



Health Research Unit
Division of Community Health and Humanities

Celebrating

20 years

1992 - 2012



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TABLE OF CONTENTS

INTRODUCTION

Two Decades of Community Health Research.....	1
The Health Research Unit – A 20 Year History.....	2

COMMUNITY HEALTH ASSESSMENT

A Review of the Health Status of the Residents of the Come-by-Chance Area.....	3
A Review of the Health Status of the Residents of Long Harbour-Mount Arlington Heights area.....	3
A Review of the Health Status of the Placentia Area, Newfoundland.....	3
Development of Child and Adolescent Health Indicators for Newfoundland and Labrador.....	4
Newfoundland Health for the Year 2000 Project: A Review of Newfoundland Health Status.....	4
Review of the Health of the Population of Placentia/Long Harbour Area.....	4

HEALTH SERVICES

Learners and Locations: A Pilot Study of Where Physicians Train and Practice.....	5
Development of a Partnership and Research Framework to Assess the Outcomes of Acute and Chronic Low Back Injuries in Three Canadian Provinces.....	5
Community Pharmaceutical Care Program: Bridging the Care Gap for Diabetes Management in Newfoundland and Labrador.....	6
Survey of Provisionally Licensed International Medical Graduates.....	6
Referral Patterns for Neuromusculo-skeletal Conditions in Newfoundland and Labrador.....	7
Impact of Regionalization on Governance in the Health System.....	7
Breast Cancer Genetic Testing Survey.....	7
Multidisciplinary Service and Teaching Units.....	8
Effectiveness of Chiropractic Treatment for Lower Back Pain among Persons Receiving Worker’s Compensation – A Pilot Study.....	8
Institutional Services Branch Review: A Review of Services Provided to its External Customers.....	8
Review of Services for Occupational Therapists, Physiotherapists, Speech Language Pathologists, Audiologists and Recreation Therapy Practitioners.....	9
Cholecystectomy in Newfoundland and Labrador.....	9
The Newfoundland Cesarean Section Study, I & II.....	9

NEEDS ASSESSMENT

Assessment of Palliative Care Needs of People with End Stage Renal Disease (ESRD) on Dialysis.....	10
Assessment of Housing and Homelessness Issues in Happy Valley-Goose Bay.....	10
Needs Assessment of People who Inject Drugs, St. John’s NL.....	11



Findings from the Bell Island Telephone Survey: Part of Phase I Bell Island Health and Well Being Needs Assessment..... 11

Assessment of the Primary Health Care Needs in the Downtown Area of St. John’s..... 11

Burin Health and Community Needs Assessment, Telephone Survey Results..... 12

Analysis of Focus Groups with Health Professionals and Women with Eating Disorders..... 12

Women and Housing: “Hammer and Nail” 12

Determining the Needs of Blind and Visually Impaired Aboriginal Peoples in Atlantic Canada..... 13

Adults with Autism Spectrum Disorders in Newfoundland and Labrador: “A Constant Struggle”..... 13

Transitional Rehabilitation Needs of Youth and Young Adults with Physical Disabilities..... 14

Needs Assessment for Grenfell Regional Health Services..... 14

A Needs Assessment for the Newfoundland Lung Association..... 14

HEALTH PROMOTION, DISEASE AND INJURY PREVENTION

Psychological Impact of ARVC and Sudden Cardiac Death in Newfoundland Families..... 15

Safety and Immunogenicity in Adults of Revaccination with Adacel® Vaccine 10 Years after the Previous Dose..... 15

Nutrition Survey Validation..... 16

Examining Quality of Life and Health Outcomes after Hip Fracture in Urban-Rural Newfoundland: A Pilot Study..... 16

“What’s Best for Baby”: Breastfeeding Practices Among Adolescent and Adult Mothers..... 16

Defining Public Health Capacity: Newfoundland and Labrador Report..... 17

Provincial Task Force on the Prevention and Control of Communicable Disease in Health Institutions and Ambulance Services: “Back to Basics” 17

Evaluation of Food Fortification with Folic Acid for the Primary Prevention of Neural Tube Defects..... 17

Dietary Assessment..... 18

Community HIV Prevention Project..... 18

Canada’s Health Promotion Survey 1990: Newfoundland Profile..... 18

PROGRAM EVALUATIONS

Ever Green Recycling Program Evaluation..... 19

Kids Eat Smart Program Delivery Evaluation..... 19

Eating Disorder Interprofessional Community Capacity Building (EDICCB)..... 20

MPH Program Evaluation..... 20

Tele-oncology Program Evaluation..... 20

Provincial Autism Pilot Project - An Early Intervention Study 1999 to 2003: Program Evaluation..... 21

Assessment of the Professional Practice Model..... 21

Mill Lane Enterprises: A step-by-step process. An Evaluation of the Mill Lane program (Phase 1)..... 21

Mill Lane Enterprises: Cost Benefit Analysis. An Evaluation of the Mill Lane program (Phase 2)..... 22

Professional Practice Model..... 22

Pre-Natal Nutrition: Baseline Data Study..... 22



Breast Screening Program Evaluation.....	23
Hibernia Offshore Telemedicine Project: Evaluation.....	23
An Evaluation for the Better Hearing for Seniors Project.....	23
Rural Physician Recruitment Retention in Newfoundland and Labrador: Potential Initiatives Identified from a Review of the Literature.....	24

HEALTH POLICY AND DECISION MAKING

Enhancing Public Health Decision-Making with Geographic Information Systems: Strategic and Business Plan.....	25
Public Attitudes Towards Harm Reduction Strategies for Injection Drug Use.....	25
Attendance Management Study.....	25

PRIVACY/ PERSONAL HEALTH INFORMATION

Privacy Protection and Biobanks: A Conjoint Analysis of Priorities and Preferences of Stakeholder Groups.....	26
“Sorry You Can’t Have That Information”: Stakeholder Awareness, Perceptions and Concerns Regarding the Disclosure and Use of Personal Health Information.....	26

ENVIRONMENTAL HEALTH

A Study of Groundwater Quality of Private Wells in Western Newfoundland Communities.....	27
Community Health Resources Project: A Study of the Social and Economic Impact of HIV in Newfoundland.....	27

HEALTH ECONOMICS

Community Health Resources Project: A Study of the Social and Economic Impact of HIV in Newfoundland.....	28
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DATABASE CREATION/ MANAGEMENT AND SUPPORT

Ontario Heart Health Survey.....	29
Population-based Health Indicators and a Supporting Database for the Health Regions of Newfoundland and Labrador.....	29
Enhanced Cancer Surveillance: Pilot Study.....	29

WORKSHOPS AND CONFERENCES

Health and Literacy Action Conference.....	30
Qualitative Research Workshop.....	30
Canadian Society for Epidemiology and Biostatistics: Fourth National Conference.....	30



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INTRODUCTION

TWO DECADES OF COMMUNITY HEALTH RESEARCH

The Health Research Unit, which came into existence with what seemed to be a routine request for a study from the Department of Health, around the time when I joined the then Division of Community Medicine, has grown in leaps and bounds and has now completed 20 years and is still counting more. It is with great pleasure that we are releasing the progress report of the last two decades. During such milestone achievements, it is but natural to look back and reflect upon the achievements.

The Health Research Unit (HRU) is an integral component of the Division of Community Health and Humanities. It was established to connect the expertise and research capabilities of the faculty within the division with the health related research needs of the community. With the expansion of the Division, the in-house expertise of HRU has also grown. The Health Research Unit which was established as a contract arm of the Division within the Faculty of Medicine has often joined hands with community organizations in successfully obtaining funding for Health related research. We started with a staff of one manager and a research student support. It now houses a manager and three research assistants and a data manager. It also has a battery of experienced survey staff that can be hired as necessary.

Today, communities, agencies, organizations, government departments, industries, pharmaceutical companies and others look to the Health Research Unit as a reliable independent organization which produces quality research.

Brief synopses of the 73 projects undertaken by the HRU over the last 20 years, provides a peek into the variety and the breadth of research projects undertaken by HRU.

They include projects on:

- Community Health Assessment
- Needs Assessments
- Program Evaluations
- Health Services
- Health Policy and Decision Making
- Privacy/Personal Health Information
- Health Promotion, Disease and Injury Prevention
- Environmental Health
- Health Economics
- Database Management/Support
- Workshops and Conferences

This would not have been achieved without the support of the many organizations, agencies and individuals who are listed in the acknowledgments. We can all look forward to more excellent research activities from the HRU in the years to come.

Veeresh Gadag, PhD
Director
Health Research Unit

THE HEALTH RESEARCH UNIT – A 20 YEAR HISTORY

The Health Research Unit developed from a serendipitous event. The medical consultant to the Department of Health called one of the epidemiologists in the then Division of Community Medicine in early spring 1991. He and the assistant deputy minister were interested in finding out what factors contributed to the high rate of cesarean sections in Newfoundland. He offered a contract for a general survey of section rates across the province with a particular interest in variation by hospital, available resources for trial of labor and compliance with the newly published consensus guidelines for cesarean section. This seemed an ideal opportunity to think about a research unit within the division, particularly as epidemiology was often a core discipline in community projects. It was a chance to enlist the breadth of expertise in the Division to provide evidence which could inform health policy decisions and ultimately benefit the community. There was also the potential to increase research activity among the faculty and develop research relationships among the division faculty as well as those outside the Division. The associate dean of the then Division supported the idea. Preliminary meetings of the faculty and research support staff of the division led to the formation of the Health Research Unit. A contract between the Department of Health and the Health Research Unit was signed and the first study was undertaken.

As with most new ventures, there was a steep learning curve. The first study was woefully under budgeted and the timelines required by the university for hiring on research personnel delayed the start of the project. Bonnie James, an M.Sc. graduate of the division who had recently completed work as the site coordinator of the Canadian Study of Health and Aging took on the job of manager of the unit. With full-time support in the unit, budgets were better prepared and work could begin immediately while any additional required personnel were recruited. Shortly after this, Ann Ryan joined the unit in a second research support position. Alison Edwards was also part of the early unit providing support for database management and computer based analyses of large data sets. In 1995, Linda Longerich became manager, like Bonnie bringing both administrative and research skills to the unit. When Linda retired in 2005, Ann Ryan moved into the manager's position and has admirably co-ordinated our research projects since then.

