



# Annual Report

Institute of Health Services and Policy Research

Annual Report 2004-2005



**CIHR IRSC**

Canadian Institutes of Health Research / Instituts de recherche en santé du Canada



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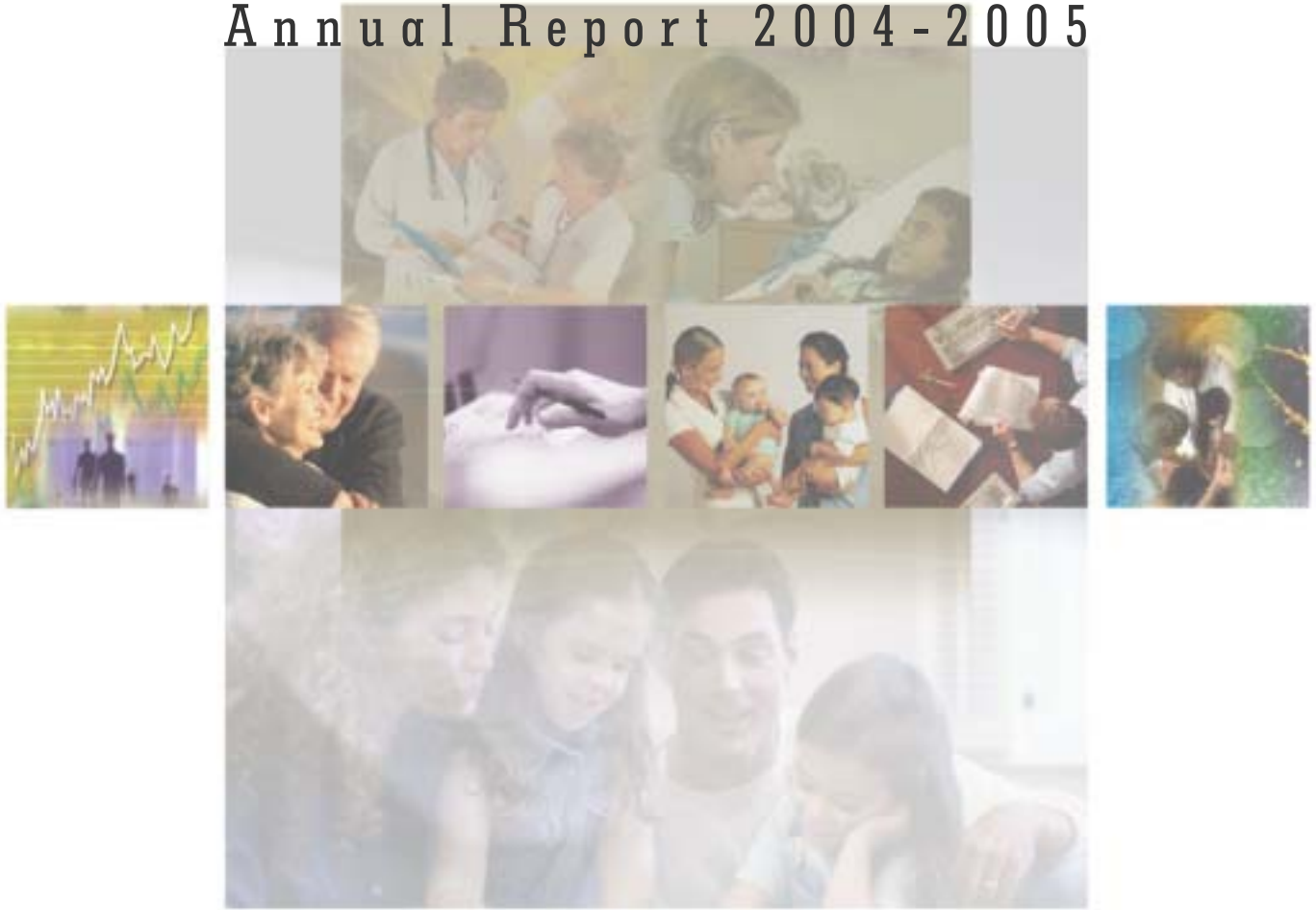
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## Institute of Health Services and Policy Research

# Annual Report 2004-2005



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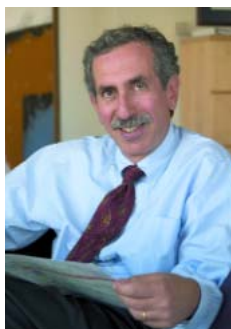
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## Message from the President of CIHR



APPLIED HEALTH SERVICES, SYSTEMS AND POLICY RESEARCH has played an important role in discussions, debate and decision making in health care in Canada for decades. With the growing demand for evidence-based decision making, outstanding health services and policy research that informs Canadians about their health care system is guaranteed to play an increasingly vital role.

Thanks to innovative partnerships and programs, and a commitment to rapidly identifying and responding to the research needs of policy and management communities, the Institute of Health Services and Policy Research (IHSPR) has proven to be integral to the ongoing efforts to strengthen Canada's health care system.

In 2004-05, IHSPR continued to make invaluable contributions to research excellence and capacity building through programs such as the Partnerships for Health System Improvement initiative. This new standing competition, which embodies the CIHR spirit of collaboration, facilitates long-term partnerships among researchers, users of research and funders of research, with a particular aim of aiding ongoing knowledge translation.

The success of many IHSPR programs would not be possible without the exceptional network of partnerships that the Institute has nurtured since its creation. Just one example is the far-reaching *Listening for Direction //* consultations, which continue to inform high-level research priority setting for key funding organizations across Canada.

