



Message from the Scientific Director

This will be my last message as the Scientific Director of CIHR's Institute of Health Services and Policy Research. Effective September 1, 2006, Professor Colleen Flood, from the University of Toronto, will assume the responsibilities of the Scientific Director for the Institute. Reflecting back on my own time at CIHR, I am first and foremost amazed, and sobered, by how quickly the time has passed. It seems only yesterday that I was in Ottawa for my first-ever Scientific Directors' meeting, feeling a curious mix of excitement and trepidation. Both, it turns out, were appropriate emotions!

As the final weeks of my term wind down, the pace of Institute activities is doing anything but. We posted a new RFA for timely access to care initiatives; co-hosted, with the Institute of Population and Public Health, our annual Summer Institute; and are beginning to develop strategies to respond to CIHR's International Review. As well, of course, the myriad tasks associated with the Institute transition have been keeping everyone hopping.

I am very comforted by the fact that the work of the Institute is passing into such capable and committed hands, and that new energy, perspectives, and ideas will help the Institute move from strength to strength. But I will miss the camaraderie of the CIHR "locker room" that has been such a special part of this job. Looking back over my time with CIHR, the wonderful colleagues, staff, partners, researchers and decision makers with whom I had the privilege to work particularly stand out.

The Scientific Directors gelled quickly, embraced the model of equal institute budgets, and went on to develop a remarkable record of collaboration and partnership. I have learned a lot from each of them: about their own areas of expertise, about the possibilities for collaboration in new areas, and about leadership, generosity of spirit and working toward a collective vision.

The members of the Institute Advisory Board have been remarkably supportive, insightful, visionary, energetic and a delight with whom to work. Much of the credit for all the things that the Institute has accomplished rests with them.



CIHR's executive team, the Ottawa-based IHSPR staff, other key CIHR staff in Ottawa, and our small group in Vancouver, have all "given 120%". They have been a dream team with whom to work, and I can say without reservation that if one were to trace back through the tributaries of each of the key accomplishments of the Institute, one or more of our dedicated team would be found at each source. While it may seem clichéd, they are truly what I will miss most as I move on to new ventures.

Many of our successes during the early years can be attributed, in one way or another, to our extraordinary good fortune in having been able to establish constructive partnerships. Back in late 2000, I was rather sceptical about the prospects for IHSPR on the partner-development front. The reality has turned out to be a quite wonderful repudiation of this initial outlook. The Institute has benefited from valuable partners within, and outside, CIHR, and with organizations from across the country representing other funding agencies (particularly the Canadian Health Services Research Foundation), federal, provincial and territorial governments and voluntary and professional health organizations.

It has also been a pleasure, both through my many visits to universities, and through the myriad events hosted, or supported, by the Institute, to witness the growing strength and depth of the health services and policy research community in this country. The workshops, Summer Institutes, Institute symposium, Canadian Association for Health Services and Policy Research meetings,

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CADRE meetings, and other group meetings played a central role in building and connecting our research communities. One of the most rewarding aspects of my work was to see the enthusiasm of, and watch networks being built amongst, young students and researchers who might have been doing something completely unrelated to health services research, in the absence of particular CIHR (or partnered) initiatives.

It is risky to single out any one success from IHSPR's first five years. But I am particularly proud of our Institute's central role in furthering the knowledge translation and exchange component of CIHR's mandate. While this involved many different activities on many different fronts, the establishment of *Healthcare Policy*, now four issues old, is clearly one of the most significant and visible legacies of the early years. This represents the culmination of many years of hard work by many different individuals, and hopefully also the end of decades of publication frustration for Canadian applied health services and policy researchers, and a new era for communication with policy makers and managers. Its continued success will be dependent on a broad-based commitment—researchers prepared to submit their best work; researchers and decision makers prepared to

review papers; individuals prepared to take on the often thankless editorial tasks; and all of us getting the word out to ensure that the journal is noticed, read, and its contents used.

In closing, I want to take this opportunity to thank all who have been involved, in small ways or large, in getting CIHR, and IHSPR, off to such promising starts. Health services and policy research, and researchers, will continue to be critical to the evolution of our health care system. And CIHR and IHSPR will continue to play important roles in ensuring that researchers can do their best work, and that the fruits of their labours find the right receptors. I know that my successor can count on the commitment, energy and ideas of this rapidly growing, and ever-more-important, community. It has been my privilege to serve that community. I wish you all well, wherever your dreams and pursuits take you.



