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Government is setting a new and exciting course this year, but we are not embarking on this journey alone.

It is with our partners, stakeholders and all Nova Scotians that we are working toward a vision of healthy people and healthy communities for generations to come.

Achieving this vision means collaborating with many partners. It means changes to the way we do business. And it means supporting a vibrant health research community.

We’ve already started to see changes in the way we work together. Nova Scotia recently launched a new health authority structure to create a foundation for better health care. The Nova Scotia Health Authority saw nine district health authorities, with nine ways of doings things, streamlined into one process, one policy, one unified health system.

We have seen and will continue to see enhanced patient care and safety, and more timely and consistent access to care.

Ultimately, it will allow us to be more connected in sharing our expertise, experience and resources. It will help foster greater health research collaboration and dissemination of relevant information to enhance decision-making at the policy and clinical levels.

In Nova Scotia we have a strong and growing health research community. For the past 15 years, the Nova Scotia Health Research Foundation has been a key part of this community.

During this time the Nova Scotia Health Research Foundation has expanded and enhanced its operations. It has earned a national – even international – reputation for innovation and forward thinking. That growth is founded on solid fiscal performance and financial stability.

Recognized on the national stage, the NSHRF in 2015-2016 will host the Associated Medical Services’ Project Grant and Postdoctoral Fellowship program.

The NSHRF has an important and vital role to play in improving the health of Nova Scotians through the work that it does. You champion health researchers provincially, nationally and internationally. You offer funding opportunities that reflect standards of excellence. And you offer informed decision-making with research.

Sincerely,

Leo A. Glavine
Minister of Health and Wellness
This is my first official message as Chair of the Nova Scotia Health Research Foundation’s Board of Directors. I assumed that role in 2014, and my transition has been very smooth thanks to the 15 years of growth, innovation and collaboration that has defined and shaped the NSHRF. I am confident the next 15 years will be equally successful and noteworthy.

The impact of the Foundation and its ongoing ability to make a REAL difference is significant; as NSHRF has helped to build the world-class capacity of health researchers throughout the province. Its work and that of the researchers and students it has funded and mentored has enhanced public policy, the delivery of health care and the health of Nova Scotians. The Foundation’s ultimate goal is to set the stage for a positive future for the health of all Nova Scotians.

However, as many of you know, the ever changing landscape of health research funding in Canada has made it difficult for Nova Scotian researchers to remain competitive on the national level. With our partners, NSHRF is working to help Nova Scotia researchers and research institutions meet these challenges through the development and efficient delivery of innovative programs and services. We are also actively working to strengthen existing partnerships and forge new ones for the benefit of all our stakeholders.

The expertise of the NSHRF is recognized across the province and throughout the country. It was at the suggestion of the Foundation – and with its support – that the first provincial Cochrane Resource Centre was established in Canada. That initiative now serves as a model for other provinces, as you will read about in this report.

The Annual Report has always been one of the best opportunities that the Board has to address NSHRF’s various stakeholders. Recently, the Board held a special meeting dedicated to an extensive discussion of how it could contribute more to the NSHRF’s success in supporting the health research community. We came to the conclusion that we needed to become more proactive in reaching out and seeking input and guidance from those the NSHRF aims to serve. We want to hear from you so that we can benefit from your suggestions and perspectives as we carry out our responsibility as governors of the NSHRF.

The organization’s success lies in its people. Krista Connell as CEO inspires her team to think in practical and creative ways that produce effective and innovative results. On behalf of the Board of Directors, our sincere appreciation is extended to all the staff for all you do. I would also like to express my gratitude to my colleagues on the Board. Your dedication and commitment to working together as a team is remarkable.

It is on this foundation of excellence that the NSHRF’s next 15 years will be built.

William (Bill) Lahey, LL.M., NSHRF Board Chair
It is with a great deal of pleasure, and some sadness, that I write this message, my last as a member of the NSHRF Board of Directors. I have had the privilege of serving as Chair from 2008 to 2014.

My tenure as Chair has only reaffirmed my respect for the work the Nova Scotia Health Research Foundation has done during the past 15 years and the advances it continues to make. On such a small budget, one that has not grown in the last decade, and with a dedicated staff, the NSHRF has accomplished much more than was ever envisioned and has attained national, even international, recognition for its work.

In a time of fiscal restraint, the NSHRF meets demand without sacrificing sound management principles. The NSHRF has never run a deficit. In fact, it has supported increased economic gain within Nova Scotia based on an impressive leverage ratio. Based on previous analysis, for every dollar of health research funding provided by the NSHRF, health researchers are able to attract $7.40 in additional national and international funding to the province. There is a fine balance between solid management and the progressive direction of an organization. The NSHRF has achieved this balance.

The NSHRF is a leader, as the last decade and a half have demonstrated. Its CEO, Krista Connell, for example, assumed the lead in developing the National Alliance for Provincial Health Research Organizations (NAPHRO). This has proven to be a valuable addition to the national scene, improving communication across the provinces, providing opportunities for partnerships and presenting a united front when necessary in dealing with issues on a national level.

The NSHRF also played a central role on the President’s Advisory Committee for the development of the Strategy for Patient Oriented Research (SPOR). This flagship program of the Canadian Institutes of Health Research (CIHR) will change the landscape of how applied health research is conducted in this country. Members of the Foundation staff were also invited to develop and lead training sessions on policy governance for directors and CEOs of Nova Scotia’s Regional Enterprise Networks, which support regional economic development.

Since its inception in 2000, the NSHRF has expanded and enhanced Nova Scotia’s capacity to support health research in the broadest sense. Its achievements are founded on a commitment to work hand in hand with multiple stakeholders, ranging from members of the research community, elected officials, senior members of provincial and federal agencies, the not-for-profit sector, and university administrators, to find common ground and take the fullest advantage of important opportunities.

There is no doubt the NSHRF has made a real difference in the last 15 years. There is no doubt it will continue to do so over the next 15 years.

Jean Gray, CM, MD, FRCPC
NSHRF Past Chair
Building capacity is at the heart of what we do at the NSHRF. We work to meet the needs of health researchers, government, and other stakeholders today while anticipating and preparing for their future needs. We have been doing this since our inception 15 years ago.

This forward-thinking approach is reflected in our REAL Evaluation Services, a groundbreaking initiative we launched five years ago to build evaluation capacity in individuals and groups throughout the public sector, and academic and health institutions across Nova Scotia. Organizations with strong evaluation cultures engage in greater self-reflection and evidence-informed decision-making. Such environments encourage self-examination, learning and change. Our REAL program, which stands for Relevant, Excellent, Accessible, and Legitimate, is helping to shape and strengthen such a culture in Nova Scotia.

This year we built on that strength. We established the REAL Evaluation Fellowship, an opportunity for an individual in the early stages of a career in this field to gain the core competencies required for conducting high-quality evaluation across various sectors and in diverse contexts. The goal of the fellowship – unique in Canada – is to build capacity by providing the educational learning and practical experience necessary for achieving the Canadian Evaluation Society’s professional designation of Credentialed Evaluator (CE).

With every innovative program we develop, our core mission: “To improve the health of Nova Scotians through health research” has always been central. Nova Scotia has one of the highest rates of chronic disease in Canada, which has a significant impact on both quality of life and the overall health of Nova Scotians. This is why NSHRF has made it a priority to focus on primary care research and ways to rapidly translate that research into clinics where it is needed most.

NSHRF is matching CIHR funding of $100,000 per year over the next five years to develop the Primary and Integrated Health Care Innovations (PIHCI) Network, which will directly address this area of need. However, as Gail Tomblin Murphy notes later in this annual report, it is not about having the most funding, but investing in the right teams and collaborating to execute innovative ideas. This has always been NSHRF’s greatest strength.

We are helping to meet the demands of the growing culture of evaluation and shaping the direction of health research in Nova Scotia. We are excited to share our knowledge and expertise with the next generation of program evaluators and researchers to continue to create opportunities for addressing the future needs in Nova Scotia’s health sector and the broader public service system.

We are able to do that – and much more – thanks to the inspired and insightful work of a small but dedicated staff, and I would like to extend my personal thanks to each of them for their hard work and commitment. I would also like to express my appreciation to the NSHRF Board of Directors, who give willingly and substantively of their time. Together we are working to ensure the next 15 years will be as purposeful, innovative and accomplished as the last.
“The Foundation has brought leadership both provincially and nationally. The focus is on creativity and innovation. It’s not about having more money, but what we do with what we have.”

– Gail Tomblin Murphy
Gail Tomblin Murphy

AN INTERNATIONAL RESEARCHER WHO FOUND HER HOME WITH THE NSHRF

The NSHRF’s Unsung Hero recognizes a researcher whose reputation for excellence is unparalleled. Dr. Gail Tomblin Murphy was an obvious (and unanimous) choice, says NSHRF CEO Krista Connell. “Gail put Nova Scotia on the map for research into health human resources, but her commitment to the health research enterprise and to the Foundation goes beyond any one area of investigation.”