As research contracts, sub-contracts and grants started to come in, the unit began to build a quite extraordinary pool of interviewers, facilitators and consultants many of whom are still working with us. Project funding has come from a diversity of sources: federal research granting agencies, Health Canada and the Public Health Agency of Canada (PHAC), provincial government departments, regional health authorities, not-for-profit agencies, private foundations and corporations including pharmaceutical companies as well as the Medical Research Foundation and the NL Centre for Applied Health Research. Funding has come directly to the HRU for total management of projects like the Lung Association needs assessment and indirectly from the projects of principal investigators associated with the HRU for special services like recruitment, interviewing, analysis and report writing.

One of the significant accomplishments of the HRU has been the development and sustainability of links with the community. A hallmark of the work of the HRU has been the interaction with community members from the start of a project through the dissemination of the findings. All reports are in plain language. Quite often the relationships developed in projects have led to subsequent involvement with initiatives of the sponsor agency or institution. The HRU has been an important interface of the community and the Faculty of Medicine, bringing with it increasing lay awareness of the breadth of involvement of the medical school and the process of research and, for researchers, a greater understanding of the needs and perspectives of the community.

Nearly 70 projects in a diversity of areas ranging from health policy and health services to program evaluations and needs assessments are summarized in this document. I find it exciting and gratifying to read through the accomplishments of these past 20 years.

Sharon Buehler, PhD
Founding Director
Health Research Unit



A Review of the Health Status of the Residents of the Come-by-Chance Area 2007

Funding Agency: BAE-Newplan Group
Principal Investigator(s): Veeresh Gadag
Co-Investigator(s): Allison Edwards, Ann Ryan

Summary: The Health Research Unit was retained by Newfoundland and Labrador Refining Corporation (NLRC) to prepare a report on the health status of the residents within approximately a 50 km radius of the proposed oil refinery location at Southern Head (situated between North Harbour and Come by Chance Bay, Placentia Bay). This included Clarenville, the bottom of the Bonavista Peninsula, the area immediately adjacent to the project site on the northern Burin Peninsula, and Random Island. The baseline data on the health status of the local population will be of value in determining the potential impact from future operations.

In addition to reporting information on morbidity and mortality, the report also included information on the socio-demographic, lifestyle, and economic environment of the residents of the region. The information collected from the study area was compared to the Eastern Regional Health Authority, the Province of Newfoundland and Labrador, and Canada.

A Review of the Health Status of the Residents of the Long Harbour-Mount Arlington Heights Area 2007

Funding Agency: INCO (Voisey's Bay Nickel Company Ltd)
Principal Investigator(s): Veeresh Gadag
Co-Investigator(s): Alison Edwards, Ann Ryan

Summary: The HRU was retained to prepare a report based on available data on the health status of residents in the potential impact area of the proposed commercial nickel processing plant in the Long Harbour-Mount Arlington Heights area of Newfoundland. The sources of information used in this report included: 1) the Newfoundland Adult and Community Health Survey, 2001, Newfoundland and Labrador Statistics Agency; 2) Statistics Canada Census, 2001; 3) the Canadian Institute for Health Information, mortality data (1999-2003), provincial morbidity data (1999/00 to 2003/04), morbidity data for Canada (2000/01), and congenital anomalies hospitalizations (1999/00-2003/04); and 4) Newfoundland and Labrador Centre for Health Information (Live Birth and Stillbirth Systems, 1999-2003).

A Review of the Health Status of the Placentia Area, Newfoundland 1997

Funding Agency: Voisey's Bay Nickel Corporation Ltd.
Principal Investigator(s): Jorge Segovia, Roy West, Linda Longerich, Alison Edwards

Summary: The HRU was requested by the Voisey's Bay Nickel Company to prepare a report based on available data on the health status of the potential impact area for the nickel smelter being considered for location in the Placentia area. During the previous five years, the Division of Community Medicine had carried out three studies which provided relevant and recent information for this report on the health status of the target area. In addition to reporting information on illness and death, this report included information on the demographics, lifestyle, and social environment of the region.

Development of Child and Adolescent Health Indicators for the Province of Newfoundland and Labrador 1996

Funding Agency: Newfoundland Department of Health

Principal Investigator(s): Roy West, Bill Bavington, Bonnie James, Ann Ryan, Linda Longerich

Summary: This project was commissioned jointly by the Janeway Child Health Centre and the Children's Rehabilitation Centre. The objectives were to identify those indicators necessary to monitor the health status of the children and adolescents of the province and to create a report that included the most recent information available. The report, titled *Healthy Children, Healthy Society*, includes demographics, reproductive statistics, family and social issues, income and health issues, lifestyles, and mortality and morbidity statistics. This report also includes recommendations for periodic review of the health status indicators and suggestions for possible outcome measures to consider for management of child health services in the province. A companion report titled *Help for Children* documents the specialized health services for children in Newfoundland and Labrador organized through programs centered at the Janeway Child Health and Children's Rehabilitation Centres.

Newfoundland Health for the Year 2000 Project: A Review of Newfoundland Health Status

1994

Funding Agency: Newfoundland Department of Health

Principal Investigator(s): Doreen Neville, Sharon Buehler, Bonnie James, Alison Edwards

Summary: As part of the Newfoundland Department of Health's participation in provincial strategic planning, a review of the current health status of persons living in Newfoundland and Labrador was commissioned from the Health Research Unit to provide the basis for widespread discussion on the future of health care delivery in this province. The objectives of the project were to: (1) collect together and review relevant publications and reports; (2) review and re-analyze, where necessary, relevant computerized databases; and (3) produce a report which updates the 1986 Newfoundland Health Review.

Because there is no standard scale for health, its measurement depends on health indicators, each of which represents only a part of the overall concept of health. To address the health challenges of the health promotion framework – increasing prevention, reducing inequities and enhancing coping – four areas of data were reviewed: (1) mortality indicators which measure health as survival; (2) morbidity indicators which reflect freedom from disease; (3) social and economic variables which provide the basis for physical, mental and social well-being; and (4) health promotion activities which address the individual and community response to creating and maintaining quality of life.

Review of the Health of the Population of Placentia/Long Harbour Area

1992

Funding Agency: Newfoundland Department of Health

Principal Investigator(s): Sharon Buehler, Roy West, Bonnie James

Summary: The provincial government was asked to respond to community concern about possible environmental risk from an industrial site and the government requested the HRU to assess any evidence of harm to residents. This was done through review and evaluation of all available data on health indicators and previous environmental assessments of the industrial site. Results indicated no substantial differences in rates for cancer-caused mortality, congenital abnormalities, or infant mortality in the study area compared to the province as a whole. A relatively higher incidence of brain and bladder cancer was considered most likely due to chance variation because of small numbers. It was recommended that incidence of these two cancers be monitored. In general, the variations seen in the data reviewed were those expected in the study of regions of comparable size.



Learners and Locations: A Pilot Study of Where Physicians Train and Practice

2008-2011

Funding Agency: Health Canada (Strategic Policy Branch)

Principal Investigator(s): James Rourke

Co-Investigator(s): Susan Carter, Gerard Farrell, Veeresh Gadag,

T. Montgomery Keough, Maria Mathews, Wanda Parsons, Sharon Peters, Asoka Samarasena, Steve Slade

Summary: As the geographic distribution of Canada's population changes, there continues to be a lack of fit between where people live and where doctors practice. While there have been studies investigating factors that influence where physicians will practice (such as their rural origins or their rural training), these are largely retrospective and rely on participant memory and as such are subject to recall bias.

This pilot project aimed to develop an analyzable geographical database designed to track physicians during all stages of education and practice in Newfoundland and Labrador. The feasibility of this database has been established and work is now underway to demonstrate its usefulness to researchers, stakeholders, and policy makers and to facilitate its development and use in a national context. This database will make an important contribution to health services research in Newfoundland and beyond as it will allow researchers to examine the association between geographic origin prior to entering medical school, learning locations during medical education, and eventual practice location following training.

Development of a Partnership and Research Framework to Assess the Outcomes of Acute and Chronic Low Back Injuries in Three Canadian Provinces

2007-2008

Funding Agency: Newfoundland Centre for Applied Health Research

Collaboration: The Newfoundland and Labrador Chiropractic Association; the Canadian Chiropractic Association

Principal Investigator(s): Veeresh Gadag, Bill Bavington, Laurie Goyeche

Co-Investigator(s): Ann Ryan, Nurun Chowdhury

Summary: There is a recognized need for research relating to costs of service, patient outcomes and satisfaction. An important focus is an examination of the role of the health care provider in primary care. Given that a large proportion of work-related injuries are musculoskeletal in nature, there is a need for Workers Compensation Boards to research, understand and promote best practices.

This project proposed to identify differences in the utilization of care provided by chiropractors, physicians, and physiotherapists to workers with non-catastrophic neck and back injuries in three Canadian provinces. It was proposed that data would be extracted from Workers Compensation Board/Commission files in Newfoundland and Labrador, Ontario and Manitoba for the period 2001-2007. Descriptive statistical measures would compare qualitative variables, such as access to care, determined by geographical zone, type of health care provider, and pain classification. Quantitative measures would include the total number of claims, the total number of days lost from work and the average number of visits per claim. Chi-square, two-way analysis of variance with interaction, and non-parametric two-way analysis of variance for non-conforming outliers would provide statistical confidence.

Community Pharmaceutical Care Program: Bridging the Care Gap for Diabetes Management in Newfoundland and Labrador

2006-2008

Funding Agency: Health Canada, Atlantic Canada Opportunities Agency

Collaboration: School of Pharmacy

Principal Investigator(s): Debbie Kelly, Stephanie Young, Leslie Philips

Co-Investigator(s): T. Montgomery Keough

Summary: Diabetes is a chronic and costly illness, requiring constant surveillance and intervention to prevent and manage both acute and chronic complications. A large amount of diabetes-related illness may be delayed or prevented through the careful control of blood sugar, blood pressure and cholesterol.

