery curriculum.



"I know you!"

Navigating Dual Roles in Rural, Northern, and Remote Canada

Members of the Canadian Psychology Association's Section on Rural and Northern Psychology conducted an environmental scan of existing resources and literature to help create guidelines to support the ethical navigation of dual relationships in rural, northern, and remote areas of Canada. A "dual role" exists when a psychologist is in a professional role with a person and simultaneously in another role with the same person, or with someone closely associated with, or related to, that person. In rural, northern and remote places, the psychologist is also often a known member of a small community, encountering clients and their families in many settings and contexts. Dual relationships can create ethical dilemmas because they can blur boundaries and potentially compromise objectivity. This presentation by three of the working group members, including one of the co-chairs, provided a summary to the RKEs on Mental Health, on Rural Health, and on Indigenous Health, about what they found. It included an overview of the different documented types of dual roles and a discussion of the various themes identified. The presenters provided suggestions on how attendees can determine whether a dual role is problematic in their practice and preventative measures they can consider. The presenters for this event were: Dr.

Amanda Lints-Martindale, an assistant professor within the Department of Clinical Health Psychology with the Rady Faculty of Health Sciences of the University of Manitoba and Consulting Clinical Psychologist in Steinbach MB, a rural community within the Southern Health-Santé Sud region; Tanya Dawn McDougall (Dipiskew geezik) from St. Theresa Point Ansininew Nation, a remote First Nation community in northern Manitoba who serves her home community as a mental health advocate in the school; Dr. Veronica Hutchings, associate professor at Memorial University's Grenfell Campus and chair of the Canadian Psychology Association's section on rural and northern psychology.



Noticing the Small in Nature:

Creative Writing for Mental Wellness at the Botanical Greenhouse

In Spring 2026, the RKE on Horticultural Therapy presented an experiential mental health event at the MUN Botanical Gardens in which participants joined Dr. Jan Buley (Education) and Tim Walsh (Botanical Gardens) for a creative writing/poetry session that Dr. Buley described as being about “the beauty of small things in the world...a tiny, winged thing, a snail shell, the way a raindrop rests on a leaf.” The workshop began with a circling in activity and an acknowledgement for the place of gathering. Then, participants had an opportunity to observe plants in the greenhouse—paying particular attention to small things. Participants were invited to take a small piece of paper and gather small ideas inspired by the small things they had noticed. Robin Wall Kimmerer, a Potawatomi botanist, author, and the former director of the Center for Native Peoples and the Environment, created the writing prompts that were used to encourage participants to focus on sensory impressions. Dr. Buley distributed four poems that focus on noticing nature, all by women poets, as an inspiration for writing solo in the garden. The session concluded with an author's sharing. Dr. Jan Buley is an Associate Professor of Literacies and Drama Education in the Faculty of Education at Memorial University. Tim Walsh is a Horticulturalist and Nursery Manager at MUN Botanical Gardens, Memorial University.



Young Adult Cancer Canada:

Supporting People with Advanced Cancer Diagnoses

Young Adult Cancer Canada supports people with advanced cancers. This presentation to the RKE on Palliative and End-of-Life Care and to the RKE on Chronic Disease provided an overview of the many supports available through Young Adult Cancer Canada with a specific focus on how the organization supports young people with metastatic disease or a poor prognosis. In Newfoundland and Labrador, Young Adult Cancer Canada is based in St. John's, Newfoundland and has been supporting young adults diagnosed with cancer for twenty-five years. Program Manager Dani Taylor presented. Ms. Taylor is a Master's level Registered Social Worker with the Newfoundland and Labrador College of Social Workers (NLCSW) and the Ontario College of Social Workers and Social Service Workers (OCSWSSW). She has worked in cancer care for the past decade, including roles in palliative care with The Princess Margaret Cancer Centre and Sunnybrook Health Sciences. She is also a qualitative researcher with a focus on young adult cancer.



Unmet Birth Expectations and Postpartum Mental Health

Katie Steeves is a second-year medical student at Memorial University with an interest in perinatal mental health. Melissa Williams is a fourth-year kinesiology student whose personal experiences have piqued her interest in women's health. Together, they are working on a research project investigating the sources of information pregnant individuals use to prepare for birth and the association between unmet birth expectations and

postpartum mental health. As part of their efforts to recruit research participants and seek the assistance of care providers in this task, they spoke with the RKEs on Midwifery and Maternal health and on Mental Health to outline the current literature on information-seeking behaviour and usage during pregnancy, unmet birth expectations, and how the two combine to have an impact on postpartum mental health. The student researchers hope the results of their work could elucidate some of the mechanisms underlying the current state of maternal mental health in this province to increase meaningful engagement between birthing parents and care providers in the future.