Morris Barer
Scientific Director

Listening for Direction III

Planning for the third joint national consultation on health services and policy issues, *Listening for Direction III*, will commence this fall.

In 2001, five national organizations undertook the first *Listening for Direction* to develop a national health services and policy research agenda. This consultation helped to identify research themes that responded to the needs of policy makers and managers in the health system, and guided the complementary activities of the partner organizations. A second consultation, *LfD II*, was launched in November 2003, resulting in an updated set of national priorities for both a short-term (six month to two year) research synthesis agenda, and longer term (two-to-five year) research needs.

The anticipated timeline for the *LfD III* process, which will include broad consultations with key health care system decision makers

and researchers across Canada, will likely be from January to May 2007, with a final report anticipated in late spring or early summer 2007.

The six current partners for *LfD*, which is co-led by IHSPR and CHSRF, are the Canadian Institute for Health Information, the former Canadian Coordinating Office for Health Technology Assessment (now the Canadian Agency for Drugs and Technologies in Health), the Advisory Committee on Governance and Accountability of the Federal/Provincial/Territorial Conference of Deputy Ministers of Health, and the Health Statistics Division of Statistics Canada. Discussions with other potential partners are ongoing.

For more information, visit <http://www.cihr-irsc.gc.ca/ihspr.html> or <http://www.chsrf.ca>.

New funding opportunities

Request for Applications: Timely Access to Quality Health Care

This RFA is designed to fund: pilot projects in areas where new knowledge regarding the relationship between wait times and health (pre- or post-procedure/intervention) has been deemed a priority; and research syntheses and pilot projects in identified priority areas relevant to improving access to appropriate health services. Priority areas have been determined through the final reports of a previous CIHR RFA, *Toward Canadian Benchmarks for Health Services Wait Times - Evidence, Application and Research Priorities*, and related CIHR activities around wait times. (Also see "Wait times update" below).

The registration deadline is September 1, 2006. For more information, visit <http://www.cihr-irsc.gc.ca/e/31479.html>.

IHSPR's Research Community Development Funding Program

IHSPR is running a special competition of the Research Community Development Funding Program this fall. This funding program is intended to support health services and policy research workshops and community development initiatives that contribute to the goals and objectives outlined in IHSPR's strategic plan.

The deadline for applications is October 13, 2006. For application forms and information on the competition guidelines, visit <http://www.cihr-irsc.gc.ca/e/4112.html>. Also check the IHSPR website in late 2006 for the results of this funding tool's recent evaluation.

Training Award: Youth Outreach Program Funding

CIHR has launched a new funding opportunity designed to provide youth with opportunities to advance their interests and abilities in health research. The SYNAPSE CIHR/STIHR Youth Mentorship Initiative is open to all Strategic Training Initiatives in Health Research (STIHRs) and will provide funds to facilitate the connection between STIHR trainees/researchers and Canadian youth. The primary goal of the program is to connect Canada's next generation of researchers with today's leaders in health research.

The application deadline is October 16, 2006. For more information, visit <http://www.cihr-irsc.gc.ca/e/31412.html>.

Fellowship Priority Announcement: Global Health

CIHR's Global Health Research Initiative, in partnership with the Institutes of Population and Public Health, Aboriginal Peoples' Health and IHSPR, will provide funding for fellowships intended to build capacity for national and international researchers and research users to collaboratively develop and apply global health knowledge for evidence-based public health practice. Relevant research areas include health policy and systems research; the prevention and control of chronic diseases and their underlying causes; improving the health of vulnerable populations; and global indigenous health research.

The application deadline is October 1, 2006. For more information, visit <http://www.cihr-irsc.gc.ca/e/31226.html>.

Request for Proposals: Post-Marketing Surveillance of Drug Safety and Effectiveness

The Canadian Patient Safety Institute, in partnership with CIHR, the Canadian Agency for Drugs and Technologies in Health, Statistics Canada, Canada Health Infoway, the Canadian Institute for Health Information and the Canadian Health Services Research Foundation have announced a Request for Proposals: "A Synthesis of What We Need and "What Works" re: Post-Marketing Surveillance of Drug Safety and Effectiveness."

The application deadline is September 22, 2006. For more information, visit http://www.patientsafetyinstitute.ca/research/funding/RFP_Post-Marketing_Surveillance.html.

Other funding opportunities

For information on all current CIHR funding opportunities, visit <http://www.cihr-irsc.gc.ca/e/780.html>.