Collaborative practice among patients, pharmacists and family physicians is promoted as a best practice in diabetes care. Understanding these relationships is important in identifying barriers and developing solutions to promote collaboration. Evidence-based clinical practice guidelines have been developed to communicate best practice strategies. Unfortunately these guidelines are not being followed and there is a gap between actual care and ideal care delivered in clinical settings. Community pharmacists are uniquely positioned to help bridge this care gap.

The purpose of this project was to develop and expand upon an existing model of health care delivery between community pharmacists and family physicians. Community pharmacists partnered with patients and physicians to bridge the gap between ideal and actual care in diabetes management. This was carried out through promotion and integration of best practice evidence into clinical practice. An added focus included exploration the attitudes of family physicians and community pharmacists regarding collaborative practice to provide patient care.

Survey of Provisionally Licensed International Medical Graduates

2007

Funding Agency: Phase 1: Department of Health and Community Services

Phase 2 and 3: Service Canada

Principal Investigator(s): Rick Audas, David Vardy

Co-Investigator(s): T. Montgomery Keough, Ann Ryan, Mark Wade

Summary: The primary goal of the study was to identify factors which influence the decision to stay or migrate for international medical graduates (IMGs) who have practiced in Newfoundland and Labrador under provisional licenses. A mail out survey focused on several dimensions of the IMGs' personal and professional lives, including: experiences prior to coming to practice in NL; communities in which they practiced in NL; orientation to practice; professional support and community support while in practice; family characteristics; timelines on date of initial registration and practice and date of relocation (where applicable); career objectives; reasons for leaving (where applicable); and reasons for staying (where applicable).

Referral Patterns for Neuromusculo-skeletal Conditions in Newfoundland and Labrador

2007

Funding Agency: Newfoundland and Labrador Chiropractic Association; Canadian Chiropractic Association

Principal Investigator(s): Bill Bavington, Veeresh Gadag

Co-Investigator(s): Roland Bryans, Nurun Chowdhury Laurie Goyeche, T. Montgomery Keough, Linda Longerich, Ann Ryan, Mark Wade

Summary: The objectives of this study were: to document referral patterns for neuromusculo-skeletal (NMS) conditions in Newfoundland and Labrador (NL) between physicians and chiropractors; to determine the types of formal and informal networks and referral relationships that exist between physicians and chiropractors; and to assess the effects of referral patterns on the health professional's practice.

A mail-out survey questionnaire was sent to physicians and chiropractors to: collect detailed information on the number of patients with NMS conditions; to determine how many of them are referred to chiropractors/physicians or other healthcare practitioners; to determine how many have insurance coverage, and to explore the relationship between physicians and chiropractors. SPSS (the Statistical Package for the Social Science) was used to analyze the data.

Impact of Regionalization on Governance in the Health System

2002

Funding Agency: Newfoundland and Labrador Centre for Applied Health Research

Principal Investigator(s): Doreen Neville, Steve Tomblin, Brenda Fitzgerald, Gwyn Barrowman

Summary: This study examined the regionalization of the provincial health boards that took place between 1995 and 1998. This restructuring reduced the number of health boards, brought small boards under larger regional boards, and gave these boards wider responsibilities. The restructuring involved both centralization (to the larger board) and some devolution of power from the Department of Health (subsequently the Department of Health and Community Services), to give more decision-making power to local people. In 1990 there were 39 health boards; now there are 14. Our study examined the impact of these changes on how the boards and CEOs' work with each other and with the DOHCS. What were the objectives of regionalization? Were they achieved? How did the process affect people in the system? The geography and population distribution of Newfoundland and Labrador pose challenges to the delivery of health care but many of our concerns are common to other jurisdictions. We sifted through the literature on regionalization in other provinces and countries, identified issues and trends, and interviewed most of the people involved at a senior level in the restructuring process. A summary and an analysis of the findings were circulated to all those who took part.

Breast Cancer Genetic Testing Survey

2000

Funding Agency: National Cancer Institute of Canada, Canadian Breast Cancer Research Initiative

Principal Investigator(s): Robin Moore-Orr, Linda Longerich

Summary: The discoveries of BRCA1 and BRCA2, two cancer-susceptibility genes, raise serious ethical, legal, social and economic issues. In November 1993, the National Forum on Breast Cancer issued a recommendation "to develop a policy with respect to genetic screening" and to consider "whether there should be legislated protection for women in such areas as privacy, insurance and misuse of data." This study was a partnership project in a multi-site study funded by National Cancer Institute of Canada and the Canadian Breast Cancer Research Initiative to assess current knowledge, perceptions, attitudes and practices of women with a family history of breast or ovarian cancer regarding issues that pertain to breast cancer genetic testing and insurance. In 1999, the Health Research Unit with cooperation from the St. John's Breast Screening Centre interviewed 135 women who indicated a first degree family history of breast or ovarian cancer on the Centre questionnaire. Participants were asked questions about genetic testing for the breast cancer genes BRCA1 and BRCA2, and concerns about testing and confidentiality and testing and insurance. Participants were also asked to rate their concern about the threat of their insurance status changing depending on genetic test results.

Multidisciplinary Service and Teaching Units

1997-2000

Funding Agency: Department of Health and Community Services, Government of Newfoundland and Labrador

Principal Investigator(s): Jorge Segovia, Roy West

Co-Investigators: Linda Longerich

Summary: The Primary Enhancement Project was aimed at improving the health of rural communities in Newfoundland and Labrador. It was a provincial pilot project based upon a partnership model between the Department of Health and Community Services and a variety of educational institutions, regional health boards, professional associations and community groups. The purpose of the project was to strengthen health care delivery in Port aux Basques, Twillingate, and Happy Valley-Goose Bay through the provision of primary health care services delivered through a multi-disciplinary service and teaching unit model. The Health Research Unit, working with the provincial Department of Health and Community Services, provided development and consultation support during the formation of the multi disciplinary health service and teaching units and in the on-going evaluation of the process.

Effectiveness of Chiropractic Treatment for Lower Back Pain among Persons Receiving Worker's Compensation – A Pilot Study

1996

Funding Agency: Newfoundland Chiropractic Association; Canadian Chiropractic Association

Principal Investigator(s): Veeresh Gadag, Roy West, Linda Longerich, Laurie Goyeche

Summary: The Health Research Unit was approached by the Newfoundland Chiropractic Association regarding a potential prospective study on the use of the chiropractic services for low back pain covered by Workers Compensation Commission (WCC). The ultimate objective of this pilot study was to provide the background data needed for the preparation of this prospective study (i.e. an overview of the use of chiropractic services by persons receiving Worker's Compensation). A preliminary assessment of the number of claims and treatments provided in 1994 and 1995 for all low back injuries was undertaken to determine what, if any, information in the WCC database could be used as a severity indicator and to examine in detail the utilization patterns for chiropractic services. This information could ultimately be used to determine the effectiveness of chiropractic treatment. Utilization data for the two year period 1994-1995 gave information on treatments per new claim for low back injury by type of service.

Institutional Services Branch Review: A Review of Services Provided to its External Customers

1996

Funding Agency: Institutional Services Branch-Department of Health, Newfoundland and Labrador

Principal Investigator(s): Doreen Neville, Ann Ryan, Linda Longerich, Roy West

Summary: This project was commissioned by the Institutional Services Branch (ISB) of the Newfoundland and Labrador Department of Health to review services provided to external customers. The Health Research Unit undertook this study to obtain feedback from ISB customers about their perceptions regarding services delivered by the ISB and their expectations for future services, especially in the context of the large scale restructuring occurring in the health sector.

The objectives of the study were threefold: (1) to obtain feedback from customers regarding the role of the ISB, access to and timeliness of consulting services, and the impact of Department of Health consulting services on institutional practice; (2) to elicit from external organizations their expectations of future relationships given the current restructuring initiatives; (3) to identify areas for service maintenance, enhancement or revision, based on the feedback obtained.

A questionnaire was designed to survey CEO's and administrators of health care institutions in Newfoundland and Labrador. The sample included the eight tertiary care and regional hospitals; a sample of seven community health centers chosen at random; a sample of five nursing homes chosen at random. Data were analyzed by content analysis using both qualitative and quantitative methods.

Review of Services for Occupational Therapists, Physiotherapists, Speech Language Pathologists, Audiologists and Recreation Therapy Practitioners

1996

Funding Agency: Department of Health, Newfoundland and Labrador

Principal Investigator(s): Ann Ryan, Janet Squires, Janet O'Dea, Gail Dicks-O'Keefe, Chris Murphy, Margaret Tibbo, Brenda Head, John Butista

Summary: This report was based on a provincial survey of the education, work experience and current caseload of personnel employed in the five therapy groups. The Health Research Unit provided data analysis and prepared publication-ready charts and graphs for the final report of this project.

Cholecystectomy in Newfoundland and Labrador

1995

Funding Agency: Newfoundland Hospital and Nursing Home Association

Principal Investigator(s): Roy West, Ann Ryan, Bonnie James, Loretta Chard

Summary: At the request of the Newfoundland and Labrador Hospital and Nursing Home Association, the Health Research Unit undertook to review the rate of cholecystectomies in the province and to study the newly introduced laparoscopic procedure in comparison with open cholecystectomies. The objectives of the project were: to search for evidence of the rate of cholecystectomy in Canada and abroad; to compare the cholecystectomy rate in Newfoundland and Labrador with the rest of Canada; and to search for evidence of the degree to which the procedure is carried out on a day surgery basis. It was anticipated that such a study would give comparative information of practices in Newfoundland and Labrador with practices elsewhere in Canada and abroad. Data were collected from a review of the available scientific and clinical literature, hospital separation data for the years 1979-80 and 1990-91 from Statistics Canada, hospital separations for 1992-93 and 1993-94 from the Canadian Institute for Health Information, and a survey of Newfoundland and Labrador hospitals. A future study to examine the longer length of stay in hospitals with greater than 200 beds and the reasons for longer length of stay for males compared to females was recommended.