An Update from the Seniors' Advocate for Newfoundland and Labrador

The Office of the Seniors' Advocate is an independent body established through the Seniors' Advocate Act with a mandate to analyze systemic issues impacting seniors in Newfoundland and Labrador and to work to resolve these issues. To successfully fulfil its mandate, the Office of the Seniors'

Advocate has created a strong focus on research and data related to seniors and seniors' services, basically asking, "How are seniors in this province doing and what is needed to improve their wellbeing?" This mandate led to the release of the inaugural Seniors' Report in 2024 to examine seniors' wellbeing in six broad areas: Individual Health, Health Care, Finances, Housing, Transportation, and Safety and Protection. This report is now an annual publication. Susan Walsh, Seniors Advocate for NL, and Ignacia Diaz, Policy Analyst, shared findings from the 2025 report on the Wellbeing of Seniors in Newfoundland and Labrador with members of the RKE on Aging. Their talk covered key indicators across multiple domains including health, housing, finances, and care services. The presenters highlighted several concerning trends in this province related to seniors' physical, social, mental and financial well-being. The event concluded with a conversation among RKE participants about a number of key concerns: the costs of homecare and medications, seniors' poverty, combating societal ageism, recognition of, and respect for, the contributions of older adults in society, and the need for forward momentum in three critical areas: implementing prevention-focused community services, improving models of care / services in LTC and Personal Care Homes, and Continuum of Care Legislation. Overall, the RKE on Aging membership agreed that dedication and focus will be required to implement necessary changes and pledged to continue advocating to improve health and well-being among seniors of this province. Susan Walsh, a public servant with more than 35 years' experience, including as the Deputy Minister of Children, Seniors, and Social Development, served as the Seniors' Advocate Newfoundland and Labrador from 2022 to 2026. Presenting with her was Ignacia Diaz, who holds a Master of Applied Psychological Science from Memorial and works as a Policy Analyst with the Office of the Seniors' Advocate, supporting research, data analysis, and the development of key provincial reports, including indicators of seniors' health, housing, safety, and social connection.



Climate Change:

Health Impacts for Workers and Occupational Health & Safety

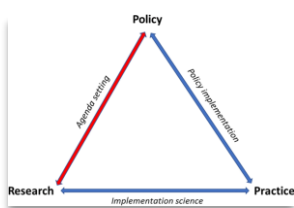
Dr. John Peters is an associate professor in the Faculty of Business Administration and the Department of Sociology, and the Director of the Master of Employment Relations program at Memorial, where he teaches labour relations as well as sustainability and just transition policies. His presentation to the RKE on Climate Change explored the intersection of climate change and labour, focusing on occupational health and safety challenges. Dr. Peters discussed how climate change impacts workers. He then proposed solutions to mitigate these impacts, including legislative reform, improved collective bargaining agreements, and enhanced training between medical professionals and labour unions. The group then discussed challenges and approaches to addressing climate-related workplace risks. The need for better regulations and cross-sector collaboration between unions, public health officials, and other stakeholders was emphasized. The RKE on Climate Change then considered organizing a symposium around these topics in 2027.



Postpartum Emergency Department (ED) Use

Carla Sorbara has worked as a registered midwife since 2006 at North York General Hospital and currently works as a full-time midwife at Uptown Midwives and Family Wellness in Toronto. Over the last several years she has completed a Master's in Public Policy and a Master's of Science in Clinical Epidemiology at the University of Toronto. Ms. Sorbara presented the results of her recently published research paper, "Postpartum emergency department use following midwifery vs. obstetrical prenatal care: a population-based cohort study using propensity score-based overlap weights." Emergency Department visits postpartum are common, and often preventable, events.

The current study helps to resolve an important clinical question: "Can postpartum ED use be reduced in low-risk women?" The research findings provide numerous insights regarding the care of postpartum women, both in terms of the coordination and provision of clinical care, and in terms of public health policy for new mothers and can help to resolve known gaps in early postpartum care that are typically seen in women who receive obstetrical care, suggesting that a midwifery approach of early postpartum care can alleviate some ED visits.



Real-World Examples of Implementation Science/ Change Management in Healthcare

A group survey of participants in the new RKE on Implementation Science and Change Management indicated two top priorities for this Research & Knowledge Exchange: Most participants want to talk about real-world examples of Implementation Science/Change Management challenges in their own work in provincial health and community care, and as researchers. An equal number of participants want to learn how to identify and address barriers and facilitators to implementing new policies, programs or processes and/or changing practices in healthcare to align with evidence-informed decisions. In response to the top priority concern, the RKE hosted a facilitated discussion to talk about participants' real-world implementation challenges, helping to identify pragmatic approaches that will help them adopt implementation

science and change management principles to support their projects. Based on what the group heard at the roundtable, the conveners will propose a series of future presentations with expert speakers who can help to support members' work based on participants' key areas of interest. The discussion also provided opportunities for future research and collaboration among group participants. At the roundtable, RKE members presented a series of pragmatic projects that had been submitted for review in advance of the meeting. The discussions centered around several projects, including planning for community services connections within team-based primary care, the use of chatbots to support online mental health supports, and new research on how best to approach and understand public perceptions about harm reduction and safe consumption sites. After participants outlined their projects to the group, Dr. Amanda Hall provided pragmatic guidance, and their fellow participants offered their own insights on potential implementation strategies, workflow mapping, and system integration approaches. The group then explored various implementation challenges and talked about the importance of understanding contextual factors in healthcare research and practice.