Dr. Gail Tomblin Murphy leads national and international research teams consisting of clinicians, health care leaders, senior policy-makers, and researchers from government, universities and health care organizations and has been an expert advisor on the health workforce to the World Health Organization (WHO) and Pan American Health Organization (PAHO) since 2005. She has worked with health authorities and governments in Canada and other countries to develop workforce planning and to evaluate models of care. Her research has garnered widespread interest from governments and other stakeholders because of its potential to significantly impact health policy in Canada and abroad.

Gail attributes much of that global success to her long-term relationship with NSHRF here at home. “I’ve grown in the past 15 years. In large part because of my work with the Foundation, I’ve moved from being a regional researcher into an international researcher with global collaborations and connections,” she says.

Such growth is what defines the NSHRF’s work. It is about so much more than funding, notes Gail. “The Foundation has brought leadership both provincially and nationally. The focus is on creativity and innovation. It’s not about having more money, but what we do with what we have.”

Roughly 15 years ago, as the NSHRF was making its inaugural appearance, Gail was working hard as an associate professor in the Faculty of Health Professions, School of Nursing, at Dalhousie University and as a doctoral candidate at the University of Toronto’s Bloomberg Faculty of Nursing. Research was a focal point.

“I was always in pursuit of doing research properly. I wanted to understand how you get the proper evidence. I was like a magnet for mentors,” says Gail, who completed her PhD in 2004 and is a professor at the School of Nursing as well as a cross-appointed professor in the Faculty of Medicine and Community Health and Epidemiology at Dalhousie. She continued as a co-investigator in the Bloomberg Faculty.

Throughout it all, the Foundation has been there to lend a helping hand. “When the NSHRF was established, it was like I hit gold,” says Gail. “Here was an organization in my province dedicated to helping researchers. It was new and it was innovative – and it was always collaborative. I felt I had found my home.”

“Gail is constantly looking at opportunities to collaborate with other scientists, at ways to engage students, and at involving and working with decision-makers,” Krista adds. “Without exception, Gail looks at health system challenges through an innovative lens. She has influenced a generation of new health policy and health system scientists, and she has been a leader in the development of our nurses of the future who are steeped in the need for evidence.”

It is a legacy that will live on.
The Nova Scotia Health Research Foundation’s focus is on the provincial landscape. Its impact, however, is national. The organization, for example, has been actively involved with Cochrane Canada and has helped to establish Cochrane’s first provincial resource centre.

“The NSHRF has from a very early stage worked to develop a strong relationship with us. If other provinces were like Nova Scotia, the impact of Cochrane Canada would be much greater,” says Director, Dr. Jeremy Grimshaw.

The NSHRF’s CEO has been a member of Cochrane Canada’s Advisory Board for more than five years and she currently serves as chair. “Krista’s understanding of the national funding scene has been invaluable as has her understanding of how we can support provincial initiatives and meet their needs,” says Jeremy.

Cochrane Canada is the Canadian arm of Cochrane, an independent global network of more than 30,000 healthcare practitioners, researchers, patient advocates, and others. Cochrane works to turn the evidence generated through research into essential information for making everyday decisions about health. Canada is one of 120 countries involved in this non-profit organization that promotes evidence-based decision-making in health care by producing high-quality systematic reviews that are free from commercial sponsorship.

It is not only the national stage that has gained from the NSHRF’s involvement in Cochrane, stresses Jeremy. “The benefit to Nova Scotia researchers is significant. They can increase their international profile and collaboration. There is mutual benefit.”

Indeed, an analysis undertaken by Cochrane Canada looking at the distribution of Cochrane authors and members found that Nova Scotia researchers lead the country. “When we correct for size of province, Nova Scotia has the greatest number of review authors,” says Jeremy.

“The benefit to Nova Scotia researchers is significant. They can increase their international profile and collaboration. There is mutual benefit.”

The mutual benefit is most evident through the establishment and development of the Nova Scotia Cochrane Resource Centre, a regional site of Cochrane Canada. The Centre aims to build local capacity to support systematic review research as well as to facilitate evidence-informed health care
practice and policy. And it would not be here without the NSHRF.

“Support for this concept came from the Foundation. Krista and her team recognized the need and the opportunity,” says Dr. Jill Hayden, head of the resource centre and an associate professor in the Department of Community Health and Epidemiology at Dalhousie University.

In 2008, the NSHRF encouraged development of the country’s first regional Cochrane Resource Centre and provided infrastructure funding. “The NSHRF is central to the success of this initiative,” says Jill. The support we received – from encouragement to funding – enabled us to devote the resources required to establish the Centre. This would not have happened without the Foundation.”

NSHRF’s support of Cochrane Canada continues to this day, as the Nova Scotia Cochrane Resource Centre is housed within the Maritime SPOR SUPPORT Unit (MSSU), a NSHRF funded multidisciplinary research group dedicated to enhancing patient-oriented health services research and decision-making in the Maritime Provinces.

“This is an organization that is very committed to looking outside the province for partnerships that will benefit the province. We can all learn from that approach.”

NOVA SCOTIA HAS THE GREATEST NUMBER (PER CAPITA) OF COCHRANE CANADA REVIEW AUTHORS.
In 2014, the Nova Scotia Department of Health and Wellness announced a provincial dementia strategy would be developed – the province’s first such comprehensive plan – to provide a more coordinated, inclusive, and culturally competent health care response. The objective is to help people living with dementia, their families and care partners enjoy a better quality of life.

“The status quo will not be sufficient. We need to be forearmed and able to respond in an appropriate manner. The strategy will help us achieve this,” says Lloyd Brown, Executive Director of the Alzheimer Society of Nova Scotia and co-chair of the Dementia Strategy Advisory Committee.

The NSHRF played a key role in helping to develop the new provincial strategy, which was released on July 7th, 2015. “We felt it was important as a planning group that there be a research presence,” says Lloyd. “The NSHRF was everyone’s choice. They brought credibility and overall knowledge as well as a practical perspective. This wasn’t blue sky.”

CEO, Krista Connell was invited to join the 22-member Advisory Committee overseeing the ground-breaking initiative, and she co-chaired the Research Working Group. In June, the NSHRF’s REAL Knowledge Program team began working to support the strategy.

“The NSHRF offers up a unique lens to the issue that is broad and provincial in scope,” says Lloyd. “They also bring to the table a skill set around data analysis. They looked at our data from an objective point of view. They had a much larger outlook.”

Dementia is one of the biggest public-health challenges facing the world. Other jurisdictions have developed strategies and recommended approaches to help individuals and families live well with dementia. Like other jurisdictions, Nova Scotia shares common issues and challenges relating to dementia. It is also unique in many ways. Nova Scotia, for example, has the highest proportion of people aged 65 and over (17.7% in 2013) and one of the fastest-aging populations.

“We consulted with more than 700 people directly through working groups, focus groups and other venues. The NSHRF team was involved in the full-meal deal.”

As part of its contribution to the development of Nova Scotia’s first-ever dementia strategy, Towards Understanding, the NSHRF developed emerging theme reports for the strategy by analyzing the results of public consultations, focus groups and online surveys. A literature review was also conducted. The review, which took three months to complete, identified sources of evidence related to the six themes identified in the strategy. One of those themes is research.

The work of the NSHRF was not done in isolation. “They joined with other groups and worked hand in hand to truly reflect what was happening on the ground,” notes Lloyd. “We consulted with more than 700 people directly through working groups, focus groups and other venues. The NSHRF team was involved in the full-meal deal.”

More than 17,000 Nova Scotians are currently living with some form of dementia, and this number is expected to double by 2038 as our population ages.
“The NSHRF was everyone’s choice. They brought credibility and overall knowledge as well as a practical perspective.”

– Lloyd Brown
“This study would not have happened without partnership funding from the NSHRF.”

– Dr. Marsha Campbell-Yeo
Marsha Campbell-Yeo

Less pain for the littlest ones

MAKING A REAL DIFFERENCE IN PEOPLE’S LIVES

It was almost a decade ago that Dr. Marsha Campbell-Yeo returned to school to get her PhD. “I made a career change from clinician to researcher,” she says. “I wanted to make more of a global impact.”

The NSHRF has helped her do just that. “I have a long history with the Foundation,” Marsha notes. “It has been pivotal to my success as an early career researcher.”

An assistant professor in the School of Nursing, the Department of Pediatrics and the Department of Psychology and Neuroscience at Dalhousie University, Marsha received a doctoral award from the NSHRF as she prepared to undertake her doctoral studies at McGill University in Montreal. Such early support is critical, Marsha says. “The NSHRF funding really did lay the foundation for all my future success. It makes you much more competitive at a national level.”

“These answers, she adds, will be available thanks to ongoing support from the Foundation. “This study would not have happened without partnership funding from the NSHRF.”