Wait times update

New funding

CIHR, in partnership with Canada's Provincial and Territorial Ministries of Health, funded eight research projects in 2005 to inform the establishment of medically acceptable wait times in select clinical areas. In December 2005, this research helped to establish the first-ever national benchmarks for wait times.

The reports generated by these eight teams also helped to identify priority questions for future research. Based on these reports and other parallel priority-setting activities, CIHR and our federal, provincial and territorial partners have launched a new call to the research community. The RFA, *Timely Access to Quality Health Care*, will help bring more evidence to bear on the issue of wait times.

For more information on CIHR's wait time initiatives, visit <http://www.cihr-irsc.gc.ca/e/31591.html>.

For more information on the *Timely Access to Quality Health Care* RFA, visit <http://www.cihr-irsc.gc.ca/e/31479.html>.

New reports

*The Federal Wait Times Advisor, Dr Brian Postl, delivered his final report to the Health Minister on the steps needed to reduce wait times, in June. The full report is available at http://hc-sc.gc.ca/hcs-sss/pubs/care-soins/2006-wait-attente/index_e.html.

*The conference proceedings and presentations from the third national invitational conference on wait times, *Taming of the Queue III — Wait Time Measurement, Monitoring and Management: Where the Rubber Meets the Road*, are now available at <http://www.cprn.org/en/doc.cfm?doc=1483>.

Partnerships for Health System Improvement

The CIHR Partnerships for Health System Improvement (PHSI) initiative is designed to support teams of researchers and decision makers interested in conducting applied health research useful to health system managers and/or policy makers. Successful teams conduct health services, systems and policy research projects of up to three years in length. They are supported through funding from CIHR and a variety of partners such as provincial health research organizations, provincial governments and the CHSRF. Two annual competitions have been run since the launch of this opportunity in fall 2004. In the first competition, 21 teams were funded with a total investment of over \$8 million.

An ongoing assessment and improvement process is in place for the PHSI initiative. Feedback from community and decision-maker applicants has already resulted in the development of a CV module for applications tailored to their needs. CIHR and the PHSI partners also conducted a survey of the research community in summer 2006 to assess the impact of the program so far, and identify potential areas for improvement. This information will inform the next round of this competition, which is scheduled for October 2006.

The results of the second PHSI competition will be available on the CIHR website this month. Also visit <http://www.cihr-irsc.gc.ca/e/29228.html> for more information about the PHSI program.

Profile of a PHSI team

One team funded in the first PHSI competition, led by Craig Mitton from the University of British Columbia, is implementing a new process to set funding priorities and allocate resources in a regional health authority in British Columbia. In most provinces in Canada, regional bodies are responsible for managing hospital and community services for set geographical areas. But funding decisions can be contentious, and are often based simply on what was spent in previous years. The trend is to see incremental increases to budgets rather than assessing how resources can be re-allocated based on the relative value of competing claims on the limited resources.

The team, which involves researchers from the University of Toronto (Jennifer Gibson), Saskatchewan (Steven Lewis) and the United Kingdom (Cam Donaldson), as well as decision-maker partners from Vancouver Island, is building the health authority's capacity to carry out priority setting in an economically sound and accountable way.

"Since being funded, we have implemented a more explicit, evidence-based approach to priority setting in the health authority and conducted two sets of interviews with a wide range of stakeholders to begin to assess the performance to date," said Dr Mitton. "We are now incorporating stakeholder input to make refinements to the process for round two, which will be fully underway by fall 2006. The health authority is facing a very tight fiscal framework for the upcoming year, and thus tough choices—informed as much as possible by evidence—will have to be made."

Building new research and KT relationships with voluntary health organizations

In our June 2006 newsletter, we reported on a successful workshop in Ottawa in April that aimed to explore and build stronger links with voluntary health organizations (VHOs). This workshop, *A Productive Conversation*, brought together leaders of VHOs, researchers in health services and policy research, and representatives from organizations that support health research, knowledge translation and capacity building.

The organizations that collaborated to host the workshop—IHSPR, the Canadian Health Services Research Foundation (CHSRF), the Health Charities Coalition of Canada, the Heart and Stroke Foundation of Canada, the Nova Scotia Health Research

Foundation and Safe Kids Canada—as well as a researcher and VHO representative, have now formed a taskforce to advance the workshop's recommendations. Immediate actions that are already underway include the development of a process to engage VHOs more fully in the *Listening for Direction III* priority-setting process.

The summary of the *A Productive Conversation* workshop is now available on IHSPR's website at:

<http://www.cihr-irsc.gc.ca/e/30735.html>.