Behavioural Economics and Reducing Food Waste

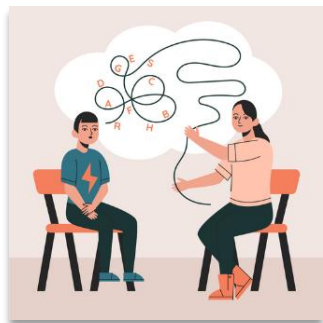
For the RKE on Climate Change, Yasaman Alidadi presented her research on behavioral economics and food waste reduction, sharing her work on a project applying Behavioral Economics concepts like Nudge Theory to reduce food waste in restaurants. Ms. Alidadi outlined the results from her interventional study and reviewed findings from research literature on behavioral interventions for food waste. The group engaged in detailed discussions about various strategies for reducing food waste and promoting positive climate action, including behavioral interventions, messaging approaches, and the challenges of implementing and sustaining long-term behavioral change. Yasaman Alidadi is a nutritionist and Master of Community Health student at Memorial University. She holds bachelor's and master's degrees in nutrition and has research experience in food systems, sustainability, and behavioral economics. Her work focuses on reducing food waste across food service and community settings using evidence-informed behavioral interventions. She is particularly interested in translating behavioral science into practical strategies that support both public health and climate action.



Person-Centered Care for Autistic Individuals

For the RKEs on Autism, ADHD, and Critical Disability Studies, Shannon Aylward presented her Ph.D. research on improving primary care for autistic adults, highlighting barriers to accessing healthcare and the lack of research specific to Canada and particularly to Newfoundland and Labrador. Research literature on person-centred care poses challenges. Ms. Aylward noted that out of 20 possible constructs in the person-centered care framework, only 6 were observed in the literature, and out of 7 clinical service quality constructs, only 4 appeared, with limited detail. Two major themes emerged from her thematic synthesis: recognition of individual differences among Autistic individuals and the importance of physician effort in building trust and engagement. Ms. Aylward noted challenges in accessing and analyzing health data in this area as the result of privacy restrictions and data limitations. She explained her plans to pivot from her original data analysis approach to a methodological critique of health data architecture, highlighting the importance of evidence-based policy in healthcare services. The Exchange discussed Shannon's research in

detail, noting the obvious need for more research in this important area. They also outlined some of the challenges faced by autistic individuals in accessing appropriate healthcare. The discussion also touched on the need for autistic-friendly primary care guidelines and resources, with participants mentioning existing toolkits and the Adult Autism Assessment Handbook as useful references.



Exploring the Intersection between Speech Disabilities, Identity, and Immigration

Shahd Abu Nahel is a Syrian researcher, linguist, and Ph.D. candidate at Memorial University. Her doctoral research explores the intersections of language, identity, immigration, and speech disabilities—specifically looking at how displacement and stuttering shape the experiences of Arab immigrants in Canada. She works with the Association for New Canadians supporting newcomer settlement and frequently conducts workshops on communication disabilities and inclusion. She also created "Kareem's Words," an illustrated children's story focusing on an immigrant boy who stutters, designed to build empathy and awareness around speech differences. The RKE on Critical Disability Studies hosted a presentation of Ms. Abu Nahel's Ph.D. dissertation: *Exploring the Intersection between Speech Disabilities, Identity, and Immigration*. Ms. Abu Nahel's Ph.D. research examines how Arab immigrants in Canada navigate identity when language and communication differences are part of their experience. Through an in-depth case study of a Syrian immigrant teenager who stutters, the research explores how identity is constructed, negotiated, and resisted at the intersection of disability, immigration, and language. Drawing on Norton, Bourdieu, Tajfel, Bucholtz & Hall, and Crip Linguistics, Ms. Abu Nahel used interviews, narrative analysis, and a language portrait to capture the teenager's story and experiences which reveal how social isolation, digital escapism, language brokering, and conflicting identity positions— Syrian, refugee, person who stutters, gamer— shape a sense of belonging and exclusion in Canada.



Update on Medical Assistance in Dying in NL

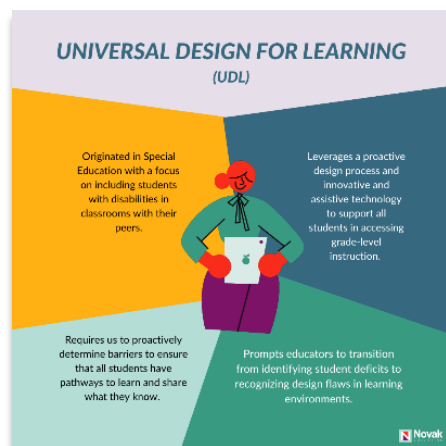
Dr. Susan MacDonald has been in the faculty of Memorial University for 27 years, jointly appointed with Medicine and Family Medicine. Her work has focused on educating physicians and allied health professionals, as well as the public, on palliative and end-of-life care. Dr. MacDonald brought the eConsult program to NL and was part of the team that introduced the Paramedics Palliative program in this province. She is the senior editor of the 4th and 5th edition of the *Case Based Manual of Palliative Care*. She provided the RKE on Palliative and End-of-Life Care with an overview of Medical Assistance in Dying in Canada and in this province. The group then discussed issues related to MAiD in global, federal, and local healthcare contexts.