As a clinician scientist, Marsha has a strong commitment to ensuring that her research impacts patient care, she recently released a two-minute YouTube video for parents on strategies to manage their newborn baby’s pain. The Power of a Parent, which won first prize in the Canadian Institutes of Health Research (CIHR) video competition, helps parents understand the significance and impact of how “kangaroo care” — an infant in only a diaper against a parent’s bare chest during a procedure — can safely and effectively reduce pain. In less than six months, almost 83,000 people in 52 countries have watched the video. “People are using this as a means to help parents advocate for their babies,” says Marsha.

“None of this impact would be possible without the NSHRF,” she notes. “Their support catapulted me to the national and the international level. Now we are helping parents around the world help their children reduce pain.”

Today Marsha’s research is focused on how to help parents contribute to the care of their babies. Much of her work has been on non-pharmacological ways to reduce pain and distress in pre-term or sick newborns. Something as simple as holding one’s baby, skin-to-skin, can significantly reduce the pain infants feel when they undergo procedures such as being vaccinated. Now in the final year of a major study – the first of its kind in the world – involving 258 pre-term infants, Marsha says, “We will be able to answer questions about the sustained impact of skin-to-skin care provided during early exposure to pain which we will examine at discharge and throughout the first two years of age.”

“No one of this impact would be possible without the NSHRF. Their support catapulted me to the national and the international level. Now we are helping parents around the world help their children reduce pain.”

1 In 10 babies are born pre-term and undergo on average 10 painful procedures per day, with less than half receiving little to no pain management.
Erna Snelgrove-Clarke

The door is always open

MAKING A REAL DIFFERENCE TO HEALTH RESEARCHERS

Dr. Erna Snelgrove-Clarke first became involved with the NSHRF when she was completing her PhD at McGill University and received funding to support her research. “Since then,” she says, “my involvement with the Foundation has been extensive.”

Indeed, Erna, an Associate Professor in both the School of Nursing and Department of Obstetrics and Gynaecology at Dalhousie University and a staff nurse at the IWK Health Centre, believes her success is directly connected to the support she has received from the NSHRF. “Most everything I have done has been linked to the NSHRF. It enabled me to begin my career – and it has helped to sustain my career.”

“The NSHRF helps to guide your research career,” says Erna. “You get advice. You get pointed in the right direction, and then you receive continued support as you move along your career path.”

Today, Erna’s research focuses on the identification of successful strategies for using evidence in maternal newborn practice. She is exploring the transfer of knowledge through mixed methodology, concentrating on the relationships of health care professionals, organizations, and decision-makers. Her areas of interest in knowledge translation include women’s pain, obesity and pregnancy, fetal health surveillance, and practice development.

“I have received funding for my research, for training, for career development, and even for my sabbatical,” says Erna. “This support has been invaluable.”

The importance of the NSHRF to health researchers goes beyond funding, adds Erna. She has served as a peer reviewer for the Foundation and attended Cochrane Canada meetings. These experiences help to build skills, to develop a network of colleagues, and broaden connections. These opportunities are part of the support the NSHRF routinely offers health researchers across the province.

“The NSHRF helps to guide your research career,” says Erna. “You get advice. You get pointed in the right direction, and then you receive continued support as you move along your career path. For me, they have seen me through initiation of my PhD through to publication of my research.”

The nature of that support is not found in many places. While there are rigorous processes for grant applications and for review, the NSHRF believes in working with health researchers to provide them with support in the broadest sense and throughout the course of their career. That belief is put into practice, says Erna. “If I phone anybody at the NSHRF with an idea, the door is always open. It’s almost like a family.”

“You get to know the staff as people,” she adds. “There is a commitment to doing and supporting the best possible job.”

“It makes such a significant difference to have committed and ongoing support.”
“If I phone anybody at the NSHRF with an idea, the door is always open. It’s like a family.”

– Dr. Erna Snelgrove-Clarke
An honour that will last a lifetime

“The 15 year achievements of the NSHRF are indeed remarkable. This is particularly true of the program that has provided support to graduate students in the health professions throughout the province. Research scientists form the foundation upon which advances in our knowledge are dependant. The support of future scientists is, therefore, essential in a flourishing research environment.”

Dr. John Ruedy

As Lawrence Nyika completes his PhD at St. Francis Xavier University in Antigonish, he can trace his interest in the health sciences back to his high school in Zimbabwe. It was here that he initially studied biology and chemistry, and where the 2015 winner of The Quest, the John Ruedy Award, first became inspired to dig deeper to help find answers to important questions. His curiosity and commitment has continued. While earning his BEd, Lawrence conducted a research project about Zimbabwean secondary school students’ perceptions of malaria.

“Quite simply,” says Lawrence, “I am passionate about health issues.”

No one knows that better perhaps than the students Lawrence has taught. After completing his education degree in 2003, he taught science and HIV/AIDS education for approximately two years in Zimbabwe. It was quite challenging, says Lawrence, because the subject included sensitive reproductive health topics. “The Zimbabwean culture recognizes sexual health education for girls and boys as the sole responsibility of aunts and uncles in the home and community, rather than a topic for school-based, institutionalized study. As a teacher in this challenging situation, I became aware of issues and tensions associated with my responsibility to provide empowering health education.”

Lawrence, who qualified as a medical laboratory technologist in 2007, went on to work in a hospital where part of his duties included performing tests for sexually transmitted infections. “The cases of youth testing positive for HIV confirmed for me that schools and communities were not adequately addressing students’ emerging health needs. I came to Canada in 2009 carrying these experiences with me, and explored factors that influence risky sexual behavior for my master’s thesis,” says Lawrence.

Now the doctoral candidate, who received his first Scotia Scholars’ Award (master level) in 2012, is building on his master’s research, which was published in the PHExn Journal. That work found that undergraduates perceived home and school as significant determinants of their identity in relation to sexual behaviour. A related finding from his study supports the growing body of literature suggesting that schools can do a better job promoting practices that enhance students’ health and well-being. “That research motivated me to further explore the role of schools in encouraging safe health practices among students,” says Lawrence. “I hope to find ways to increase the effectiveness of Nova Scotia schools to better address issues and challenges faced by adolescents of diverse cultural backgrounds in the areas of nutritional health, sexual health, substance use, mental health, and others.”
“It is noteworthy,” he adds, “that my PhD research is inspired by the tragic Rehtaeh Parsons story.”

The first recipient of The Quest Award from a university outside of Halifax, Lawrence says the support he has received from the Foundation is invaluable. “The NSHRF has made my graduate education easier. Having to pay less tuition out of pocket has given me great peace of mind. This is particularly important to me as a foreign student because I have to pay higher international fees,” Lawrence notes. “The support also gives me more time to concentrate on my studies, and this has helped me publish in well-respected journals as well as present at conferences in Canada.”

For Lawrence, The Quest Award is about more than financial assistance and career advancement. It is inspiring, he says. “Being associated with such a distinguished scholar as Dr. John Ruedy is an honour that will last a lifetime.”

ABOUT THE QUEST, THE JOHN RUEDY AWARD

The Quest, the John Ruedy Award, is presented annually to the student researcher who demonstrates the greatest promise and potential for excellence in health research. The criteria includes students’ future plans, long-term goals, career expectations, and potential contribution to the field of health research. The award comes with a $5,000 contribution from the Capital District Health Authority (now Nova Scotia Health Authority) to help further the winner’s research. To learn more about Dr. John Ruedy and The Quest, please visit our website at www.nshrf.ca.
Jaime Wertman, the 2014 recipient of the Colleen Elliott Award, has always had an affinity for helping those in need. As a young girl, Jaime was constantly bringing home dying birds, bugs and even a litter of skunks to nurse them back to health.

Now a PhD student in Dalhousie University’s Department of Pharmacology, Jaime is investigating an illness that touches us all: cancer. Specifically, she is looking at how prostate cancer spreads. “This disease affects one in seven men in Canada and will become even more prevalent in an aging population,” notes Jaime.

If caught early, Jaime points out, the prognosis is good. “However, studies suggest if not caught early, only 28% of patients will survive for five years following diagnosis. That’s why it is so important to understand how this cancer metastasizes.”

Jaime did not follow a traditional route to becoming a researcher. After graduating from high school – with a 7/7 grade in biology placing her in the top 96% of students worldwide – she enrolled in the Foundation Year Programme at the University of King’s College. While the focus is on philosophy, literature and art, Jaime said the broad education she received will make her a better investigator. “The Foundation Year helped me to think outside the box. It helped me to write clearly and use plain language. Both are important skills for researchers,” says Jaime.

It was an elective in cell biology in her second year of university, however, that sparked Jaime’s interest in pursuing a career in health research. She went on to receive the Gold Medal in Biology from Dalhousie as an undergraduate and 18 months later completed her master’s degree. Along the way, Jaime contributed a chapter to a book, wrote an expert opinion article, and was first co-author on a research paper on prostate cancer metastasis.

“There are so many aspects of Colleen’s life I admire, and I know there are so many more aspects of her life I don’t know about because she was so humble,” says Jaime. “I am, not surprisingly, amazed by the cancer research she did and to win this award makes me want to work harder. Now I have something to live up to.”