IPALS – Injury Prevention Across the Life Span



Every day, almost 40 Canadians die as a result of an injury. Injury places a huge burden on the health care system, through lost productivity and health care expenses, and is responsible for more deaths to Canadian children aged 1 to 14 than all other causes combined. While injuries are often viewed as simple accidents—things that just happen—most are predictable and preventable.

IPALS (Injury Prevention Across the Life Span) is a multidisciplinary research team dedicated to reducing the burden of unintentional injury in Canada. Funded through an IHSPR Interdisciplinary Capacity Enhancement (ICE) Team Grant, IPALS has brought together researchers, policy makers, health practitioners, community stakeholders and voluntary sector organizations to examine unintentional injuries in children, the workforce and older adults. The goal is to develop and promote evidence-based prevention policies and programs aimed at reducing the burden of injury.

The team looks at injury from a systems and multi-level perspective, identifying community, neighbourhood, family and individual level factors that contribute to injury occurrence, as well as critical periods in life when injury is more common. IPALS also uses a population health framework, examining social, economic and physical environments, as well as behaviour, coping skills, health services and human biology.

“The interdisciplinary nature of IPALS provides a unique opportunity to develop a more multi-faceted approach to the study of injuries and their prevention,” says Dr Parminder Raina, co-principal investigator of IPALS. “Before IPALS, most of the researchers on the team collaborated with each other only in an ad hoc way. Collaborating systematically

enhances our ability to work together, and makes it more likely that we will make significant research advances.”

Five universities from across Canada are now involved in IPALS, partnering with Toronto’s Hospital for Sick Children, Hamilton Health Sciences, Halton Region Public Health, and Ontario’s Ministry of Health and Long-Term Care. The team has instituted mechanisms for regular dialogue with decision makers and stakeholders in injury prevention, who participate fully in the team’s executive meetings, symposiums and in decision making around research directions.

“These interactions have enabled our researchers to support the injury prevention initiatives of the Ministry of Health, and link with officials responsible for the implementation of provincial injury prevention programs,” says Dr Raina. “These connections have also led to more regular, off-line communications between decision makers and the research team.”

IPALS has also built a very successful collaboration with a voluntary health organization, Safe Kids Canada, the national injury prevention program of The Hospital for Sick Children. Together, Safe Kids Canada and the co-PIs have been asked to present to teams of researchers and voluntary health organizations on creative ways to work together that build on the skills of each other for mutual gains.

Allyson Hewitt, the executive director of Safe Kids Canada and a member of the IPALS executive team notes, “Our interaction with members of the IPALS team has enabled us to better understand the challenges each of us face and the skills each of us possess so we can work together most effectively in order to reduce the burden of injury to children in this country.”

IPALS is committed to training the next generation of injury researchers from a variety of disciplines. Approximately 30 students new to injury research, from disciplines such as epidemiology, nursing and health promotion, lifespan course, biomechanics, biostatistics, psychology, and population health, have now been involved with IPALS initiatives.

The team has big plans for the future, including new linkages between the basic and clinical sciences and an expansion to the team to bring in new expertise in geography, health economics, engineering, media arts and political science.

For more information, visit the IPALS website at <http://www.ipals.ca>. IPALS is currently running a pilot project funding competition. The registration deadline is September 19, 2006.

Summer Institute 2006

The IPPH-IHSPR Summer Institute brings together graduate students, post-doctoral fellows, researchers and decision makers from across Canada, and from a variety of disciplines, for a unique, three-day training opportunity.

The 2006 Summer Institute was hosted by the Manitoba Centre for Health Policy, and held at the University of Manitoba in Winnipeg from June 19-21. This year's theme was "Using population-based health and health services data for research: Challenges and opportunities in an intersectoral environment." Over the three days, attendees participated in sessions on how secondary databases can be useful for physician researchers; best practices for protecting privacy in health research; and building a First Nations health info-structure, among others. Particular attention was given to research design, ethical issues in conducting research, and knowledge translation, dissemination and application. Students also had ample networking opportunities, including a chance to meet Manitoba's Minister of Health, Mr. Tim Sale.

According to Jennifer Bethell, a PhD student in epidemiology at the University of Toronto, the Summer Institute provided an excellent



Attendees at the 2006 Summer Institute in Manitoba, June 2006.

opportunity to work with and learn from established researchers and stakeholders, as well as other students, on issues related to planning and conducting research using population-based and administrative data. "The knowledge and experience gained from the Institute will be valuable in helping to shape my graduate work and future research," said Jennifer. "Pat Martens and Carole Ouelette from the Manitoba Centre for Health Policy did an outstanding job of hosting the Institute—we all had a great time too!"