The Co-Benefits of Climate Mitigation

The Research and Knowledge Exchange on Climate Change hosted a session with Memorial's own Dr. Garrett Richards presenting his research on co-benefits in climate mitigation. Dr. Richards, an associate professor at Memorial's Grenfell Campus, discussed an NSERC Discovery Horizons project led by Dr. Amir Hakami

(Environmental Engineering) at Carleton University that explores how to promote climate change mitigation by focusing on its health and equity benefits. This project will investigate how framing climate change mitigation in terms of its co-benefits can lead to more effective climate change discourse. The investigators hope this research will support the development of tools for incorporating population health and environmental justice endpoints into decarbonization policies and will develop decision support databases for three Canadian cities. More detailed notes can be accessed below. Dr. Richards shared findings from a literature review of 76 articles on climate change co-benefits, noting that while health benefits were commonly discussed, equity and justice benefits received less attention. The presentation concluded with next steps for the project, including continued literature review and recruitment of graduate students to conduct qualitative social science research on co-benefit messaging strategies.



Universal Design for Learning

Universal Design for Learning (UDL) is an educational framework that aims to optimize teaching and learning for all students by removing barriers to the curriculum. Instead of a "one-size-fits-all" approach, it provides flexible options for learners. Dr. Ami Goulden, Assistant Professor, School of Social Work at Memorial University, together with Jordan Hollahan, PhD Candidate, Department of Archaeology, Memorial University, and Mariela Calderon Muñoz, Mitacs Globalink Intern and undergraduate student in Educational Management and Curriculum Administration at Universidad Tecnológica El Retoño (México) presented to the RKE on

Critical Disability Studies on Universal Design for Learning (UDL). Dr. Goulden provided an overview of UDL theories and principles and discussed the UDL Community of Practice Newfoundland and Labrador, which has now grown to nearly 200 members. Jordan Hollahan shared his personal experiences as a hard of hearing Ph.D. candidate and discussed a published case study on implementing UDL principles in social work education. Mariela Calderon Muñoz, an undergraduate student from Mexico, presented her experiences teaching English and developing UDL-friendly resources, including board games and flexible classroom arrangements. The presenters outlined UDL's three core pillars of engagement, representation, and action/expression, emphasizing the key elements of fixed learning goals with flexible means of achievement. The post-presentation discussion included a conversation about tensions between basic accessibility needs and UDL principles and emphasized the principle that UDL might be best thought of as a process aimed towards the ongoing improvement of learner experiences and learning outcomes for all.



More Than Words: Exploring Interactions Between People Living with Diabetes and Their Healthcare Providers

Dr. Renee Crossman of Memorial University's Faculty of Nursing presented her research to the RKE on Chronic Disease, outlining a research study entitled: *"More Than Words: Exploring Interactions*

Between People Living with Diabetes and Healthcare Providers." Dr. Crossman, who lives with Type 1 diabetes herself, presented findings from interviews with participants who have diabetes (Type I and Type II) about their experiences with healthcare providers. The study results outlined five key themes: the need for real-life communication, more compassion and less clinical focus, recognizing patients as experts in their own bodies, the challenges of transitioning from pediatric to adult care, and the gap in support between medical appointments. The research revealed the many issues under "the tip of the iceberg" when it comes to living with diabetes— issues such as depression, stigma, self-blame and other psychosocial considerations. The group discussion following the talk revealed that people with diabetes continue to face challenges with limited healthcare provider time and access, particularly for psychosocial supports. Participants talked about needed interventions such as remote monitoring, peer support programs, and apps that can help people manage better between medical appointments. Dr. Crossman also highlighted the need to integrate psychosocial aspects with biomedical measures in diabetes management and suggested developing a comprehensive "diabetes success score" that would incorporate both dimensions. All agreed that the demand for access to diabetes care in NL warrants a provincial diabetes program similar to the program established on Prince Edward Island.



Reproductive Coercion and Violence Against Women with Disabilities

In Canada, about 25% of women live with a disability. Women with disabilities often experience many kinds of violence at the same time, and one of these is reproductive violence which is also called reproductive coercion in some research. Reproductive coercion happens when someone tries to control or influence a woman's choices about

having children. This can mean trying to stop her/them from becoming pregnant or trying to make her/them become pregnant. Such actions go against human rights and can harm women's social, emotional, and physical health. In this presentation to the RKEs on Critical Disability Studies and on Gender, Sexuality, and Health, Dr. Coralie Mercerat shared the results from several research projects initiated in the past few years in Canada to explore issues of reproductive violence against women with disabilities. Dr. Mercerat presented the results of a scoping review that looked at what is already known about reproductive violence toward women with disabilities in Canada and around the world. Then, she shared early findings from a qualitative study that includes two disabled co-researchers where women with disabilities talked about their experiences of reproductive autonomy, reproductive coercion, and their reproductive journeys. Dr. Coralie Mercerat (Ph.D/Psy.D) is an Assistant Professor in Psychology at the Université de Montréal (Québec). Her work explores the experiences of women with disabilities, with a particular focus on how they navigate situations of violence, autonomy, and parenting. Her work combines academic inquiry with community collaboration, seeking to strengthen inclusive practices and support systems for both participants and researchers.

Special Engagements: 2025-2026

NLCAHR hosted, supported and participated in the following special events this year.



The Annual General Meeting of the Aging Research Centre-NL (ARC-NL)

In March of 2026, NLCAHR's Research and Knowledge Exchange on Aging hosted the virtual Annual General Meeting of ARC-NL, the provincial centre for aging research situated at Memorial University's Grenfell campus.