Although Jaime never had the opportunity to meet Colleen Elliott, she sees her as a role model. “There are so many aspects of Colleen’s life I admire, and I know there are so many more aspects of her life I don’t know about because she was so humble,” says Jaime. “I am, not surprisingly, amazed by the cancer research she did and to win this award makes me want to work harder. Now I have something to live up to.”

Colleen’s daughter Theresa Ferris, who presented Jaime with the award at the NSHRF’s annual Celebration Event, echoes Jaime’s sentiments. “My mother and Jaime seem to have been cut from the same cloth. Jaime has been described as outgoing and personable,” says Theresa. “I believe that
Jaime is someone Mom would have gone out of her way to mentor."

Jaime’s future career goals include pursuing translational research, drug development and mentoring younger researchers, something that Colleen Elliott was passionate about. She also sees her relationship with the NSHRF growing, as she believes the work the Foundation does is critical to keeping young researchers in the province.

"On a professional level, receiving the award as a student makes you a more desirable candidate for lab positions," explains Jaime. "On a personal level, it feels good to be recognized for something I’ve worked so hard for. It reaffirms that the long hours and more mundane parts of my work are all worth it."

"On a professional level, receiving the award as a student makes you a more desirable candidate for lab positions. On a personal level, it feels good to be recognized for something I’ve worked so hard for. It reaffirms that the long hours and more mundane parts of my work are all worth it."

– Jaime Wertman

The Colleen Elliott Award was created to honour excellence in cancer research training and is awarded to a research trainee who demonstrates the greatest promise and potential for excellence in this field. In addition to the prestigious recognition, the recipient also receives a $5,000 award from the NSHRF to help further their research training. To learn more about the Colleen Elliott Award, please visit our website at www.nshrf.ca.
“The funding we have received from the NSHRF dating back to 2002 has been key to our overall goal of making people’s lives better.”

– Dr. Mary McNally
Getting to the root of the problem

MAKING A REAL DIFFERENCE TO THE HEALTH OF NOVA SCOTIANS

Research funded and supported by the NSHRF is giving Nova Scotians a reason to smile. Despite significant advances in oral health care during the last 50 years, studies consistently indicate that the oral health of older adults who depend on others for care is poor. This was verified right here in Nova Scotia through a large-scale provincial oral health survey led by Dr. Debora Matthews, a professor at Dalhousie University’s Faculty of Dentistry.

In 2003, a small but committed group of researchers, led by Dr. Matthews and Dr. Mary McNally, also a professor in the Faculty of Dentistry, were awarded capacity building and partnership funds from the NSHRF, including one of the inaugural $20,000 Community Research Alliance Capacity Building Grants. “Our lofty goals were to build a multidisciplinary team to improve the oral health of vulnerable populations, and to build partnerships with communities and decision-makers,” says Debora.

“There are a variety of reasons for this poor oral health, including difficulties with providing daily mouth care. This places older adults at risk for oral health diseases and related problems, affects overall health, and can negatively impact quality of life.”

Mary, Debora and their colleagues joined forces with health care professionals, long-term care facilities, seniors’ organizations, educators and policy makers to move research findings that promote optimum oral health into policy and practice. One key outcome is the Brushing up on Mouth Care program, a suite of resources, practical tools, guidelines, and policy recommendations that are resulting in real changes to how oral care is provided in continuing care across Nova Scotia.

Supported initially by the NSHRF, the Brushing Up team partnered with three long-term care facilities in rural Nova Scotia to learn more about the challenges facing personal care providers in providing optimal mouth care. The project involved a community partnership and collaborative research approach. “Directly asking care providers on the frontlines what they need is what makes the Brushing Up resources so relevant – and so this type of research is very rewarding,” says Mary.
Findings from focus groups with frontline workers at these long-term care facilities led to the development of:

- an oral health toolkit to house the residents’ oral care supplies;
- a variety of oral care cards outlining the necessary steps to provide optimal mouth care based on different oral health statuses (i.e., natural teeth, partial plates, and/or dentures);
- information sheets on a number of relevant oral health topics;
- a series of oral care educational videos; and
- oral health assessment and care planning tools.

These resources were then piloted in each of the facilities and staff helped to evaluate their utility and effectiveness in addressing the identified challenge. Resources were then modified and finalized based on this feedback. A Canadian Dementia Knowledge Translation Network grant for $25,000 was awarded to Mary to develop video and print resources focused on oral care and dementia. The Brushing Up team partnered with provincial Challenging Behaviour Consultants to complete this work.

This local research was also complemented by a provincial Positive Aging grant from the Nova Scotia Department of Seniors and by a $100,000 Knowledge Translation Supplement grant from the Canadian Institutes for Health Research (CIHR) to ensure that Brushing Up resources did not “sit on a shelf.” Funding from the Positive Aging grant allowed the program to be implemented fully in two additional long-term care facilities – Northwood in Halifax and The Mira in Truro. Each resident was supplied with an oral care toolkit, care card and supplies specific to their oral health needs and education provided to care staff.

Brushing Up on Mouth Care resources have also been made available to every long-term care facility, home support agency, and continuing care assistant training program in Nova Scotia. A ‘Facilitator Guide’ was developed to accompany the Brushing Up manual to enable educators in the long-term care sector to easily train their staff and implement the Brushing Up on Mouth Care program in their organization, including those who provide care as part of home support services. The Facilitator Guide also provides teaching materials for educators working with students studying to become Continuing Care Assistants.

“Our ultimate objective is that we really want to make a difference in the lives of Nova Scotians who are most affected by poor oral health. We want to understand the risks for disease and find practical solutions to offset those risks.”
‘Train the trainer’ sessions were held in each of the (former) district health authorities through Nova Scotia to ensure that staff from long-term care facilities, home support agencies, and Continuing Care Assistant education programs had an opportunity to be oriented to Brushing Up resources. Numerous long-term care facilities, home support, and care-provider education programs have adopted the Brushing up on Mouth Care program. It is influencing practice and policy at local, provincial and regional levels. Through its open access website, it is also reaching national and international audiences. All print and video materials are freely available for download from the website and print resources have been translated into French. The program is also highlighted on the Public Health Agency of Canada ‘Canadian Best Practices Portal’.

In 2013, Mary was invited to assist the Nova Scotia Continuing Care Assistants’ Program Advisory Committee in developing a new learning outcome and related objectives to enhance standards for oral care in the provincial Continuing Care Assistant curriculum. This was implemented provincially in September 2013.

The oral health research focused on older adults has brought more than $1.1 million into the provincial economy. Recent new partnerships and funding are now expanding oral health research into Nova Scotia First Nations communities. Once again, the team’s focus is to build relationships, create community partnerships, and conduct meaningful research to address oral health concerns.

“Our ultimate objective” says Mary, “is that we really want to make a difference in the lives of Nova Scotians who are most affected by poor oral health. We want to understand the risks for disease and find practical solutions to offset those risks,” says Mary. “The funding we have received from the NSHRF dating back to 2002 has been key to our overall goal of making people’s lives better.”

The oral health research focused on older adults has brought more than $1.1 million into the provincial economy.
The Scotia Scholars™ Awards are intended to provide financial support to high caliber research trainees engaged in health research related academic study at Nova Scotia universities. The goal of the Scotia Scholars™ Award is to support the development of the next generation of highly qualified health researchers and leaders in the Nova Scotia health research enterprise, as well as encourage continued interest in careers in health research.

Kori Andrea

Kori Andrea is an honours student in chemistry at Cape Breton University. As a recipient of an NSHRF Scotia Scholars™ Award (undergraduate level), she will continue her research on the medical applications of nanomaterials.

“This award has provided me with funding for my thesis project: investigating the development of wireless temperature sensors based on thermal properties of ferromagnetic nanoparticles to detect infections beneath wound dressings. The Scotia Scholars™ Award will enable me, at a personal level, to advance my interest in health-related research, contribute significantly in advancing health research in Nova Scotia and the rest of Canada, and provide me with the opportunity to inspire fellow Nova Scotians to become health research leaders. I have future plans to become a physician, and the experience gained from this research will help me to become a leader within the health research community.”

Gregory Haller

Gregory Haller is an honours student in biology at Mount Saint Vincent University. He was a recipient of an NSHRF Scotia Scholars™ Award (undergraduate level) and conducted research in the field of developmental biology under the supervision of Dr. Tamara Franz-Odendaal.

“The funding given to me by the NSHRF has allowed me to commit myself to my research project while being able to financially plan for my future educational endeavours, including my plans to attend medical school. While working on my honours project, I have been able to present my research at the 2015 Science Atlantic Undergraduate Biology Conference, where I was awarded third place in the oral presentation category. I have no doubt that all the opportunities given to me through my program and the funding that I have received will be of great help as I look to further my education.”
Lauren Matheson

Lauren Matheson is an honours student in psychology at Acadia University, specializing in health psychology. She received an NSHRF Scotia Scholars OM Award (undergraduate level) for her thesis, investigating adult attachment styles and coping in a dyadic context after one partner has experienced a cardiac event.