The Newfoundland Cesarean Section Study, I & II

1992, 1994-1995

Funding Agency: Department of Health; Government of Newfoundland

Principal Investigator(s): Sharon Buehler, Robin Moore-Orr

Summary: In 1985, although Canadian perinatal mortality compared favorably with countries such as Denmark, Norway and the Netherlands, the Canadian cesarean rate (19 per cent) was substantially higher than the rates reported by these countries (10-12 per cent). After 1985, the upward trend in cesarean section rates in North America flattened, but Newfoundland continued to show one of the highest cesarean section rates in Canada. In 1991, the Newfoundland Department of Health requested the newly established Health Research Unit to determine the rate of cesarean section for Newfoundland, specific indicators for sections and (if warranted) to recommend strategies for reducing surgical deliveries. Charts of all sections performed from October 1991 through March 1992 were abstracted for indicators and reviewed against consensus guidelines. All cases not clearly complying with the guidelines were reviewed and discussed by a panel of three expert obstetricians from NL. Overall, only 49 per cent of the cesarean sections in the early study were considered to be appropriate; 28 per cent were felt to clearly comply with the Canadian Consensus Guidelines with a further 21 per cent reviewed by our expert review team as acceptable in the clinical circumstances.



Assessment of Palliative Care Needs of People with End Stage Renal Disease (ESRD) on Dialysis

2011-2012

Funding Agency: Newfoundland Center for Applied Health Research (NLCAHR)

Principal Investigator(s): Victor Maddalena

Summary: End stage renal disease (ESRD) is the irreversible loss of kidney function whereby the kidneys are no longer able to support life. The principal mode of treatment for patients with ESRD is dialysis and in very limited cases kidney transplants. Palliative care measures for ESRD patients include pain and symptom management, advance directives, resuscitation orders and, if they are receiving home dialysis, a home assessment of care needs. While such services are centrally important, at present their provision is ad hoc in many jurisdictions.

While there is research examining the palliative care needs of patients with ESRD receiving dialysis, there is a lack of literature examining the differences between the needs of patients who die at home and those who die in hospital, as well as rural/urban comparisons between the two. This study aims to answer the question: “What are the palliative care needs of patients with ESRD?” by interviewing caregivers of ESRD patients who underwent at-home or in-hospital dialysis and subsequently passed away. Interviews will take place in each of the four regional health authorities and will also include stakeholders, such as nurses, pastoral care and social workers.

The HRU will provide project coordination, including scheduling, facilitating some interviewing, transcription and analysis.

Assessment of Housing and Homelessness Issues in Happy Valley-Goose Bay

2011-2012

Funding Agency: Social Sciences and Humanities Research Council

Principal Investigator(s): Rebecca Schiff

Summary: There is a substantial and growing body of literature on homelessness in Canada. However, the large majority of research focuses on homelessness in urban areas and at the rural-urban interface. There is a paucity of information on homelessness in Canada’s remote and northern communities. Labrador is no exception. As a result of this lack of knowledge about homelessness in Labrador, there is little information to inform policy and program development to better meet the needs of homeless Labradorians.

Over the past year, the Happy Valley-Goose Bay Community Advisory Board on Housing and Homelessness (HVGB CAB) has identified the need for high-quality data on homeless populations and those at risk of homelessness. There is a recognized need to develop capacity to analyze data to understand the ways in which policy and planning issues affect the provision of services for homeless people in Labrador.

This exploratory study aims to build on the existing community capacity around data collection to enhance data analysis capabilities. It will also utilize the strong collaborative framework of the HVGB Community Advisory Board on Housing and Homelessness (CAB) to develop programs and policy options based on knowledge gained from interviews with service providers, and key stakeholders/decision makers.

Needs Assessment of People who Inject Drugs, St. John's NL

2006

Funding Agency: AIDS Committee of Newfoundland and Labrador; Addictions Treatment Services Association

Principal Investigator(s): Diana Gustafson

Co-Investigator(s): Lesley Goodyear, Tree Walsh, Linda Longerich, Ann Ryan, Angelique Myles

Summary: The purpose of this needs assessment was to explore the extent and type of injection drug use in St. John's, Newfoundland and Labrador, to determine what services were most needed and to identify the barriers, if any, to health, health services and harm reduction information in the injection drug use community.

This needs assessment was part of a larger project called "Reaching Injection Drug Users in St. John's, NL" funded by the Public Health Agency of Canada. The overall goal of the parent project was to reduce the risk of HIV and Hepatitis C virus (HCV) infections among people who inject drugs in St. John's. This portion of the project was funded by the Newfoundland and Labrador AIDS Committee (NLAC).

Findings from the Bell Island Telephone Survey: Part of Phase I, Bell Island Health and Well Being Needs Assessment

2005

Sponsoring Organization: Health Care Corporation, St. John's

Funding Agency: National Research Council of Canada

Principal Investigator(s): Linda Longerich, Ann Ryan, Sara Heath

Summary: As part of the Bell Island Health and Well Being Needs Assessment the HRU completed a telephone survey of island residents. The objectives of the survey were to determine the acute, chronic and preventative health care needs of the residents of Bell Island; to assess their attitudes towards prevention, health, and wellness; to examine the broad determinants of health for the residents; and to provide a baseline assessment of utilization factors which affect the health and well-being of the residents of the island.

Assessment of the Primary Health Care Needs in the Downtown Area of St. John's

2005

Funding Agency: Health and Community Services St. John's Region

Principal Investigator(s): David Allison

Co-Investigator(s): Linda Longerich, Ann Ryan, Geraldine Thompson, Sara Heath

Summary: This study was commissioned by test. John's Primary Health Care Project. The Health Research Unit in collaboration with the St. John's Primary Health Care Advisory Group developed research methodology to determine the community issues and health care needs of the residents of downtown St. John's. In addition it was important to identify the most effective ways to provide a broad range of services to the residents of this area. The research undertaken for this needs assessment was comprised of a telephone survey of 507 households, 10 key informant interviews and six focus groups.

Burin Health and Community Needs Assessment, Telephone Survey Results

2005

Funding Agency: Eastern Health, NL

Principal Investigator(s): Veeresh Gadag

Co-Investigator(s): T. Montgomery Keough, Ann Ryan

Summary: Upon the creation of the Eastern Regional Integrated Health Authority (RIHA) in 2005, the Board of Trustees identified the need to complete needs assessments for all the regions within its new mandate as one of its strategic priorities. Using a population health approach – which focuses on the broader determinants of health such as health services, health and community problems, personal health and wellness, income and demographic – a telephone survey was conducted of households in the Burin peninsula. The results of the telephone survey were incorporated by the Eastern RIHA with the results of focus groups, key informant interviews, and available community data (Community Accounts) to produce the complete needs assessment. The complete report can be viewed on the Eastern RIHA website.

Analysis of Focus Groups with Health Professionals and Women with Eating Disorders

2004

Funding Agency: St. John's Health Care Corporation

Principal Investigator(s): Natalie Beausoleil

Co-Investigator(s): Ann Ryan

Summary: This report sponsored by the Eating Disorders Working Group was part of a study titled Development of an Intensive Outpatient Treatment Program for Eating Disorders: a Cost-Benefit Analysis. This part of the study examined the views and experiences of people with eating disorders and their treatment needs.

Women and Housing: Hammer and Nail

2003

Funding Agency: St. John's Status of Women Council; Women's Centre St. John's, Newfoundland and Labrador

Principal Investigator(s): Linda Longerich

Summary: Inadequate housing presents a serious risk to mental and physical health and is an important social determinant of health. The Hammer and Nail project was an initiative of the St. John's Status of Women/Women's Center to explore housing issues faced by low income women in Newfoundland and Labrador, and the gaps between these issues and housing policies and practices. The HRU's part in the Hammer and Nail project involved the preparation of a report comprised of a summary of available data on the status of women's housing, education, income, employment and health in Newfoundland and Labrador.

Determining the Needs of Blind and Visually Impaired Aboriginal Peoples in Atlantic Canada

2002

Funding Agency: E.A. Baker Foundation for the Prevention of Blindness

Principal Investigator(s): Bill Bavington, Len Baker, Linda Longerich

Summary: The CNIB was concerned that a lack of appropriate intervention with First Nation and Inuit communities might be contributing to the incidence of vision loss and that those who would benefit from vision rehabilitation services are unaware of the assistance the CNIB can provide. The goals of this project were to establish an appropriate process to increase the knowledge of blindness and visual impairment and produce measurably improved outcomes for the prevention and management of eye related disease for Aboriginal people through effective partnership development.

A participatory action research process, which recognizes the need for persons being studied to participate in the design and conduct of the research that affects them, was used. Aboriginal communities in Nova Scotia, New Brunswick, and Newfoundland and Labrador participated in the process. Elders in each community participating in the study were contacted to discuss culturally appropriate procedures for community discussion. Consultation with frontline workers in health and social services and community group discussion provided information on attitudes and perception of needs. Further community meetings with relevant stakeholders established working partnerships and enhanced capacities for further research.

Adults with Autism Spectrum Disorders in Newfoundland and Labrador –“A Constant Struggle”

2001-2002

Funding Agency: Centre for Applied Health Research; Newfoundland and Labrador Department of Health and Community Services

Principal Investigator(s): Michael Murray, Patricia Canning, Ted Callanan, Cathy Vardy

Co-Investigators: Sara Heath, T. Montgomery Keough, Ann Ryan

Summary: Estimates of the occurrence of autism spectrum disorder (ASD) vary from an incidence rate of 13 per 10,000 to a recent estimate from the UK of 91 per 10,000. In Newfoundland and Labrador, very little is known about the age distribution, location and range of severity of persons with ASD.

This study was sponsored by the Autism Society of Newfoundland and Labrador. The objectives of this study were to develop a provincial model of services and programming for persons with autism spectrum disorders with a focus on those aged 16 and older. The goal was to achieve optimum health and well-being for all persons with autism spectrum disorders from early childhood through adulthood. Institutions, agencies, and organizations providing programs and services for persons with developmental disabilities were contacted to provide initial prevalence information and to recruit participants for a telephone survey. Persons aged 16 or older, identified as having ASD or their parent or care-giver, completed a telephone survey. Information was gathered on past and current services as well as future needs. Focus group discussions were also held throughout the province.