CIHR news

International Panel Reviews CIHR's First Five Years

The first external review of CIHR's thirteen Institutes, and of the organization as a whole, was carried out in 2005 and 2006 by a distinguished international review panel. The purpose of the review was to evaluate how effectively CIHR is delivering on its vision, and to what extent CIHR has accelerated the creation of important new knowledge and its application for the improvement of health, the health care system and Canada's knowledge-based economy, and to obtain advice on ways in which the organization could progress and improve effectiveness.



Panel members met with more than 100 investigators, university and government leaders, partners in industry, the health charities and the provinces, and CIHR management and staff over a period of three days during February 2006. Prior to this site visit, panel members were provided with

evaluations of each of CIHR's thirteen Institutes, surveys of funded and non-funded researchers, and 270 submissions from across Canada.

The final report and CIHR's initial management response were presented to CIHR's Governing Council on June 22, 2006 and are now available at <http://www.cihr-irsc.gc.ca/e/31680.html>.

New faces

Dr Ian D. Graham has been appointed Vice-President of Knowledge Translation at CIHR. Dr Graham was formerly Associate Director of the Clinical Epidemiology Program of the Ottawa Health Research Institute.

Kudos

Congratulations to IHSPR's outgoing Scientific Director Morris Barer, the winner of this year's Health Services Research Advancement Award. The Canadian Health Services Research Foundation presents this award annually to recognize an individual, team or organization that has contributed significantly to the advancement of the health services research community in Canada.

For more information, visit
<http://www.cihr-irsc.gc.ca/e/32017.html>

Events

September 17: Data Users Conference

The Canadian Institute for Health Information and Statistics Canada will host the *Data Users Conference 2006: Quality Health Data for Effective Decision-Making*, on September 17, 2006, in Vancouver.

For more information, visit

<http://www.datausers.ca/> or email conferences@cihi.ca.

September 17-19: Annual CAHSPR Conference

The Canadian Association for Health Services and Policy Research (CAHSPR) Annual Conference will take place from September 17-19, 2006, in Vancouver. The theme of this year's conference is "Insight, Interaction and Innovation: New Approaches to Health Services Research, Policy and Management." For more information, visit <http://www.cahspr.ca/conference/index.html>.

September 19-20: CHSRF Primary Healthcare Network Symposium

CHSRF will hold a Primary Healthcare Network Symposium, *Sustaining Primary Healthcare Renewal*, on September 19-20, 2006, in Vancouver. For more information, visit www.chsrf.ca/research_themes/ph_e.php.

IHSPR transition update

As of 1 September 2006, the new home of the Institute of Health Services and Policy Research will be at the University of Toronto, led by Scientific Director, Dr Colleen Flood.

Check the IHSPR website at <http://www.cihr-irsc.gc.ca/ihspr.html> for up-to-date contact information.

Staff transitions

IHSPR – Ottawa

Michelle Gagnon, Assistant Director Partnerships and Knowledge Translation, will commence a PhD program in Population Health at the University of Ottawa in September 2006. She will continue to work with the Institute on a part-time basis.

Kim Gaudreau, Associate – Strategic Initiatives, Michèle O'Rourke (currently on leave) and **Danièle St-Jean, Project Officer**, will continue to work with the Institute.

IHSPR – Vancouver

Craig Larsen, Institute Manager, will relocate to Toronto to continue working with the Institute during its initial start-up period.

Heidi Matkovich, Associate – Communications and Knowledge Translation, will continue to work with the Institute on a remote basis until late 2006, when she will return to her native Australia.

Lindsay Hedden, Special Projects Officer, will return to full-time study in the Department of Health Care and Epidemiology at the University of British Columbia in September 2006.

Shareen Khan, Finance and Project Officer, will continue to work with the Institute on a remote basis until mid-September 2006.

Sarah Inkster, Office Administrator (temporary), will finish work with the Institute in August 2006. We wish to particularly thank her for her tremendous assistance over the transition period.



IHSPR MANDATE

The CIHR Institute of Health Services and Policy Research is dedicated to supporting outstanding research, capacity-building and knowledge translation initiatives designed to improve the way health care services are organized, regulated, managed, financed, paid for, used and delivered, in the interest of improving the health and quality of life of all Canadians.