“The NSHRF provides funding for health research that aims to improve the lives of Nova Scotia’s aging population and make our health care system run smoothly. Thanks to NSHRF funding, I can start my thesis as soon as possible and focus on it more completely during the summer months without having to balance my thesis work and summer employment. I look forward to showcasing my results next year, and hopefully, they will contribute to speedier recoveries and longer lives in the aftermath of cardiac events in Nova Scotia.”

Tyra McFadden

Tyra McFadden is an M.Sc. candidate at Saint Mary’s University in the applied psychology program. She is specializing in industrial/organizational psychology. As a recipient of an NSHRF Scotia Scholars OM Award (master level), Tyra is developing a theoretical model of job dissatisfaction and examining related outcomes such as turnover intentions and stress.

“The NSHRF has provided me with funding that has allowed me to fully allocate my time to my master’s thesis. As my thesis includes qualitative data, a large part of my time has been spent on coding and analyzing my data. Without the help of the NSHRF, I would have had to juggle other responsibilities instead of being able to fully devote my time to my thesis.”

Hope Scheller

Hope Scheller is a biology honours student at Cape Breton University. As a recipient of an NSHRF Scotia Scholars OM Award (undergraduate level), she credits the Foundation with enabling her to continue her research into the use of nanotechnology to increase the sensitivity of breast cancer to radiation therapy.

“Successful outcomes of my project will be directly relevant to the health of Nova Scotians, taking into account the exceptionally high rate of cancer witnessed in our province. Considering the emotional and financial impact cancer has on Nova Scotians and the great potential nanotechnology has to solve biomedical problems, the NSHRF investment in this area of research is important and worthwhile.”
The Nova Scotia Health Research Foundation Act was passed on January 1, 2000 and during the past 15 years, NSHRF has built a strong reputation of funding and supporting health researchers during different stages in their careers. Below are three researchers who we are proud to have worked with since our inception and we look forward to working with them for years to come.

Dr. Johanne Robitaille

Fifteen years ago, as a new clinician-scientist starting her career, Dr. Johanne Robitaille was awarded a grant from NSHRF for $73,000 over a two-year period. Her research was focused on identifying a gene for the blinding disorder, familial exudative vitreoretinopathy (FEVR). This funding became the turning point in her career and she has since gone on to identify that gene and continue her work with other research groups in the area.

“The NSHRF has been a tremendous resource to aid in funding several students in our program at a variety of levels to build the next generation of researchers. This has contributed to fostering the research culture in our centre. And always, from the very beginning, I have found the staff to be very helpful in reviewing my ideas before working on submissions or identifying other potential resources.”

“...the turning point in her career and she has since gone on to identify that gene and continue her work with other research groups in the area.”
Dr. Sheri Price

Dr. Sheri Price was a graduate student in the Masters of Nursing program at Dalhousie University when she applied for, and received a two-year graduate student fellowship under the supervision of Dr. Lorna Butler. Sheri cites her success in obtaining the NSHRF graduate award as very influential in launching her research career – specifically in securing further research funding.

“I believe that the investment NSHRF has made in supporting the training and development of students and early career researchers has contributed greatly to the establishment of research programs aimed at improving health outcomes for Nova Scotians. In addition, I believe that my funding success provincially through NSHRF has contributed to my success at the national level (CIHR).”

Dr. Manohar Bance

Dr. Manohar Bance is a professor at Dalhousie University, specializing in Otolaryngology. With over 100 publications to his name, and numerous grants, Manohar has become a respected leader in his field. Fifteen years ago Manohar used his initial funding from NSHRF to establish his own lab, and later to help establish collaboration with other researchers.

“NSHRF support has helped me build new teams of collaborators. I have been a mentor to many researchers that have applied for grants, and each one has established successful research partnerships with significant amounts of federal funding. This has seeded a cluster of researchers in Halifax, which has made us national and international players in this field.”
Decade Club

This year the NSHRF marks 15 years of service, innovation, and making a REAL contribution provincially, nationally and internationally. In 2010, we established the Decade Club to recognize the support and assistance we have received from individuals across the health research enterprise. They have all been involved for 10 years in helping to establish the NSHRF as a leading centre of excellence. Members are inducted into the club with a pin that symbolizes their dedication and service, honouring their achievements and celebrating their commitment to health research. Most of all, it signifies reliability – the owner of a Decade Club pin can be counted on.

Marie Deveau

Marie Deveau, the NSHRF office administrator, is the first to welcome visitors to the office. Marie provides administrative and database support for both NSHRF programs and our employees. She is responsible for the smooth day-to-day running of the organization.

“Since joining the NSHRF team in 2004, I have enjoyed being involved in many projects. I’ve learned a tremendous amount and am looking forward to increasing my skill set as the organization moves to a new grants-management system. New experiences await.”

Dr. Bilkis Vissandjée

Dr. Bilkis Vissandjée, PhD, a professor in the Faculty of Nursing at the Université de Montréal, studies health care in the context of migration, particularly for women, and global health issues. She has conducted research on fundamental health issues of relevance to women from both Canada and beyond our borders. Bilkis has served on the NSHRF’s Health Policy, Health Services and Health Outcomes Peer Review Committee 12 times.

“Thanks to the NSHRF, as a person who over the past 20 years has moved and settled everywhere from Madagascar to the Ivory Coast to France and finally to Quebec, I have discovered that I am a Nova Scotian at heart. I am truly humbled. Merci!”
Dr. Isabel Smith

Dr. Isabel Smith, PhD, a professor in the Departments of Pediatrics and Psychology and Neuroscience at Dalhousie University, serves as the Joan and Jack Craig Chair in Autism Research and co-director of the Autism Research Centre at the IWK Health Centre. Since 2005, Isabel and her team have been studying the impact of the Nova Scotia Early Intensive Behavioural Intervention Program. The NSHRF has been a proud supporter of her research initiatives.

“My autism treatment research is a great example of the key role the Foundation plays – NSHRF funding launched the first study, allowing me to secure successive CIHR grants. NSHRF Partnership funds and graduate scholarships also extended the scope of my program and supported new health researchers.”

Dr. Gerry Johnston

Dr. Gerry Johnston, PhD, associate dean of research at Dalhousie University’s Faculty of Medicine, has held senior leadership roles nationally, including president of the National Cancer Institute of Canada. He has played a pivotal role in building cancer research throughout Atlantic Canada and in strengthening the link between cancer researchers and clinicians. Gerry is a member of the NSHRF’s Research Advisory Committee.

“A provincial funding agency dedicated to health research provides critical support allowing us to attract and retain the best health-care researchers. This wise investment by the province benefits everyone in Nova Scotia through improved health care and innovation.”

Dr. François Tremblay

Dr. François Tremblay, PhD, is a professor in the Department of Ophthalmology and Visual Sciences and is cross-appointed to Physiology & Biophysics. As well, he works with the Clinical Vision Science Program at Dalhousie University and is a member of the university’s Retina and Optic Nerve Research Lab. He has received NSHRF funding for his research and has served on the NSHRF’s Biomedical Peer Review Committee nine times, having twice served as chair.

“Dr. Tremblay has been an extremely able chair of our Biomedical Peer Review Committee, as he always ensured that all applicants received positive and constructive feedback.”

– Meredith Campbell, NSHRF’s Director, Programs

Dr. Amitabh Jha

Dr. Amitabh Jha, PhD, is a professor and the George H. Wallace Endowed Chair in the Department of Chemistry at Acadia University. He has received NSHRF funding for his research and has served on the NSHRF’s Biomedical Peer Review committee six times.

“The NSHRF Biomedical Research Grant was my first-ever successful grant as a new investigator back in 2004. It brought me recognition as a medicinal chemist among my peers and as soon as publications from the NSHRF project started rolling out, I started getting more research funds. This enabled me to contribute significantly in the development of topoisomerase inhibitors and subsequently on selective estrogen receptor modulators and synthetic analogs of curcumin through funds from other granting agencies.”
The NSHRF’s Celebration Event 2015

In February 2015, the NSHRF hosted its Annual Celebration Event at the World Trade and Convention Centre in Halifax. Nova Scotia has a strong and vibrant health research community that the NSHRF is proud to be a part of and celebrates its accomplishments. We were pleased that 135 members of the health research community and its supporters came together to recognize the 36 teams and 59 students who were successful in the 2014-15 funding year.

LEFT: Lawrence Nyika accepting his The Quest, the John Ruedy Award.

RIGHT: NSHRF Board Member, Maureen Summers presenting Dr. Gerry Johnston with his Decade Club plaque.