Transitional Rehabilitation Needs of Youth and Young Adults with Physical Disabilities

2000

Sponsoring Organization: St. John's Health Care Corporation

Principal Investigator(s): Ann Ryan, Linda Longerich

Summary: This project was a cooperative effort between the Health Research Unit and the Working Group for Transitional Rehabilitation Needs of Youth/Young Adults with Physical Disabilities to develop and carry out a research study to identify the health and rehabilitation service needs of young adults with disabilities in the province.

The objectives of the study were to describe the nature of the transition experience from the client's perspective, to determine the service needs of young adults with disabilities, and to determine the types of services that are required to promote healthy transition to adulthood and community integration for these young adults. The project utilized the database established by the Working Group and involved development of a survey questionnaire, training of interviewers, and analysis and reporting of results of a telephone survey of young adults with physical disabilities throughout the province.

Needs Assessment for Grenfell Regional Health Services

1999

Funding Agency: Grenfell Regional Health Services

Principal Investigator(s): Bill Bavington, Sandra Lefort

Summary: Grenfell Regional Health Services (GRHS) provides health services for the people of the Northern Peninsula, South Eastern Labrador and the Labrador Straits. They are committed to offering preventive and primary, secondary, and long-term care services. They have undergone dramatic changes since 1994 and are still in the process of adjusting to these changes. To improve the quality of the health services and address the specific needs of the communities within the Grenfell region, the Health Research Unit was asked to provide a comprehensive regional and community needs assessment. This project involved organizing and conducting community focus groups, key informant interviews, student surveys and a random telephone survey of 840 people across the Grenfell region. The report describes the health needs and health resources of people living in the region and offers recommendations to GRHS to assist in strategic planning for the future.

A Needs Assessment for the Newfoundland and Labrador Lung Association

1996

Funding Agency: Glaxo-Wellcome

Principal Investigator(s): Sharon Buehler, Linda Longerich, Ann Ryan

Summary: Respiratory disease is the third leading cause of death in men and women in Newfoundland and Labrador and in Canada. Chronic obstructive pulmonary disease (COPD) accounted for 152 deaths and 2,500 hospitalizations in the province in 1992. In 1994, the 50th anniversary year of the founding of the Newfoundland and Labrador Lung Association (NLLA), the Association launched a strategic planning process to carry it to the year 2000. The Health Research Unit was contracted to carry out a province-wide needs assessment as part of this strategy.

Focus groups directed to the needs of persons with respiratory disease, teachers, and health professionals were conducted across Newfoundland. Over 500 randomly selected members of the public were surveyed by telephone about their knowledge and attitudes towards asthma, its triggers and their need for services and programs provided by the Newfoundland & Labrador Lung Association. The themes emerging from the content analysis of the focus group discussions and the results of the survey were used to draw conclusions about the needs of the public and those living with asthma and to formulate recommendations. The results of the study continue to guide initiatives of the NLLA.



Psychological Impact of ARVC and Sudden Cardiac Death in Newfoundland Families

2011-2012

Funding Agency: Atlantic Canada Opportunities Agency (ACOA), Atlantic Innovation Fund

Principal Investigator(s): Holly Etchegary

Co-Investigator(s): Daryl Pullman, Kathy Hodgkinson, Terry Lynn Young, Sean Connors, Catherine Street, Charlene Simmonds

Summary: Cardiovascular disease claims the lives of 45,000 Canadians every year, more than lung cancer, breast cancer, and stroke combined. Inherited cardiomyopathies are a major cause of heart disease across all age groups, particularly in the young. The most serious outcome among the inherited cardiomyopathies is sudden cardiac death (SCD) due to lethal arrhythmias such as arrhythmogenic right ventricular cardiomyopathy (ARVC).

Over the last 30 years, research has identified the gene causing ARVC, the penetrance of the gene, and the diagnostic utility of tests. In 2004, a Cardiac Genetics Clinic was created where at risk families can receive genetic counseling, testing, and follow-up clinical management – frequently in the form of potentially life-saving defibrillators. However, despite excellent clinical management, there has been no program of research on the psychosocial impact of living with this inherited heart condition.

This qualitative study is one phase of a larger study on Genomics Based Diagnostic Tools to Prevent Sudden Cardiac Death. The goal of this phase is to document the psychosocial impacts of inherited cardiovascular disease, for both mutation carriers and at-risk family members (i.e., those not yet tested). By documenting psychosocial impacts, this study can provide evidence-based information to inform decision making in cardiac centers and potentially improve the lives of at-risk families.

Safety and Immunogenicity in Adults of Revaccination with Adacel® Vaccine 10 years after the Previous Dose

2011-2012

Funding Agency: Sanofi Pasteur Inc.

Principal Investigator(s): Cathy Donovan and David Allison

Summary: The Health Research Unit is collaborating with Sanofi-Pasteur to undertake a clinical trial of Sanofi's Adacel® Vaccine. This study is part of a multi-center trial to be conducted in the United States and Canada in order to describe the safety and immunogenicity of repeat administration of Adacel® vaccine, approximately 10 years following initial administration of the vaccine.

Newfoundland Public Health was the first province to implement the Adacel® school-based program 10 years ago. Healthy adults who received the Adacel® vaccine 10 years previously will be recruited using Eastern Health's public health records. Participants will be randomized in a 3:1 ratio to receive either Adacel® or TENVIVAC (TdAdsorbed) vaccine. Participants will provide blood samples for immunogenicity assessment at Visit 1 (pre-vaccination) and at Visit 2 (28 days post-vaccination). Safety data will be collected for 6 months following vaccination.

Nutrition Survey Validation

2011-2012

Funding Agency: Newfoundland and Labrador Center of Applied Health Research

Principal Investigator(s): Peter Wang, Barbara Roebathan

Summary: The Food-Frequency Questionnaire (FFQ) is a primary tool for measuring dietary intake in epidemiological studies and other nutritional research; however, due to differences in food supply and dietary habits from one population to another, there is no universally accepted FFQ that can be used for all populations. The FFQ used in the NL Colorectal Cancer (CRC) study was a modified version of the well-known Hawaii FFQ which was formulated with input from NL researchers. However, it has not been appropriately validated for a NL population, which makes some findings of the CRC study difficult to interpret.

The goal of this study is to develop a Newfoundland and Labrador (NL) based Food-Frequency Questionnaire (FFQ) which is valid and can be self-administered. Specific objectives include: examination and revision of the Hawaiian FFQ based on the experience gained from the NL component of a large national colorectal cancer study, validation of the revised FFQ; and, ultimately, production of a self-administered FFQ that can be understood and completed by residents of the province with less than a high school education.

Examining Quality of Life and Health Outcomes after Hip Fracture in Urban -Rural Newfoundland-A Pilot Study

2009

Funding Agency: Medical Research Foundation

Principal Investigator(s): Peter Wang

Summary: Hip fracture (HF) is often the most devastating outcome of osteoporosis. Despite recent improvements in treatment, HF remains a condition associated with excess mortality of five to 20 per cent, disability, and high economic cost in Canada. Although it is generally believed that HF has a profound impact on people's physical, social, and psychological functions, little is known about the impact of HF on quality of life. The aim of this pilot study was to test critical operational aspects of a proposed population based longitudinal study in Newfoundland. The longitudinal study would explore whether the impact of HF on quality of life differs across residences (urban/rural); as well as whether the factors and mechanism for the changes in quality of life are affected by residence (urban/rural) and gender. The pilot study examined the efficiency of the proposed sampling and test acceptability of the study to the target population (face validity). It was also hoped that the preliminary results derived from this pilot study would provide more accurate estimates to be used for sample size calculations and refine the budget for the proposed larger study. The pilot study mimicked the future large population-based study and was conducted with 30 selected eligible subjects.

"What's Best for Baby": Breastfeeding Practices Among Adolescent and Adult Mothers.

2006

Funding Agency: Janeway Children's Health Foundation

Principal Investigator(s): Suzan Banoub-Baddour, Linda Longerich

Summary: The purpose of the study was to determine the knowledge and attitudes about breastfeeding influences, barriers to breastfeeding, and breastfeeding practices of mothers in the St. John's area, and to compare results from adolescent and adult mothers. Women were asked to complete two survey questionnaires administered either face-to-face or by telephone-one during the last trimester of pregnancy and a second between 1 and 2 months postnatal. The prenatal survey asked for background information, explored women's choice for feeding and influences on that choice. The postnatal survey collected information about the baby's health and feeding practices, both in hospital and at home. The study findings were intended to assist health professionals and other service providers in developing educational programs and services to support mothers during their breastfeeding experience.

Defining Public Health Capacity: Newfoundland and Labrador Report

2005

Funding Agency: Government of Canada provided through the Office of the Voluntary Sector, Public Health Agency of Canada

Principal Investigator(s): Rosemarie Goodyear, Ann Ryan

Summary: This report was part of a study entitled “*An Atlantic and Manitoba Perspective for a Path toward Developing Public Health Capacity*”. The report provided Newfoundland and Labrador’s input into the development of a national framework for providing a snapshot of public health capacity throughout Canada. The framework developed from this project was expected to be used to help educate, plan, collaborate, develop healthy public policy, and monitor progress towards achieving public health capacity in Canada.

Provincial Task Force on the Prevention and Control of Communicable Disease in Health Institutions and Ambulance Services: “Back to Basics”

2004

Funding Agency: Newfoundland and Labrador Department of Health and Community Services

Principal Investigator(s): Ian Bowmer

Co-Investigator(s): Marion Yetman, Beverly Griffiths, Joanne Baird, Ann Ryan

Summary: This report was a review and assessment of the facilities operated by the Newfoundland and Labrador’s Institutional Boards for their preparedness to prevent and control communicable diseases and their ability to meet the challenges created by new emerging infections such as SARS.