ARC-NL focuses on supporting aging research, training the next generation of researchers, and engaging with community. With over 110 research members, 50 community members,

and 70 student members, ARC-NL supports age-friendly survey projects in various communities, research on elder abuse, and other initiatives to support healthy aging. Established in 2018 through the efforts of a working group of the RKE on Aging, ARC-NL is now organized under three strategic research pillars: Biology of Aging, Lived Experience of Aging, and Aging in Place.

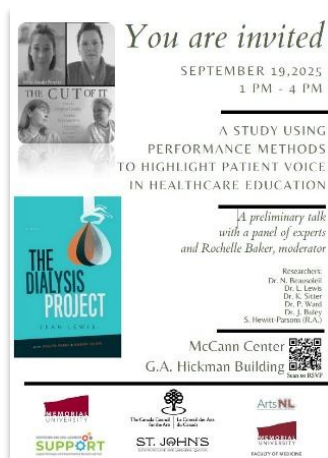
At the AGM, presenters Dr. Karen Doody, ARC-NL Director, with the ARC-NL Strategic Pillar Leads Dr. Kelly Vodden, Dr. Sukhinder Cheema, Dr. Kelly Warren, and Dr. Dawn Pittman, highlighted ongoing research projects and initiatives at the research centre. The director provided an update on ARC-NL's community engagement, including in-depth consultation events in which older adults, researchers, and community organizations discussed research priorities and opportunities for community-involved research on aging. These consultations yielded a list of research priorities for ARC-NL, including: improving aging policies, addressing social isolation and loneliness, focusing on chronic health conditions, and promoting civic engagement and recreation. The director also noted receiving eight community applications for the inaugural ARC-NL Community Research Projects Grants, with four new community-led research projects now approved, in collaboration with university research partners.

The meeting then turned to presentations from Memorial University graduate students of their ARC-NL-funded student research projects:

- Blessing Adedokun-Awojodu (transdisciplinary scholar): Research on engaging older Newfoundland women in sustainable fashion practices through fabric art sessions in long-term care homes.
- Elissa Orbasli (biomedical sciences): Research on mild cognitive impairment (MCI), examining the relationship between functional connectivity, corticospinal tract integrity, and physical performance in older adults.
- Gastonguay Siu (bioinformatician and data analyst specializing in chemistry, bioinformatics, and computational modelling): Research on epigenetic tags in DNA that can

help predict outcomes for kidney cancer patients, using machine learning to analyze DNA methylation patterns and identify subgroups with different survival rates.

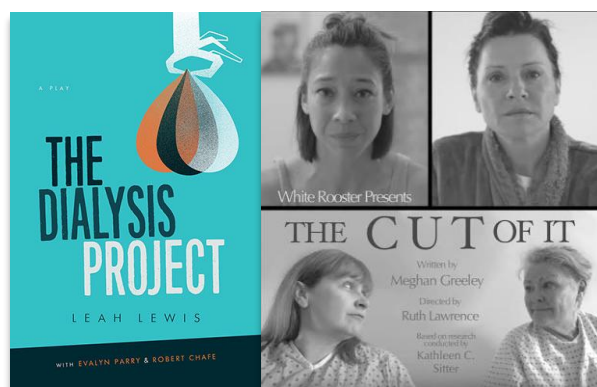
- Hannah Stapleton (neuroscience): Research on the gut-brain connection and probiotic supplementation for Alzheimer's disease, focusing on sex effects and using a rat model to study cognitive benefits.
- Judah Adeniyi (business and organizational psychology): Research on the impact of technological change on aging workers, finding that workplace support and training can help older workers adapt and remain productive.
- Olivia Dutton-McNiven (behavioural neuroscience): Research examining the effects of 40Hz audiovisual stimuli on brain oscillations and memory performance, with plans to study older adults to understand potential therapeutic applications for Alzheimer's disease.
- Will Brown (kinesiology): Research on integrating kinesiologists into primary care teams in Newfoundland and Labrador to support physical activity among older adults, aiming to improve health outcomes and independence.
- Shreya Hand (medicine): Research on the effects of synthetic opioids like fentanyl on bone remodeling in older adults, using a rabbit model to study the mechanisms.



Symposium: Using Performance Methods to Highlight Patient Voices in Healthcare Education

NLCAHR helped organize and support an interactive symposium in September 2025 on behalf of a team of researchers and community participants involved with the RKE on Arts and Health. The event, held on September 19, 2025, focused on a research project that used patient-voiced digital performances to support curriculum for health professional students at Memorial. The research project involved screenings for medical and nursing students of *The Dialysis Project* and *The Cut of It*, each film a performance narrative exploring the intersection of identity, relationships, illness and medical intervention to show how patient agency in healthcare directly informs health outcomes. The researchers surveyed learners for their responses to the

material and asked them to comment on the effectiveness of using patient-voiced film as a catalyst to improve their understanding of patient experiences.



Dr. Leah Lewis (Education) created *The Dialysis Project* as autoethnography research that explored her personal experiences living with chronic illness. A performer and a kidney dialysis patient, Dr. Lewis's film shows audiences what home dialysis looks like from a patient's point of view.

The Cut of It is a powerful multi-stage project exploring the lived experiences of breast cancer patients. It began as digital storytelling research Dr.