Deputy Minister of Nova Scotia Department of Health and Wellness, Dr. Peter Vaughan delivering the opening remarks to the 2015 Celebration Event.
Since its establishment, the NSHRF has utilized peer review, a rigorous scientific review process that allows funds to be awarded based on scientific evidence. There are three Peer Review Committees – the Biomedical (MED) Peer Review Committee and the Health Policy, Health Services, the Health Outcomes (PSO) Peer Review Committee and the Knowledge Sharing Support Award (KSSA) Committee. The experts that comprise these committees bring a breadth of experience, knowledge and objectivity to the process.
Independent Auditor’s Report

TO THE DIRECTORS OF NOVA SCOTIA HEALTH RESEARCH FOUNDATION

We have audited the accompanying financial statements of Nova Scotia Health Research Foundation, which comprise the statement financial position as at March 31, 2015, and the statements of operations, change in net financial assets, and cash flows for the year then ended, and a summary of significant accounting policies and other explanatory information.

MANAGEMENT’S RESPONSIBILITY FOR THE FINANCIAL STATEMENTS
Management is responsible for the preparation and fair presentation of these financial statements in accordance with the standards issued by the Public Sector Accounting Board, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity’s preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity’s internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

AUDITOR’S RESPONSIBILITY
Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor’s judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity’s preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity’s internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

OPINION
In our opinion, the financial statements present fairly, in all material respects, the financial position of Nova Scotia Health Research Foundation as at March 31, 2015 and the results of its operations and its cash flows for the year then ended in accordance with the standards issued by the Public Sector Accounting Board.

AC HUNTER TELLIER BELGRAVE ADAMSON
CHARTERED ACCOUNTANTS
Dartmouth, Nova Scotia
June 9, 2015
## Statement of Operations

**YEAR ENDED MARCH 31, 2015**

<table>
<thead>
<tr>
<th></th>
<th>Budget 2015</th>
<th>2015</th>
<th>2014</th>
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</thead>
<tbody>
<tr>
<td><strong>REVENUE</strong></td>
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<td></td>
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<tr>
<td>Grant - Province of Nova Scotia</td>
<td>$4,671,000</td>
<td>$4,671,000</td>
<td>$4,670,785</td>
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<td>Investment income</td>
<td>643,000</td>
<td>680,482</td>
<td>250,556</td>
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<td>Other revenue (Note 9)</td>
<td>157,437</td>
<td>257,940</td>
<td>246,928</td>
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<td>Allocation recoveries</td>
<td>30,000</td>
<td>95,134</td>
<td>88,426</td>
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<td>Workshop funding</td>
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<td>9,306</td>
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<td></td>
<td>5,506,437</td>
<td>5,704,796</td>
<td>5,266,001</td>
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<td><strong>PROGRAM EXPENDITURES</strong></td>
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<td>Project grants</td>
<td>2,087,600</td>
<td>2,194,617</td>
<td>1,984,423</td>
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<td>Program salaries</td>
<td>740,586</td>
<td>747,719</td>
<td>673,474</td>
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<td>Matching grants</td>
<td>700,000</td>
<td>665,000</td>
<td>619,984</td>
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<td>REAL Knowledge</td>
<td>640,000</td>
<td>321,069</td>
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<td>Communications, public awareness and research findings</td>
<td>226,430</td>
<td>301,741</td>
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<td>Evaluation salaries</td>
<td>221,795</td>
<td>219,376</td>
<td>–</td>
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<td>REDI building program</td>
<td>175,000</td>
<td>192,433</td>
<td>292,152</td>
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<td>Programs consulting</td>
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<td>101,473</td>
<td>80,745</td>
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<td>Electronic grants management system</td>
<td>39,000</td>
<td>50,186</td>
<td>143,282</td>
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<td>Peer review of grant applications</td>
<td>33,700</td>
<td>31,431</td>
<td>34,088</td>
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<td>Professional development</td>
<td>5,000</td>
<td>21,401</td>
<td>25,291</td>
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<td>Programs travel</td>
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<td>15,000</td>
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<tr>
<td>Program costs</td>
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<td></td>
<td>4,915,111</td>
<td>4,881,138</td>
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<td><strong>CONTRIBUTION MARGIN</strong></td>
<td>591,326</td>
<td>823,658</td>
<td>1,169,229</td>
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<td><strong>EXPENSES (Schedule 1)</strong></td>
<td>937,985</td>
<td>918,295</td>
<td>1,091,426</td>
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<tr>
<td><strong>EXCESS (DEFICIENCY) OF REVENUE OVER EXPENSES FROM OPERATIONS</strong></td>
<td>(346,659)</td>
<td>(94,637)</td>
<td>77,803</td>
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<tr>
<td><strong>UNREALIZED GAINS (LOSSES) ON INVESTMENTS</strong></td>
<td>–</td>
<td>(404,246)</td>
<td>117,599</td>
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<tr>
<td><strong>EXCESS (DEFICIENCY) OF REVENUE OVER EXPENDITURES</strong></td>
<td>$ (346,659)</td>
<td>$(498,883)</td>
<td>$ 195,402</td>
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</table>
## Statement of Change in Net Financial Assets

**YEAR ENDED MARCH 31, 2015**

<table>
<thead>
<tr>
<th></th>
<th>2015</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NET FINANCIAL ASSETS – BEGINNING OF YEAR</strong></td>
<td>$ 799,227</td>
<td>$ 673,143</td>
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<tr>
<td>Annual surplus (deficit)</td>
<td>(498,883)</td>
<td>195,402</td>
</tr>
<tr>
<td>Acquisition of tangible capital assets</td>
<td>(56,759)</td>
<td>(81,027)</td>
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<tr>
<td>Amortization of tangible capital assets</td>
<td>54,740</td>
<td>53,334</td>
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<tr>
<td>Net investment in prepaid expenses</td>
<td>29,136</td>
<td>(41,625)</td>
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<tr>
<td><strong>Increase (decrease) in net financial assets</strong></td>
<td><strong>327,461</strong></td>
<td>799,227</td>
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<tr>
<td><strong>NET FINANCIAL ASSETS – END OF YEAR</strong></td>
<td><strong>$ 327,461</strong></td>
<td><strong>$ 799,227</strong></td>
</tr>
</tbody>
</table>
## Statement of Financial Position

**YEAR ENDED MARCH 31, 2015**

<table>
<thead>
<tr>
<th></th>
<th>2015</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>FINANCIAL ASSETS</strong></td>
<td></td>
<td></td>
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<tr>
<td>Cash</td>
<td>$328,641</td>
<td>$678,990</td>
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<td>Marketable securities (Note 6)</td>
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<td>4,146,733</td>
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<td>Accounts receivable</td>
<td>52,612</td>
<td>68,471</td>
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<td>Interest receivable</td>
<td>25,291</td>
<td>27,596</td>
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<td>HST recoverable</td>
<td>37,362</td>
<td>50,502</td>
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<td></td>
<td>5,319,179</td>
<td>4,972,292</td>
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<tr>
<td><strong>LIABILITIES</strong></td>
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<tr>
<td>Accounts payable</td>
<td>178,640</td>
<td>234,562</td>
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<tr>
<td>Deferred revenue (Note 8)</td>
<td>353,130</td>
<td>254,395</td>
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<tr>
<td>Grants payable - current portion</td>
<td>3,375,682</td>
<td>2,939,145</td>
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<tr>
<td></td>
<td>3,907,452</td>
<td>3,428,102</td>
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<tr>
<td>Long term grants payable</td>
<td>1,084,266</td>
<td>744,963</td>
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<td></td>
<td>4,991,718</td>
<td>4,173,065</td>
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<tr>
<td><strong>NET FINANCIAL ASSETS</strong></td>
<td>327,461</td>
<td>799,227</td>
</tr>
<tr>
<td><strong>NON-FINANCIAL ASSETS</strong></td>
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<tr>
<td>Prepaid expenses</td>
<td>27,127</td>
<td>56,263</td>
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<td>Capital assets (Note 7)</td>
<td>166,390</td>
<td>164,371</td>
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<td></td>
<td>193,517</td>
<td>220,634</td>
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<tr>
<td><strong>ACCUMULATED SURPLUS</strong></td>
<td>$520,978</td>
<td>$1,019,861</td>
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</table>

**COMMITMENTS (Notes 12)**
## Statement of Cash Flows

**YEAR ENDED MARCH 31, 2015**

<table>
<thead>
<tr>
<th>OPERATING ACTIVITIES</th>
<th>2015</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Excess (deficiency) of revenue over expenses</td>
<td>$(498,883)</td>
<td>$195,402</td>
</tr>
<tr>
<td>Item not affecting cash:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Amortization of property, plant and equipment</td>
<td>54,740</td>
<td>53,334</td>
</tr>
<tr>
<td></td>
<td><strong>(444,143)</strong></td>
<td><strong>248,736</strong></td>
</tr>
<tr>
<td>Changes in non-cash working capital:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accounts receivable</td>
<td>15,859</td>
<td>13,097</td>
</tr>
<tr>
<td>Marketable securities</td>
<td>(728,540)</td>
<td>47,312</td>
</tr>
<tr>
<td>Interest receivable</td>
<td>2,305</td>
<td>(1,252)</td>
</tr>
<tr>
<td>Accounts payable</td>
<td>(55,922)</td>
<td>(113,623)</td>
</tr>
<tr>
<td>Deferred revenue</td>
<td>98,735</td>
<td>73,877</td>
</tr>
<tr>
<td>Prepaid expenses</td>
<td>29,136</td>
<td>(41,625)</td>
</tr>
<tr>
<td>HST recoverable</td>
<td>13,140</td>
<td>(9,584)</td>
</tr>
<tr>
<td>Grants payable - current portion</td>
<td>436,537</td>
<td>297,103</td>
</tr>
<tr>
<td>Long term grants payable</td>
<td>339,303</td>
<td>53,396</td>
</tr>
<tr>
<td></td>
<td><strong>150,553</strong></td>
<td><strong>318,701</strong></td>
</tr>
<tr>
<td>Cash flow from (used by) operating activities</td>
<td>$(293,590)</td>
<td>567,437</td>
</tr>
</tbody>
</table>