Evaluation of Food Fortification with Folic Acid for the Primary Prevention of Neural Tube Defects

Phase 1: 1997-1998

Funding Agency: Health Canada’s Surveillance and Epidemiology Division

Principle Investigator(s): Kathleen Steel O’Connor, Edward Randell, Linda Turner, Shiliang Liu, Linda Longrich, Roy West, Sharon Buehler, Victor Prabhakaran

Co-Investigator(s): Marian Crowley, Angeline Ka’yuk lam, Katherine McCourt, Helen Scott

Phase 2: 2003

Funding Agency: Health Canada’s Surveillance and Epidemiology Division

Principal Investigator(s): Roy West and Linda Longrich

Summary: Health Canada undertook a multi-site population-based study to evaluate the effectiveness of the public health strategy of folic acid fortification and to determine possible risks resulting from fortification. The study was carried out in two phases; the first phase took place from November 1997 to February 1998 prior to mandatory fortification and phase two took place after fortification had been implemented for two years, from November 2000 to March 2001. Due to the high rates of neural tube defects (NTDs) in Newfoundland, urban and rural locations in the province were chosen as sites for the study. Comparison sites in Southeastern Ontario which have the lowest rates of NTDs were also selected as sites for the study. The main objectives of this study were to: 1) determine changes in knowledge and consumption of folic acid supplements, pre- and post-fortification, among women aged 19-44; 2) determine the dietary intake of folate pre- and post-fortification, in women aged 19-44 and seniors aged 65 years or older; 3) determine blood folate and vitamin B12 status, pre- and post-fortification, among women aged 19-44 and seniors aged 65 years or older and; 4) determine changes in the incidence of NTDs post fortification.

Community HIV Prevention Project

1995

Funding Agency: HIV/AIDS Division, Laboratory Centre for Disease Control (LCDC) and the AIDS Education and Prevention Unit of Health Canada

Principal Investigator(s): Catherine Donovan, Sam Ratnam, Donald Sutherland, Barbara Jones

Summary: In 1993, an HIV prevalence of 26.6/10,000 was reported for the Eastern Community Health Region in the province compared to an average provincial prevalence of 8.7/10,000. There was evidence of continued and sustained HIV transmission within the Conception Bay North area though case studies had failed to identify the reason for this clustering. Extensive prevention programming had not resulted in significant HIV testing. This study was undertaken in collaboration with the HIV/AIDS Division, LCDC and the AIDS Education and Prevention Unit of Health Canada. The objectives were to limit the spread of HIV, to determine the extent and distribution of HIV infection and to further characterize the nature of the spread of HIV in the Conception Bay North area. The project consisted of a promotion campaign focused on those 15 to 35 years of age including awareness, prevention and testing information. Anonymous HIV testing was made available and widely advertised. Individuals requesting testing were also asked to complete an anonymous questionnaire. The promotion campaign did succeed in increasing HIV testing and helped to identify 7 new HIV positive cases. Overall, it was anticipated that the increased knowledge and awareness in the community would contribute to limiting the spread of HIV.

Canada's Health Promotion Survey 1990: Newfoundland Profile

1993

Funding Agency: Department of Health, Government of Newfoundland

Principal Investigator(s): Doreen Neville, Alison Edwards

Summary: Health and Welfare Canada (through Statistics Canada) undertook a Health Promotion Survey (HPS) of over 11,000 adult Canadians in 1985. This provided national and provincial data on the knowledge, attitudes, beliefs, intentions, and behaviors of adult Canadians on health promotion issues including fitness, nutrition, safety and the use of tobacco, alcohol and drugs. In order to update this information, a second survey was conducted in 1990 by Statistics Canada (for Health and Welfare Canada). The 1990 version of the HPS asked similar core questions to those in the 1985 version; Dr. Buehler had previously completed an analysis of the Newfoundland data for the 1985 survey. The HRU provided: (1) an analysis of the Newfoundland data from the 1990 version of the HPS including comparisons between Newfoundland, the Maritimes and Canada as a whole and (2) a discussion of the trends in Newfoundland emerging from comparison of the survey results in 1985 and 1990 where similar questions permitted comparison. A full report, with analysis of all variables by region, sex, and age was produced for the Government of Newfoundland and a summary report showing regional data, with some comparison data, was produced for general release.



Ever Green Recycling Program Evaluation

2010-2012

Funding Agency: Poverty Reduction Strategy, Department of Human Resources Labour and Employment, Government of Newfoundland and Labrador

Principal Investigator(s): Martha Traverso-Yepey

Co-Investigator(s): T. Montgomery Keough, Ann Ryan, Mike Wadden

Summary: Ever Green Environmental, which grew out of Mill Lane Enterprises – a sheltered work environment for individuals with mental illness, is a not-for-profit business and social enterprise offering a wage-and-benefit environment for individuals recovering from mental illness in Newfoundland and Labrador. Ever Green Environmental allows individuals recovering from mental illness to reclaim their lives by providing meaningful work, training in new skills, and opportunities for personal growth and success.

The purpose of this project was to explore the health and social outcomes of population groups who were previously Mill Lane clients, including those working at Ever Green, those not working at Ever Green, and those not working at Ever Green but working elsewhere. Specific variables that were measured and/or explored included: health service utilization, satisfaction with work and leisure time, quality of life, and general well-being. The results of these health and social outcomes were compared with the Mill Lane health and social outcomes as reported in Neville et al, 2003.

Kids Eat Smart Program Delivery Evaluation

2008-2012

Funding Agency: NL Center for Applied Health Research; Janeway

Principal Investigator(s): Barbara Roebbothan, Veeresh Gadag

Co-Investigator(s): Susan Green, T Montgomery Keough, Daphne LeDrew, Ann Ryan

Summary: In Newfoundland and Labrador, the Kids Eat Smart Foundation (KES) plays a pivotal role in the establishment and provision of nutrition programs. The goal of the KES Foundation is to provide children with the nutrition they need to learn, grow, and be their best. This research was intended to determine which methods of delivery work best for communities in Newfoundland and Labrador to enhance the sustainability of child nutrition programs.

The objectives of the study were to: identify general characteristics associated with successful and non-successful child nutrition program delivery in NL; use these characteristics to develop a list of identifiable criteria to define successful program delivery; provide the KES Foundation with suggestions to improve the effectiveness and sustainability of much needed child nutrition programs in NL; provide the KES Foundation with a newly developed tool to keep their programs vital and effective in the delivery of nutrition to children of the province; provide other similar not-for-profit organizations with a framework that can be used for successful delivery of programs; and to contribute to the literature on volunteer management.

Eating Disorder Interprofessional Community Capacity Building (EDICCB)

2010-2012

Funding Agency: EDICCB

Principal Investigator(s): Olga Heath

Summary: The aim of this project was to evaluate the Eating Disorder Interprofessional Community Capacity Building (EDICCB) Program. The EDICCB program, which was rolled out province wide in the fall of 2009, was developed by a multidisciplinary group of health professionals with Eastern Health and Memorial University. The objectives of the evaluation were to determine if participation in the program: 1) increases knowledge and confidence in the aspects of EDs covered in the program; 2) changes practice in working with ED clients/families; 3) increases interprofessional interaction in the care of ED clients/families; and 4) increases research capacity within the Community Facilitation Group.

The evaluation used both quantitative (pre- and post-workshop questionnaires and a follow up online survey) and qualitative (focus groups, interviews, and teleconferences) methods. The evaluation will inform the academic, professional and political communities whether the EDICCB Program has achieved its objectives.

MPH Program Evaluation

2010-2014

Funding Agency: Community Health and Humanities

Principal Investigator(s): Victor Maddalena, Cathy Donovan

Summary: In an effort to meet the demand for public health workers, the Division of Community Health and Humanities in the Faculty of Medicine at Memorial University introduced the Master of Public Health (MPH) program. Given that the intent of the MPH program is to address the interests of the community and meet student needs, a thorough evaluation of the program from inception was appropriate.

The objectives of the MPH evaluation are: 1) to evaluate the program's ability to address both student and public health system needs related to core competencies for public health; 2) to modify program and course content if indicated; 3) to adapt delivery model if necessary to meet evolving student needs.

Tele-oncology Program Evaluation

2006-2007

Funding Agency: Lawson Foundation

Principal Investigator(s): Maria Mathews

Co-Investigator(s): Ann Ryan, T. Montgomery Keough, Sara Heath, Nurun Chowdhury

Summary: This was an evaluation of the Newfoundland and Labrador Tele-oncology Program (NLTOP) which was initiated in early 2003 to enhance the current delivery of services of the Newfoundland Cancer Treatment Research Foundation (NCTRF). The formal project evaluation was divided into two parts which were completed and submitted separately: 1) a compilation and analysis of existing data; and 2) interviews with 12 health care professionals who have used the Tele-oncology system and analysis of the themes which emerge from these interviews.

Provincial Autism Pilot Project - An Early Intervention Study 1999 to 2003: Program Evaluation

2005

Funding Agency: Department of Health and Community Services, Government of Newfoundland and Labrador

Principal Investigator(s): Linda Longerich

Co-Investigator(s): Ann Ryan, Sara Heath

Summary: The objective of this study was to provide an evaluation of the effectiveness of early intervention treatments that reports on outcomes for child, parent, sibling, and family and, through implementation of the pilot project, to identify critical factors for the development of services to families of young children diagnosed with Autism Spectrum Disorder (ASD).

Assessment of the Professional Practice Model

2004

Funding Agency: Green Award-Health Care Corporation of St. John's

Principal Investigator(s): Olga Heath, Mary Manolovich

Co-Investigator(s): Joy Barker, Joan Davis-Whelan, Cheryl Faseruk, Linda Longerich, Chris Murphy, Ann Ryan, Rick Seward

Summary: This project was a follow up to the 2000 study, which evaluated the professional practice model of the Health Care Corporation of St. John's (HCCSJ). The evaluation for 2000 examined: standards of practice, accreditation and documentation, workload measurement and clinical assignment; utilization of resources; council structure; utilization of research, outcome measurement and participation in research; job description and performance management; clinical leadership; and implementation of the professional practice model.