Kathleen Sitter, formerly of Memorial University's School of Social Work and now at the University of Calgary. Dr. Sitter's research, which involved breast cancer patients speaking directly to the camera about their health and healthcare experiences, was transformed into a stage play. Produced by the White Rooster Theatre Company, written by Meghan Greeley and directed by Lois Brown and Nora Barker, the play adapted the digital stories into a dramatic performance which debuted in November 2019 at the LSPU Hall in St. John's, NL. Finally, the work was transformed into an emotional, dramatized film *The Cut of It* (Short 2019) written by Meghan Greeley and directed by Ruth Lawrence and including a cast of survivors: Mayko Nguyen, Allison Moira Kelly, Renée Hackett, Wendi Smallwood, Alexis Koetting, Laura Bradley, Patricia Andrews, Vanessa Cardoso, Yolanda Bliss, Amy Kavanagh-Penney and Mary Costello with professional actors Ruth Lawrence and Mary Walsh.

At the September symposium, Dr. Leah Lewis (Education) spoke about the research project, its theoretical underpinnings, and its outcomes. Co-presenting were Dr. Pamela Ward (Nursing), Dr. Jan Buley (Education), Dr. Natalie Beausoleil (Medicine) and Dr. Kathleen Sitter (Social Work, University of Calgary). Research Assistant Sandra Hewitt-Parsons supported the research project and the symposium event organization.

Following the research presentation, Rochelle Baker, Manager of the RKE Program at NLCAHR, moderated an interactive panel and a post-panel dialogue with symposium attendees. For the panel, the project's community, health system, and academic partners offered insights and reflections on the process and the project.

- Amy Kavanagh Penney was a patient participant in the digital storytelling research project for *The Cut of It* and was a cast member in both the play and the film. She spoke about what drew her to participate in the research and the empowering impact of this process on her experiences as a patient and as a breast cancer survivor.
- Dr. Leah Lewis spoke about the theoretical and pedagogical foundation of the research, and to her own experiences as a dialysis patient, underpinning the impact of using this kind of innovative learning approach in health education.
- Meghan Greeley, Playwright and Artistic Animateur at the Resource Centre for the Arts wrote *The Cut of It* as a stage play and as a film in consultation with researcher and patient partners. She spoke about the potential for creative arts to inform public education and healthcare.
- Sherry Scott, Clinical Nurse Educator with the Dialysis Program at the NL Health Services Eastern Urban Zone spoke about the value to clinical practice of taking this patient-centred approach to teaching and learning and commented on the value for learners to have this access and insight into patient experiences.
- Dr. Kathleen Sitter, Canada Research Chair in Multisensory Research and Knowledge Translation and Research Professor in the Faculty of Social Work at the University of Calgary spoke about the impact of using arts-based practice on her body of research and the role of projects devoted to patient voices in improving health education and healthcare.

Since their inception, all aspects of these projects have been workshopped and presented to participants in the NLCAHR Research and Knowledge Exchange on the Arts and Health, which provided a valuable forum to support and develop this work.



Rochelle Baker, Manager of the RKE Program at NLCAHR served on the organizing committee established by the Office of Public Engagement at Memorial for *Engage Memorial Symposium 2025: Practice and Place*. The symposium provided an important opportunity for Memorial's many publicly engaged students, faculty, and staff to share experiences and learn from each other. This two-day event was held at Signal Hill Campus on May 28th and 29th, 2025.

NLCAHR also provided a panel presentation at the symposium, with NLCAHR's director and staff joining health system and community partners for a session entitled "*That won't work here!*" *The role of local context in research and engagement at NLCAHR in Newfoundland and Labrador*." For this session, Rochelle Baker spoke about the role of local contextual realities in research and community collaboration through the lens of the RKE Program, Dr. Rick Audas spoke about NLCAHR's overall approach to public engagement, learner experiences, and research, while Pablo Navarro, Senior CHRSP Research Officer, emphasized the role of context and engagement within the Contextualized Health Research Synthesis Program. Fellow panelists Tina Edmonds of NL Health Services and Mary Walsh, Executive Director of End Sexual Violence NL, spoke about their experiences engaging with NLCAHR in CHRSP and the RKEs respectively.

At the Symposium, Rochelle Baker also participated in a panel discussion about approaches and lessons learned from experiences in successful public engagement, drawing from her experiences with the Research and Knowledge Exchange Program and with CHRSP, emphasizing meaningful community engagement based on the philosophy of "nothing about us without us," whether related to collaborative research, community practice, or healthcare.

The Symposium featured a keynote address by Social Science and Humanities Research Council president, Dr. Ted Hewitt, addressing the question "What do Universities Owe the Public?"; a plenary panel exploring the connections between Memorial University and the development of Newfoundland and Labrador; hands-on workshops about the practice of knowledge mobilization, led by national experts from Research Impact Canada, and several presentations, panels and performances showcasing the public engagement expertise and experiences of Memorial.

Engaging Partnerships: NLCAHR: Director and Staff Engagement

The Centre's director and staff continued this year to engage with local, provincial, and national health and community organizations and our academic partners in a variety of ways.



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

The Centre's Director, Dr. Rick Audas, serves on the Core Leadership Team of ARC-NL - a provincial research centre devoted to studies on aging. ARC-NL was established in 2018 by a working group of NLCAHR's Research and Knowledge Exchange on Aging. Tyrone White, NLCAHR's Manager of Finance and Administration, also provides ARC-NL with ongoing administrative support and support for its awards programs.