## CAPITAL ACTIVITY

| Purchase of property, plant and equipment | (56,759) | (81,028) |

## INCREASE (DECREASE) IN CASH FLOW

| Cash - beginning of year | 678,990 | 192,581 |
|                         |         |         |
| CASH - END OF YEAR      | **$328,641** | **$678,990** |
1. DESCRIPTION OF ENTITY

The Nova Scotia Health Research Foundation, a not for profit organization established by the Health Research Foundation Act of the Province of Nova Scotia (Bill No. 22), was given Royal Assent on December 3, 1998 and became effective on January 1, 2000. As stated in the Act, the objects of the Foundation are to assist, collaborate with and fund individuals and organizations conducting health research in the Province including the fields of health policy, health promotion and health care and without limiting the generality of the foregoing, assist health services research, health outcome research, health public policy research and medical research.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of presentation
The financial statements were prepared in accordance with standards issued by the Public Sector Accounting Board.

Revenue recognition
The Foundation follows the deferral method of accounting for contributions, whereby unrestricted contributions are recognized as revenue when received or receivable if the amount to be received can be reasonably estimated and collection is reasonably assured.

Certain amounts are received pursuant to legislation, regulation, or agreement, and may only be used in the conduct of certain programs or in the delivery of specific services and transactions. These amounts are recognized as revenue in the fiscal year in which the related expenses are incurred, services are performed, or when stipulations are met. Similarly, restricted contributions are recognized as revenue in the year in which the related expenses are incurred and the restrictions are satisfied.

Investment income consists of dividends and interest income, and realized and unrealized gains and losses. Unrealized gains and losses are recognized as revenue in the statement of operations, deferred, or reported directly in net assets, depending on the nature of any external restrictions imposed on the investment income. Other investment income is reported in the statement of revenues and expenditures.

HST recovery
As a registered charity, the Foundation is entitled to a rebate of 50% of the HST paid on eligible expenses. The practice of the Foundation is to record expenditures net of refundable HST.

Accounting estimates
Accounting estimates are included in financial statements to approximate the effect of past business transactions or events, or to approximate the present status of an asset or liability. Examples include expense accruals and the estimated useful life of an asset. It is possible that changes in future conditions could require changes in the recognized amounts for accounting estimates. Should an adjustment become necessary, it would be reported in earnings in the period in which it became known.

Cash
Cash includes cash less outstanding cheques plus outstanding deposits.

Investments
Marketable securities are carried at fair market value and consist of cash and cash equivalents, fixed income investments and investments in mutual funds.
Grants payable
Grants payable are carried at the contract amount. Amounts payable beyond one year from the date of the Statement of Financial Position are classified as long term.

Property, plant and equipment
- Equipment and furniture: 20% declining balance method
- Computer hardware and software: 30% declining balance method
- Grant management system: 30% declining balance method
- Leasehold improvements: 10 years straight line method

3. FINANCIAL INSTRUMENTS
Equity investments and fixed income securities are carried at fair value.

Due to their short term nature, all other financial instruments are considered to be carried at amounts which approximate their fair value.

When available, fair value is determined by reference to the bid price at the end of the year in an active market. When the bid price is not available, or the market for a financial instrument is not active, fair value has been determined by reference to published price quotations and to the fair value of other financial instruments which bear similar risks and returns.

The Foundation does not enter into hedging activities and does not engage in derivative transactions.

Concentration of Credit Risk
Substantially all of the Foundation’s bank accounts are with one financial institution.

Interest Rate Risk
Interest rate risk is the risk that the value of a financial instrument might be adversely affected by a change in the interest rates. In seeking to minimize the risks from interest rate fluctuations, the Foundation manages exposure through its normal operating and financing activities. The Foundation is exposed to interest rate risk primarily through its floating interest rate on its short term investments. Management manages its interest rate risk by investing in fixed income marketable securities with varying maturity dates and terms.

Market Price Risk
Market price risk is the risk that the value of a financial instrument might be adversely affected by a change in the stock price of its investment holdings. The Foundation is exposed to market price risk primarily through price fluctuations on its short term investments. Management manages its risk by diversifying its portfolio through a mix of investment types designed to achieve the optimal return within reasonable risk tolerances.

4. FINANCIAL RISK MANAGEMENT OBJECTIVES AND POLICIES
Consistent with similar government not for profit organizations, Nova Scotia Health Research Foundation’s risk management policies are part of the overall management of the entity’s operations. Management’s direct involvement in day to day operations identifies risks and variations from expectations leading to changes in risk management activities, requirements and actions. Management has not entered into hedging transactions to manage risk. As a part of the overall management of the entity’s operations, management considers avoidance of undue concentrations of risk, and employs appropriate investment and credit management policies to manage the Foundation’s exposure.
5. DISTRIBUTION OF FUNDING

The annual provincial grant made to the Foundation is provided from funds appropriated by the Nova Scotia legislature. The distribution of the funding is outlined in the Health Research Foundation Regulations, as amended by Cabinet on August 5, 2005. The Regulations specify that funding shall be distributed in accordance with the objects of the Foundation as follows:

a) 30% shall be spent on medical research;
b) 10% shall be spent on health outcome research;
c) 10% shall be spent on health services research;
d) 10% shall be spent on health public policy research;
e) a minimum of 20% may be spent on any or all of the following:
   (i) innovative health research programming and capacity development,
   (ii) increasing the public knowledge and awareness of the Foundation,
   (iii) communicating research findings,
   (iv) targeting health research priorities; and
f) a maximum of 20% may be spent on administering the Foundation.

If in any of the categories a) through d), less than the total money allocated is spent, the remaining portion shall be reallocated to one of the remaining categories a) through d) in a manner determined by the Board.

6. MARKETABLE SECURITIES

The Foundation has an investment policy in place which restricts the types of investments it can hold. The Foundation is not permitted to invest in unsecured instruments or non interest bearing accounts. The Foundation is not permitted to invest directly in mortgages, equities, real estate, foreign investments, and derivative securities. The Foundation is permitted to invest in mutual funds that hold these classes of investments.

As at year end the Foundation's investments consisted of cash, fixed income investments, and mutual funds. As at March 31, 2015 the total market value of the investments was $4,875,273 (2014 - $4,146,733) and the book value of the investments was $4,899,250 (2014 - $3,766,462).

7. PROPERTY, PLANT AND EQUIPMENT

<table>
<thead>
<tr>
<th></th>
<th>Cost</th>
<th>Accumulated amortization</th>
<th>2015 Net book value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Equipment and furniture</td>
<td>$116,767</td>
<td>$89,992</td>
<td>$26,775</td>
</tr>
<tr>
<td>Computer hardware and software</td>
<td>220,066</td>
<td>168,770</td>
<td>51,296</td>
</tr>
<tr>
<td>Leasehold improvements</td>
<td>106,113</td>
<td>96,164</td>
<td>9,949</td>
</tr>
<tr>
<td>Grant management system</td>
<td>113,989</td>
<td>96,164</td>
<td>17,825</td>
</tr>
<tr>
<td></td>
<td>$556,935</td>
<td>$390,545</td>
<td>$166,390</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Cost</th>
<th>Accumulated amortization</th>
<th>2014 Net book value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Equipment and furniture</td>
<td>$109,403</td>
<td>$84,219</td>
<td>$25,184</td>
</tr>
<tr>
<td>Computer hardware and software</td>
<td>212,030</td>
<td>148,507</td>
<td>63,523</td>
</tr>
<tr>
<td>Leasehold improvements</td>
<td>106,113</td>
<td>96,164</td>
<td>13,949</td>
</tr>
<tr>
<td>Grant management system</td>
<td>72,630</td>
<td>10,895</td>
<td>61,735</td>
</tr>
<tr>
<td></td>
<td>$500,176</td>
<td>$335,806</td>
<td>$164,370</td>
</tr>
</tbody>
</table>
8. DEFERRED REVENUE

In compliance with the deferral method of accounting for contributions as disclosed in note 2, the Foundation has recorded $353,129 (2014 - $254,395) in deferred revenues as detailed below:

The Foundation received funding from the Department of Community Services to work together with The Strategy for Children and Youth to improve the evaluation, research and knowledge translation activities related to the strategy. The Department of Community Services has provided funding of $446,996 since 2009 to be applied according to the project’s objectives. As of March 31, 2015, a total of $313,096 (2014 $292,601) was expensed and a corresponding amount was recognized as revenues. The undisbursed balance of $133,900 (2014 - $154,395) is being held by the Foundation until expenses are incurred.