While the study in 2000 explored the experiences of speech language pathologists, occupational therapists, audiologist and physiotherapists with the new professional practice model; the follow-up assessment project broadened the study scope to include clinical dietitians, psychologists, social workers, respiratory therapists and therapeutic recreational therapists. The report was prepared for the Professional Practice Working Group.

Mill Lane Enterprises: "A step-by-step process..." An Evaluation of the Mill Lane program (Phase 1)

2003

Funding Agencies: Newfoundland and Labrador Centre for Applied Health Research; Waterford Foundation; Department of Health and Community Services; Discipline of Psychiatry, Memorial University of Newfoundland; Occupational Therapist Association of Newfoundland and Labrador

Principal Investigator(s): Doreen Neville, Michael Murray

Co-Investigator(s): Ann Ryan, Sara Heath

Summary: Mill Lane Enterprises was a sheltered work environment that provided skill development and employment opportunities for people with chronic mental illness. The program was designed to provide a setting where work skills could be enhanced and practiced before individuals graduated into competitive forms of employment.

The overall purpose of the Mill Lane Program Evaluation was to compare health and quality of life outcomes and cost to the health care system of Mill Lane clients compared to outcomes of a similar group of individuals who had not participated in the program. In phase 1 of this evaluation, the objectives were to: measure mental health and quality of life outcomes for program participants compared to non-participants including symptom reduction, social enhancement, and community integration.

Mill Lane Enterprises: Cost Benefit Analysis-An Evaluation of the Mill Lane program (Phase 2)

2005

Funding Agencies: Health Care Corporation, St. John's, Newfoundland and Labrador Centre for Applied Health Research; Waterford Foundation; Department of Health and Community Services; Discipline of Psychiatry, Memorial University of Newfoundland; Occupational Therapists Association of Newfoundland and Labrador
Principal Investigator(s): Rick Audas, Ann Ryan, Linda Longerich, Sara Heath

Summary: This retrospective case control study was Phase 2 of the Mill Lane Program evaluation. Mill Lane Enterprises was a sheltered work environment that provided skill development and employment opportunities for people with chronic mental illness. The program was designed to provide a setting where work skills could be enhanced and practiced before individuals graduated into competitive forms of employment.

The two primary objectives of this second phase were: 1) to examine the cost savings that could be attributed to Mill Lane in terms of reduced reliance on medical care and improved quality of life for participants; and 2) to examine a number of less tangible - although important - cost benefits of the Mill Lane program that extended to the participants' families and to the larger community.

Professional Practice Model

2000

Funding Agency: Green Award - Health Care Corporation of St. John's
Principal Investigator(s): Ann Ryan, Linda Longerich

Summary: The Canadian Association of Occupational Therapists, the Canadian Physiotherapy Association and the Canadian Association of Speech Language Pathologists and Audiologists held their first ever Trijoint Congress in May 2000. The theme of the conference was "Forging Ahead Together." With a large number of health care organizations moving to a program management structure, it was felt that it would be of major interest to this interdisciplinary group to present an evaluation of the professional practice model of the Health Care Corporation of St. John's (HCCSJ). The Health Research Unit was asked to provide development support, analysis and report writing, and presentation material for this evaluation project.

The implementation of the professional practice model within a council structure in the HCCSJ is intended to guide clinical practice, empower staff, provide a structure for autonomy and accountability in the clinical setting and enhance team function. This evaluation examined: standards of practice, accreditation and documentation; workload measurement and clinical assignment; utilization of resources; council structure; utilization of research, outcome measurement and participation in research; job description and performance management; clinical leadership; and implementation of the professional practice model. The report was prepared for the Professional Practice Working Group.

Pre-Natal Nutrition: Baseline Data Study

1998

Funding Agency: The Canadian Pre-Natal Nutrition Programs (CPNP)
Principal Investigator(s): Robin Moore-Orr, Linda Longerich, Ann Ryan

Summary: The Canadian Prenatal Nutrition Program is a federal program co-managed by Health Canada and the provincial governments that has recently introduced programs across the country to promote healthy babies and prevent neonatal health problems. These programs target low income pregnant women and provide nutrition and dietary education, support and nutritional supplements. To assess the effectiveness of this program, the Health Research Unit was asked to gather information on a control group of low income new mothers who have not received the benefit of the pre natal nutrition program in Newfoundland. Information was collected by telephone interviews with postnatal women in the St. John's and Mt. Pearl areas. Potential respondents were screened using their residential postal codes using median income data at forward sortation area (FSA) and postal walk levels to maximize the number of low income respondents.

Breast Screening Program Evaluation

1998

Funding Agency: The Newfoundland and Labrador Breast Screening Program

Principal Investigator(s): Robin Moore-Orr, Linda Longerich, Ann Ryan

Summary: The Breast Screening Program in Newfoundland and Labrador began in February 1995. The evaluation framework developed at that time was three-pronged and included: internal analysis of the administrative data, internal analyses of certain aspects of the program, and external evaluation studies. This report describes results of an externally implemented study to assess awareness and knowledge of the program by family physicians. Focus groups with a pre-discussion survey were chosen as the vehicle for obtaining information needed. Focus groups with family physicians were held in Gander, NL and St. John's, NL.

All physicians recommended the Breast Screening Centres to their patients. They estimate that about one third of their patients with breast cancer were detected through the Breast Screening Centres. Most physicians do clinical breast examinations. Most also teach breast self-examination (BSE) to their patients but lack of time and patient refusal were cited as barriers to teaching BSE. There was some concern that direct use of the Breast Screening Centres may delay important screening for other conditions such as pap smears and thyroid checks by family physicians. However, physicians were very supportive of the Breast Screening Centres. Women taking control of their own health was seen as an important aspect of the screening program.

Hibernia Offshore Telemedicine Project: Evaluation

1998

Funding Agency: Hibernia Telemedicine Project, in cooperation with the Telemedicine Centre

Principal Investigator(s): Bill Bavington, Sandra Lefort, Linda Longerich, Jorge Segovia

Summary: A telemedicine link supporting interactive audio conferencing, still image and digital sound transfer and video conferencing has been established between the Hibernia oil platform nurses and shore based physicians both on a scheduled and emergency basis. The Health Research Unit was asked to carry out the evaluation component of this project. Data was collected by means of consultation records, patient satisfaction questionnaires, and through key informant interviews with platform-based nurses and shore-based physicians. Overall, results of the evaluation showed that both nurses and patients were very positive about the telemedicine service. These results were detailed in a report produced by the HRU.

An Evaluation for the Better Hearing for Seniors Project

1997

Funding Agency: New Horizons for Seniors

Principal Investigator(s): Ann Ryan, Linda Longerich, Trevor Humes

Summary: The Better Hearing for Seniors Project is an intervention study designed to assess and improve the quality of life for seniors with hearing impairment. Trained volunteers visit seniors with hearing impairment to help with any problems with hearing aids and to encourage an active lifestyle. The Health Research Unit was asked by the Newfoundland and Labrador Chapter of the Canadian Hard of Hearing Association to evaluate 1) the effectiveness of the volunteer training and 2) the effectiveness of the intervention. Within the framework of "Better Hearing for Seniors," there were two main goals: Awareness and Rehabilitation. This project aimed to create awareness of hearing issues for seniors and to rehabilitate seniors with hearing loss within the community. The results of the HRU evaluation showed that the project had been very successful at achieving its goals. The increased awareness fostered by this program, for example, has laid the ground work for sustainable participation in the future. Participating seniors (29) also reported being more confident with their hearing aids and more comfortable listening to TV, radio, and talking in groups. Seniors attending presentations, but not receiving home visits, may have been helped considerably by the program as well.

Rural Physician Recruitment Retention in Newfoundland and Labrador: Potential Initiatives Identified from a Review of the Literature

1993

Funding Agency: Department of Health, Government of Newfoundland

Principal Investigator(s): Bill Bavington, Doreen Neville

Summary: The objective of this study was to determine how best to approach the issue of recruitment and retention of rural based medical practitioners in the province. A review of the relevant literature and documents was made with suggestions for directions in rural recruitment. The review found that there were virtually no hard evaluation data on the relative value of one strategy to increase rural recruitment and retention versus another. There was little information on the coordination of efforts across different agencies and groups which have a vested interest in rural physician recruitment and retention. Instead, separate constituencies have attempted to address the issue by altering aspects of the practice environment which were most readily under their control. The most frequently involved constituencies include: the provincial or state departments of health, medical schools, rural communities and health care agencies and professional associations and regulating bodies. This report documented the most commonly utilized initiatives within each of these groups.



Enhancing Public Health Decision-Making with Geographic Information Systems: Strategic and Business Plan

2008-2009

Funding Agency: Geoconnections

Principal Investigator(s): David Allison, Cathy Donovan, M Kawaja

Co-Investigator(s): Marc Kawaja, Ann Ryan, Sara Heath

Summary: This project was an initial step in a large-scale project, in which the ultimate objective was to develop a web-based health information tool that could be used to support population health surveillance. This tool would integrate geospatial information to allow public health officials in communities serviced by the Eastern Regional Health Authority to conduct enhanced population health surveillance and emergency planning. The objectives of this initial project were to develop strategic and business plans that would ensure the tool was sustainable, and that the planning process stimulated a collaborative engagement of regional and provincial services and leveraged the Canadian Geospatial Data Infrastructure. The Strategic Planning Process brought together representatives from the identified partners inside and outside Eastern Health. A general assessment of current capacity and limitations with respect to hardware and human resources was undertaken. A broad plan for the capacity development process was developed which included a timeframe, resources required and projected costs.

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Public Attitudes Towards Harm Reduction Strategies for Injection Drug Use

2007

Funding Agency: Medical Research Foundation, Faculty of Medicine, Memorial University of Newfoundland

Principal Investigator(s): Diana Gustafson

Summary: The purpose of this pilot project was to investigate public attitudes about injection drug use, in general, and the health needs of persons who inject drugs, in particular. The study also explored public awareness of, and attitudes toward harm reduction principles and local harm reduction policies and programs. It was designed so that public health decision-makers and professionals would be better able to design policy, programs and services that are supported by the public and meet the health needs of persons who inject.