Rochelle Baker, Manager, Communication, Partnerships and Research & Knowledge Exchanges also helps to promote and communicate ARC-NL activities, including supporting their Annual General Meeting and brokering opportunities for research and collaboration by connecting ARC-NL with the RKE on Aging.



NL SUPPORT Public Patient Advisory Council

Sarah Mackey, CHRSP Research Officer and Patient Engagement Coordinator, participated and presented again this year at meetings of the NL SUPPORT Public Patient Advisory Council (PPAC) to talk about

patient engagement and the CHRSP approach to research, collaborating with the team at NL-SUPPORT. Ms. Mackey and Emily Granter worked closely with two members of the PPAC this year, Ms. Cris Carter and Ms. Rosemary Lester, on a CHRSP research project exploring patient perspectives on team-based primary care.



The Phoenix Garden Program at Her Majesty's Penitentiary

Rochelle Baker continued to support the team at the Phoenix Garden Program which provides arts-based education and supports for incarcerated individuals at His Majesty's Penitentiary in St. John's. The program was the brainchild of a group from the RKE on Horticultural Therapy. This year, Ms. Baker served on a committee that included mental health professionals and educators to develop a new user-friendly and accessible information resource to support people on their

entry into provincial corrections facilities.



The Building Healthy Communities Collaborative (BHCC)

The BHCC was co-chaired by Pablo Navarro, Senior CHRSP Research Officer, and includes representatives from the provincial government, the health system, and Memorial University, as well as planners and community representatives. The BHCC received funding from the Department of Health and Community Services to develop

an online platform that will support communities in creating and maintaining healthy built environments at the local level.

Newfoundland and Labrador Provincial Harm Reduction Committee

Pablo Navarro serves on the Provincial Harm Reduction Committee, a group whose purpose is to oversee the province's Take Home Naloxone Program, work with the AIDS Committee of Newfoundland and Labrador's Safe Works Access Program, and to inform and advocate for on-going harm reduction approaches in Newfoundland and Labrador.



Learning Health and Social System Committee:

NL SUPPORT/Quality of Care NL

Sarah Mackey, CHRSP Research Officer and Patient Engagement Coordinator, serves on the NL SUPPORT/Quality of Care NL Learning Health and Social System Committee. The NL SUPPORT/Quality of Care NL governance structure reflects the

Canadian Institute of Health Research's Strategy for Patient-Oriented Research defined core components for SUPPORT Units; Data Platforms and Services, Learning Health System, Capacity Development, and Patient Engagement. Within the NL SUPPORT Unit, a committee has been set up to lead each of the core component areas. These Core Component Committees meet at least quarterly and are responsible for determining the direction and focus of work in each area, managing day-to-day operations, taking remedial actions where necessary and providing updates to the Executive Committee. The Learning Health and Social System Committee is responsible for developing and delivering annual priorities to encourage and support the emergence of learning health and social systems (LHSS) in the province.



Transition House Association of Newfoundland and Labrador (THANL)

NLCAHR continued its partnership this year with the Transition House Association of Newfoundland and Labrador (THANL) and worked with this community organization on Phase II research to support new data frameworks of violence against

women (VAW) shelters in the province, including implementation considerations for data collection, analysis, and use. Pablo Navarro, Senior Research Officer at NLCAHR has been working with Dan Meades, Provincial Coordinator of THANL to coordinate this project, which involved student researchers at NLCAHR, Amanda Michael and Taylor Anthony.

Faculty of Medicine Strategic Planning: Wellness and Wellbeing Committee

Pablo Navarro served as a staff representative on the Faculty of Medicine's Wellness and Wellbeing Committee which aims to build awareness about activities and strategies that will support the wellness and wellbeing of faculty, staff, and learners within the Faculty of Medicine.



The National Collaborating Centre for Environmental Health: Healthy Built Environment Forum Champions

The National Collaborating Centre for Environmental Health developed an online discussion forum to enhance networking and to foster linkages among Healthy Built Environment (HBE)

practitioners, policymakers, and researchers. Research evidence has established HBE as a critical influence on human physical, mental and social health. As a result, public health agencies and

educational institutions across Canada have incorporated HBE into their mandates and curricula as part of their efforts to improve population health outcomes. Pablo Navarro was invited to participate and is one of two members from Newfoundland and Labrador to serve on this forum.



CASCADES

Summer Institute on Climate Change and Health

The Summer Institute on Sustainable Health Systems was created provide health services and policy trainees

with the opportunity to increase awareness of sustainable health systems and current action in Canada. The Centre's Director, Dr. Rick Audas, together with Pablo Navarro, Senior CHRSP Research Officer, continued this year to develop plans for the annual CASCADES Summer Institute on Climate Change and Health at Memorial University. CASCADES is led by the University of Toronto Centre for Sustainable Health Systems, in partnership with the Healthy Populations Institute at Dalhousie University, the Planetary Healthcare Lab at the University of British Columbia, and the Canadian Coalition for Green Health Care to support Canada's healthcare community to transition towards an environmentally sustainable (net zero carbon emission) and resilient health system. Memorial University is one of eleven hubs across Canada bringing together graduate students, medical students, practitioners, and experts to examine the challenges posed by climate change and to think about ways the health system can change to reduce its environmental impact.