The Foundation has received $100,000 from the Margaret and Wallace McCain Family Foundation to manage and administer the funds to support research and evaluation of the Early Years Centres in Nova Scotia. As of March 31, 2015, a total of $24,295 (2014 - $0) was expensed and a corresponding amount was recognized as revenues. The undisbursed balance of $75,705 (2014 - $100,000) is being held by the Foundation until expenses are incurred.

In the current fiscal year, the Foundation received $31,307 from the Heart and Stroke Foundation of Nova Scotia to manage and administer the funds for the Evaluation Culture Building Project. As of March 31, 2015, a total of $8,373 (2014 - $0) was expensed and a corresponding amount was recognized as revenues. The undisbursed balance of $22,934 (2014 - $0) is being held by the Foundation until expenses are incurred.

In the current fiscal year, the Foundation received $98,131 from the Nova Scotia Provincial Lotteries and Casino Corporation to develop evaluation criteria in consultation with NSPLCC to evaluate a potential market research company. As of March 31, 2015, a total of $0 (2014 - $0) was expensed and a corresponding amount was recognized as revenues. The undisbursed balance of $98,181 (2014 - $0) is being held by the Foundation until expenses are incurred.

In the current fiscal year, the Foundation received $130,000 from the National Alliance of Provincial Health Research Organizations (NAPHRO) to coordinate and support the work of the Alliance. As of March 31, 2015, a total of $108,639 (2014 - $0) was expensed and a corresponding amount was recognized as revenues. The undisbursed balance of $21,361 (2014 - $0) is being held by the Foundation until expenses are incurred.

9. OTHER REVENUE

<table>
<thead>
<tr>
<th></th>
<th>2015</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Evaluation Services Cost Recovery Program</td>
<td>$83,324</td>
<td>$81,075</td>
</tr>
<tr>
<td>NAPHRO Funds</td>
<td>107,591</td>
<td>62,500</td>
</tr>
<tr>
<td>Social Responsibility and Gaming Synthesis</td>
<td>–</td>
<td>59,000</td>
</tr>
<tr>
<td>The REAL Knowledge Program</td>
<td>28,657</td>
<td>44,353</td>
</tr>
<tr>
<td>Workshop services</td>
<td>20,398</td>
<td>–</td>
</tr>
<tr>
<td>Peer review services</td>
<td>17,970</td>
<td>–</td>
</tr>
<tr>
<td></td>
<td>$257,940</td>
<td>$246,928</td>
</tr>
</tbody>
</table>
10. **INCOME TAX STATUS**

According to Bill 22, which was given Royal Assent effective January 1, 2000, the Foundation and its property are exempt from taxation imposed by or under the authority of an enactment of the Province of Nova Scotia. The Foundation is a registered charitable organization under the Income Tax Act and is therefore exempt from income taxes.

11. **ECONOMIC DEPENDENCE**

The Province of Nova Scotia provides the Foundation with funding necessary to provide grant support. The Foundation's ability to issue research grants is currently dependant on receiving adequate funding from the Province of Nova Scotia.

12. **LEASE COMMITMENTS**

The Foundation leases office space under an operating lease arrangement. Minimum lease payments are as follows:

<table>
<thead>
<tr>
<th>Year</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>2016</td>
<td>135,773</td>
</tr>
<tr>
<td>2017</td>
<td>135,773</td>
</tr>
<tr>
<td>2018</td>
<td>135,773</td>
</tr>
<tr>
<td></td>
<td>$407,319</td>
</tr>
</tbody>
</table>

13. **PENSION OBLIGATIONS**

The Foundation participates in a defined benefit pension plan sponsored and administered by the Health Association Nova Scotia (HANS) (formerly known as Nova Scotia Association of Health Organizations), a multi employer plan available to all its members. Contributions are made to the pension fund by employees based on 7.82% or 10.18% and by the Foundation based on 9.22% or 11.58% of pensionable earnings, depending on income level. In the year, the Foundation contributed $124,770 (2014 - $109,604) to the pension.

An actuarial valuation for funding purposes was performed at October 31, 2010 by Mercer Human Resource Consulting. At that time, the fund was fully funded. The Foundation has no additional obligations to the pension plan beyond their ongoing contribution requirements as described in the preceding paragraph.

14. **PUBLIC SECTOR COMPENSATION DISCLOSURES ACT**

The Public Sector Compensation Disclosure Act requires the Foundation to disclose the amount of compensation paid to any employee earning in excess of $100,000 per year. For the fiscal year ended March 31, 2015, Krista Connell, CEO of the Foundation, earned total compensation of $178,530, including salary and benefits.
15. **COMPARATIVE FIGURES**

Certain comparative figures have been reclassified to conform to the current year’s presentation.

<table>
<thead>
<tr>
<th>EXPENSES</th>
<th>Budget 2015</th>
<th>2015</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wages and salary</td>
<td>$529,000</td>
<td>$524,519</td>
<td>$693,704</td>
</tr>
<tr>
<td>Rent</td>
<td>141,935</td>
<td>141,935</td>
<td>145,016</td>
</tr>
<tr>
<td>Amortization</td>
<td>38,400</td>
<td>54,740</td>
<td>53,334</td>
</tr>
<tr>
<td>Professional development</td>
<td>36,000</td>
<td>52,011</td>
<td>48,638</td>
</tr>
<tr>
<td>Consulting fees</td>
<td>67,000</td>
<td>50,300</td>
<td>44,364</td>
</tr>
<tr>
<td>Travel and meetings</td>
<td>43,000</td>
<td>35,792</td>
<td>44,225</td>
</tr>
<tr>
<td>Telephone, fax and website maintenance</td>
<td>16,500</td>
<td>21,696</td>
<td>16,235</td>
</tr>
<tr>
<td>Office supplies</td>
<td>39,550</td>
<td>20,714</td>
<td>24,276</td>
</tr>
<tr>
<td>Meeting costs</td>
<td>11,400</td>
<td>6,136</td>
<td>11,146</td>
</tr>
<tr>
<td>Insurance</td>
<td>5,200</td>
<td>5,202</td>
<td>5,488</td>
</tr>
<tr>
<td>Decade awards</td>
<td>10,000</td>
<td>5,000</td>
<td>5,000</td>
</tr>
<tr>
<td>Miscellaneous</td>
<td>–</td>
<td>250</td>
<td>–</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$937,985</strong></td>
<td><strong>$918,295</strong></td>
<td><strong>1,091,426</strong></td>
</tr>
</tbody>
</table>
NSHRF’s People

Board of Directors, Research Advisory Committee and Employees

NSHRF EMPLOYEES

Tabitha Arsenault
Financial Administrator

Jason Bremner
Communications Officer

Meredith Campbell
Director, Programs

Nancy Carter
Director, REAL Evaluation Services

Robert Chatwin
Manager, Performance Accountability and Evaluation

Krista Connell
Chief Executive Officer (CEO)

George Collier
Manager, REAL Knowledge Program

Marie Deveau
Office Administrator

Vanessa Fitzgerald
Data Analyst

Marli MacNeil
Executive Director, Innovation and Collaboration

Karen McNeil
Research Associate

Leslie Power
Manager, Research Programs

Marian Ritcey
Corporate Assistant

Eric Rushton
Chief Financial Officer (CFO)

Ellen Sweeney
Research Associate

Shawn Ward
Database and Systems Coordinator

Linda Waterhouse
Program Assistant

RESEARCH ADVISORY COMMITTEE (RAC)

Dr. Kevin Vessey
Chair

Dr. Charmaine McPherson
Vice-Chair

Dr. Ben Rusak

Dr. Gerald Johnston

Dr. Cheryl Kozy

Ms. Christine Gibbons

Ms. Lindsay Peach

Dr. Patrick McGrath

Ms. Lisa Underwood

Dr. William Marshall

Mr. Bradley Osmond

Dr. Jim Fawcett

Dr. Christa Brosseau

BOARD OF DIRECTORS

William (Bill) Lahey
Chair

Dr. Robert C. Bailey
Vice-Chair

Maureen Summers
Board Member

Dr. Carl Breckenridge
Board Member

Shelagh Campbell-Palmer
Board Member

Dr. Mary Elizabeth Lyon
Board Member

Dr. Catherine Morley
Board Member

Dr. Steven M. Smith
Board Member

EMPLOYEES WHO LEFT THE NSHRF IN 2014-2015

Sarah Berkvens
Communications Officer
The Nova Scotia Health Research Foundation (NSHRF) exists to improve the health of Nova Scotians through health research.

To learn more about the NSHRF, visit our website: www.nshrf.ca.