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Attendance Management Study

1999

Funding Agency: Employers' Council of Newfoundland and Labrador

Principal Investigator(s): Veeresh Gadag, Jorge Segovia, Oscar Howell

Summary: Employee absence from work is a serious problem for many employers and can have a significant impact on the overall success and viability of an organization. In Canada, as much as 10% of potential full time hours are lost to absenteeism each week. There was little comparative data specific to Newfoundland and Labrador available to help employers assess their absenteeism problem and to evaluate the relative success of attendance management programs. This project surveyed over 200 employers in the province with 20 or more employees regarding absenteeism and the need for effective attendance management programs. The report provides information on reporting methods, absence tracking, absence rates and factors affecting absence rates.



Privacy Protection and Biobanks: A Conjoint Analysis of Priorities and Preferences of Stakeholder Groups

2010

Funding Agency: Office of the Federal Privacy Commissioner

Principal Investigator(s): Daryl Pullman

Co-Investigator(s): Holly Etchegary, Katherine Gallagher, Kathy Hodgkinson, T. Montgomery Keough, David Morgan, Catherine Street

Summary: The goal of this project was to better understand the relative importance individuals place upon the privacy of their personal health information (PHI) as opposed to other personal or public goods. The research methodology involved the development of a “discreet choice task” in which participants were presented with various scenarios in which they had to decide which values were most important to them given the situations described. In particular, participants were challenged to weigh their privacy and confidentiality concerns against potential research that could benefit them personally, their loved ones, or society in general. They were asked to consider as well whether their preferences would change if the research was directed toward either a stigmatizing or non-stigmatizing condition, or whether they were required to give either blanket or specific consent for the future use of their biobanked specimens.

***“Sorry You Can’t Have That Information”*: Stakeholder Awareness, Perceptions and Concerns Regarding the Disclosure and Use of Personal Health Information**

2004 – 2007

Funding Agency: Canadian Institutes of Health Research

Principal Investigator(s): Daryl Pullman

Co-Investigator(s): Sharon Buehler, Larry Felt, Katherine Gallagher, Jeannie House, T. Montgomery Keough, Lucy Macdonald, Ann Ryan, Roy West, Angela Yetman

Summary: Many individuals who collect, maintain, or seek access to personal health information are unclear about how to interpret and apply privacy legislation as it pertains to their work. It is important to gain a clearer understanding of the perspectives of these various stakeholders so as to better advise regulators, educate researchers, and assure the public that their privacy can be protected even as valuable research data is collected, stored and accessed. The purpose of this project was to assess stakeholder awareness, perceptions and concerns regarding the collection, use, and disclosure of personal health information with a particular emphasis on health research. Stakeholders included: physicians, nurses, pharmacists, social workers, health researchers, database managers and the general public.

A Study of Groundwater Quality of Private wells in Western Newfoundland Communities

2011-2012

Funding Agency: Harris Centre RBC Water Research and Outreach Fund

Principal Investigator(s): Atanu Sarkar



Summary: The HRU is assisting in the development and facilitation of telephone surveys for a study to explore community perspectives on groundwater quality as well as other environmental concerns and issues of residents on the West Coast of Newfoundland.

This study has the following objectives: 1) to explore community perspectives on groundwater quality and its monitoring, consumption patterns, effects and impacts of environmental contamination, management and mitigation strategies, sustainable solutions to contamination, and potential community partnerships; 2) to determine the presence of microbiological contaminants in private groundwater samples; 3) to analyze existing reports of groundwater quality to be collected from the monitoring stations and from households; and 4) to assess any risks of existing wells due to arsenic, fluoride, uranium and flood waters.

Community Health Resources Project: A Study of the Social and Economic Impact of HIV in Newfoundland

1998

Funding Agency: Health Canada, Newfoundland and Labrador AIDS Committee, CANFAR

Principal Investigator(s): Jorge Segovia, Ian Bowmer, Ann Ryan



Summary: The objective of this study was to contribute to the understanding of the economic and social impact of HIV infection in Newfoundland. This was a partnership project with the British Columbia Centre for Excellence in HIV/AIDS funded by Health Canada, the AIDS Committee of NL and the Canadian Foundation for AIDS Research. The study addressed the direct health costs of people living with HIV/AIDS to the health care system, the social services system, community agencies, and insurance companies and to individuals, family and friends. The study was longitudinal in design, combining personal interviews at 3 month intervals with self-reported information, record abstraction, and data linkage to obtain information about the utilization and costs of medical care services and other types of assistance. Independent predictors of cost using stepwise multivariate analysis ($p < .05$) were: stage of disease, personal income, and education. In general, demographic, social, and economic factors were not good predictors of overall costs for this population for HIV positive persons. Stage of disease was the main predictor of cost.



Ontario Heart Health Survey

1992

Funding Agency: Ontario Ministry of Health and the Department of National Health and Welfare

Principal Investigator(s): Alison Edwards

Summary: Ontario was the last of the ten provinces to run a risk factor survey as part of the Canadian Heart Health Initiative (CHHI). Prior to this survey the other nine provinces had all completed their risk factor surveys and Ms. Edwards had compiled them into one database with a consistent naming and coding of variables across the provinces. Since Ontario's data was to be added in with the other nine at the conclusion of the survey, the HRU was contracted to handle the data cleaning, analysis and preparation of the final report for the Ontario Heart Health survey. This facilitated the incorporation of the Ontario data into the Canadian Heart Health Risk Factor Survey Database with the data set up to be consistent with those of other provinces. The data for the ten provinces was released in a CD ROM format (available from www.med.mun.ca/chhdbc).

Population-based Health Indicators and a Supporting Database for the Health Regions of Newfoundland and Labrador

1993

Funding Agency: Newfoundland Department of Health

Principal Investigator(s): Roy West, Jorge Segovia, Bonnie James

Summary: In 1992, the Division of Community Health of the provincial Department of Health sought to establish a method that could be used to monitor the health status of the province on a regional basis. In an effort to achieve this, six objectives were established: to identify those indicators necessary to monitor health status; to identify and access available information sources for the indicators identified and create an active database of the most recent information available; to recommend standard mechanisms for collection of information on missing data elements; to recommend a plan for the periodic and systematic review of these health status indicators; to develop the databases such that both written and computerized data would be available to the Department of Health and the Regional Health Boards; and to commence the study of possible outcome measures for the management of Community Health Services in the Province.

In addition to a search of the literature and available national reports, consultations to identify health indicators were held with key informants with the Department of Health, other provincial and federal government departments, and some non-governmental sources. Other provincial health departments were also contacted for their experience in compiling health indicator databases.

Enhanced Cancer Surveillance: Pilot Study

1994

Funding Agency: Newfoundland Cancer Treatment and Research Foundation

Principal Investigator(s): Sharon Buehler, Veeresh Gadag, Bonnie James

Summary: The Laboratory Centre for Disease Control of Health Canada and the provincial cancer registries designed an initiative to monitor and evaluate the cancer risk that might be associated with exposure to environmental contamination. One objective of this project was to establish a system for routine collection of residential and occupational histories and other risk factor information from selected newly diagnosed cancer patients. Those cancers known from the literature to be associated with environmental exposure were given priority in this study. Data collection was by mailed self-completed questionnaires. An important finding of the pilot study indicated that it was difficult reaching patients through their family physicians as required by the local ethics review board. Consequently, substantive discussion on appropriate methods of recruiting patients in the community preceded the full national study.

WORKSHOPS AND CONFERENCES

Health and Literacy Action Conference

2001

Conference Co-ordinators: Michael Murray, Ann Ryan



Summary: The Health and Literacy Action Conference was held in St. John's September 6-8, 2001 under the patronage of the Honorable A.M. House, Lt. Governor of Newfoundland and Labrador, and funding from the National Literacy Secretariat, the Human Resource Development, Government of Canada, the Department of Health & Community Services, Newfoundland & Labrador, the Literacy Development Council of Newfoundland & Labrador and the Dr. A. M. House Literacy Lectureship. This conference was convened to connect community partners and increase public awareness of the link between literacy and health. The conference aim was to disseminate details of important initiatives in the area of health and literacy and to provide conference participants an opportunity to contribute to a discussion of the issues. It brought together literacy workers, community health workers and researchers to share experiences and learn about recent developments. This conference also provided the setting for the launch of the new Provincial Literacy Campaign "Read and Succeed."

Qualitative Research Workshop

1998

Workshop Co-ordinators: Alison Edwards, Linda Longerich

Summary: The Health Research Unit organized a three day workshop for researchers at Memorial University of Newfoundland interested in computer software facilitated qualitative analysis. The workshop focused on the NUD*IST software package and was presented by Lyn Richards from QSR in Australia.

Canadian Society for Epidemiology and Biostatistics: Fourth National Conference

1995

Conference Co-ordinators: Sharon Buehler, Roy West

Summary: In August 16-19, 1995, the Division of Community Medicine and the Health Research Unit hosted the Fourth National Conference of the Canadian Society for Epidemiology and Biostatistics (CSEB). CSEB is a Canadian organization dedicated to fostering epidemiology and biostatistics research in Canada. The Society facilitates communication among epidemiologists and biostatisticians and assists faculty of schools of medicine and public health to improve training in these disciplines. This conference brought together epidemiology researchers, graduate students, statisticians, and biostatisticians from across the country and from other parts of the world. Guest speaker Dr. Terrence Sullivan, President, Institute for Work and Health, spoke on "Who's Informing Health Reform?" Dr. Stephen Walter, Clinical Epidemiology and Biostatistics, McMaster University, spoke on "The Imperfect World of the Epidemiologist: Measurement Error and Some Strategies to Deal with It". Dr. Bart Harvey, University of Toronto, presented a talk on "A Case-control Study of Breast Self-examination" and Dr. Claire Infante-Rivard, Department of Occupational Health, McGill University, spoke on "Ramazzini in the Year 2000". The Health Research Unit provided the core organization for the concurrent and plenary sessions of the scientific meeting and the social events interspersed in the two and a half day meeting.

NOTES



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