Statistics Canada Research Data Centre, Memorial University

Dr. Rick Audas is the Academic Director of the Statistics Canada Research Data Centre, Memorial University. The Research Data Centre houses a wide variety of Statistics Canada data sets, which can be made available to researchers, free of charge, with approved projects and is part of the Canadian Research Data Centres Network (CRDCN)

Master's of Applied Health Services Research (MAHSR) Program

Dr. Rick Audas is the Memorial University Academic Lead for the Master's of Applied Health Services Research (MAHSR) program. This degree is jointly offered by University of New Brunswick, University of Prince Edward Island, Saint Mary's University and Memorial University.

Undergraduate Medical Curriculum at Memorial University

The Centre's Director is the Undergraduate Curriculum Lead in the undergraduate medical program for The Division of Population Health and Applied Health Sciences and a member of the management team of Phase 3 of the undergraduate medical program.

Canada's Drug Agency

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



Strategy for Patient-Oriented Research (SPOR) Evidence Alliance

NLCAHR, as an organization that produces evidence syntheses for its health system partners, is a member of the SPOR Evidence Alliance, a

partnership between researchers, patients, healthcare providers, policymakers, and other decision makers who are committed to building a Canadian health system that is increasingly informed and improved using best available evidence and innovations uncovered by the health research community. The Alliance is jointly funded by the Canadian Institutes of Health Research and 41 public agencies and organizations across Canada to create a collaborative research environment that is centred on patients and health system decision-makers as part of the Strategy for Patient-Oriented Research initiative. The SPOR-EA funded two NLCAHR/CHRSP projects this year, a *Rapid Evidence Report* on Patient Perspectives on Team-Based Primary Care and an *Evidence in Context* study on low-value diagnostic imaging.

Memorial University Office of Public Engagement (OPE) Communities of Practice Committee

Rochelle Baker supported the work of Memorial's Office of Public Engagement by serving on their Community of Practice Committee and helping the organizers plan for the 2025 Engage Memorial Symposium.



Provincial Strategic Health Networks

Strategic Health Networks (SHNs) at Newfoundland and Labrador Health Services are inter-professional, provincial groups designed to drive clinical and operational transformation across the healthcare system. Their core functions include: standardizing care by bringing together professionals across different zones and disciplines to

apply an evidence-based lens, reducing unwanted variations in clinical practices, processes, and patient outcomes. They also work to drive quality and consistency across the province by supporting system sustainability, quality improvement, and the implementation of best practices across key healthcare domains. The SHN mandate also includes system transformation by collaborating across geographic locations to break down traditional operational silos, problem-solve systemic challenges, and modernize service delivery to match provincial healthcare strategies. CHRSP researchers Sarah Mackey, Emily Granter and Pablo Navarro attend the meetings of several Strategic Health Networks, including Primary Care, Surgical Services, Emergency Care, Care of Older Adults, and Child Health.

Brokering and Facilitating Connections

In addition to the engagement and the Research and Knowledge Exchange activities listed above, the staff at the Centre work every day in a brokering role— assisting university, healthcare system, and community partners in important ways by facilitating connections and sharing information. The following is a brief overview of these activities.

Community Programs:

- promoting events and organizations
- community knowledge mobilization
- participating as volunteers
- connecting community agencies
- supporting program evaluations for our community partners

Research Studies:

- helping researchers find partners/ funding
- helping recruit study participants
- research knowledge mobilization
- disseminating research findings
- connecting new/visiting faculty with research and community partners
- hosting focus groups for researchers

New Project Start-ups:

- supporting proposals for new research projects
- supporting the development of new community programs and projects
- brokering partnerships to establish new projects
- providing resources and knowledge mobilization
- recruiting community volunteers

Presentations:

- promoting events for other academic partners
- speaking with university classes/ learner groups

- presenting at community and health system events and at university symposia

Student Projects:

- connecting students with supervisors and mentors
- helping students access research resources
- helping students find community partners
- connecting students with fellowship opportunities
- helping students recruit research study participants
- providing connections for students to discuss their research with faculty and healthcare system advisers

Requests from other Universities:

- connecting academics from outside NL with research/ community partners in NL

Referrals to Health/ Community Support:

- individuals seeking support for their families, referrals, or information about health or community programs or services

National Programs:

- Support for national programs seeking connections in NL



Finances



Budget 2025-2026

Category	Expenses
Operating Expenses	\$13,007
Salaries and Benefits	\$441,627
Total	\$454,634

Sources of Funding for 2025-2026:

In June 2025, the NLCAHR Board of Directors voted to supplement the Centre's funding with new contributions from Health and Community Services, NLHS and the Faculty of Medicine to offset previous year over year budgetary constraints. This funding will support sustainability for the Centre and NLCAHR is recruiting new researchers to support increased demand for research under a renewed annualized topic selection process and a planned expansion of CHRSP research offerings.

Source	Amount
Annual Operating Grant from the Department of Health & Community Services administered by Faculty of Medicine	\$378,000
Additional Funding from Department of Health & Community Services	\$100,000
Additional Funding from NL Health Services	\$100,000
Additional Funding from Memorial University Faculty of Medicine	\$100,000
Total	\$678,000