IHSPR made remarkable contributions to knowledge translation in the health services and policy research community in 2004-05. I am particularly proud to witness the birth of a new journal for researchers and decision makers, *Healthcare Policy*, which IHSPR has tirelessly championed and ultimately helped coax into being. Important parts of the groundwork for this journal were laid during this reporting period.

IHSPR is also supporting *Blueprint*, CIHR's strategic plan for the future. *Blueprint* builds on CIHR's first four years, charting a path for the next phase of growth and setting out its future direction. IHSPR has played a major leadership role in advancing *Blueprint* priorities and promoting core CIHR values of collaboration, innovation and excellence.

As you will see throughout this report, IHSPR is truly making a difference to the health services and policy research community in Canada. I would like to extend my appreciation to the Institute's Scientific Director, Dr. Morris Barer, the members of IHSPR's Institute Advisory Board, Institute staff and the many talented researchers who continue to work together to contribute to the research and knowledge translation agenda in this crucial area for Canadians.

A handwritten signature in black ink, appearing to read "Alan Bernstein". The signature is fluid and cursive, with a long horizontal stroke extending to the right.

Dr. Alan Bernstein, O.C., FRSC  
President  
Canadian Institutes of Health Research

## Message from the Scientific Director and Associate Director



IHSPR ENGAGED IN BOTH NEW AND CONTINUING ACTIVITIES AND INVESTMENTS designed to address the goals and objectives of our strategic plan and CIHR's *Blueprint* in 2004-05. Our broad areas of focus are the creation and synthesis of outstanding research; building a community of outstanding researchers in innovative environments; translating health research into action; and developing and nurturing effective partnerships and public engagement. We also promote and facilitate organizational excellence in all Institute activities and within CIHR more generally.

In 2004-05, we continued to focus on responding to emerging policy and practice issues. In early 2005, we led the development of a rapid response RFA to support the First Ministers' commitment to establish wait time benchmarks in five clinical areas, and also launched a number of other new funding opportunities designed to respond to the growing requirement for research syntheses in areas to inform policy and management decisions.

This was also the year in which we witnessed our work and investments on a number of key initiatives come to fruition. First, we were delighted to launch the inaugural Partnerships for Health System Improvement competition, which will provide longer-term support for teams of researchers and decision makers interested in conducting applied health services research. Significant team-building and organizational work over the last two years resulted in the transfer of this program from the Canadian Health Services Research Foundation to become a standing CIHR competition.

Second, one of the most momentous events of this year was the birth of Canada's new health services and policy research journal, *Healthcare Policy*. While the first issue was not published until fall 2005, the processes of design and negotiation with a publisher were concluded, the editorial team formed and the first call for papers issued during 2004-05.

Third, the final report for the national *Listening for Direction (Lfd) II* consultations, which outlines a revised set of national priorities for research and knowledge translation, was released in late 2004. These research priorities continue to be reflected in our funding opportunities and main areas of activity, and will be used to guide follow-up activities for all *Lfd* partners throughout the next few years.



This annual report does not, of course, record all IHSPR's activities and investments over 2004-05. We continued to support many initiatives first funded in previous years and, as always, staff and Institute Advisory Board (IAB) members were involved in supporting a multitude of other activities in the health services and policy research community, through both in-kind support and direct participation.

We would like to acknowledge the invaluable guidance and advice provided by our IAB throughout 2004-05. We welcomed five new members in 2004-05: Jean-François Boivin from McGill University, Elaine Gibson from Dalhousie University, Jeremy Grimshaw from the Ottawa Health Research Institute, David Kelly of David Kelly Associates and John Lavis from McMaster University. At the same time, we bid farewell to five members who had been with us since the birth of the Institute, and whom we thank for their generous contributions: Timothy Caulfield from the University of Alberta, Vivek Goel from the University of Toronto, Jonathan Lomas from the Canadian Health Services Research Foundation, Réjean Landry from Université Laval and Paul Lamarche from Université de Montréal.

We are also grateful to the Institute's tremendous staff, both in Vancouver and Ottawa. We continue to accomplish an amazing amount for a small group, due in no small part to their remarkable dedication and energy. A complete list of our staff is detailed in Appendix I of this report.

The coming year, 2005-06, promises to be another year of hard work and exciting new challenges, not the least of which will be preparing the Institute for the transition to new Scientific Directorship by the end of summer 2006. We are committed to ensuring continuity and stability during this period of transition and will continue to build on our record of achievement over the next year.



Morris Barer  
Scientific Director



Diane Watson  
Associate Director

## Introduction to IHSPR

### Our Vision

The vision of the Canadian Institutes of Health Research (CIHR) Institute of Health Services and Policy Research (IHSPR) is of a vibrant community of excellent researchers who conduct outstanding health services and policy research that informs Canadians about their health care system, is used by decision makers to strengthen Canada's health care system and influences health and social policy in Canada and abroad.

### Our Mandate

The mandate of IHSPR is to support 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.

### Our Goals

IHSPR's strategic goals are built around a commitment to five key areas:

#### Creation and synthesis of **Outstanding Research**

- Goal 1: Identify and prioritize current and emerging information needs of health care decision makers and the public.
- Goal 2: Support the creation and synthesis of health services and policy research in strategic areas.

#### Building a community of **Outstanding Researchers in Innovative Environments**

- Goal 3: Increase the supply, and improve the geographic distribution of excellent interdisciplinary researchers in Canada who can successfully lead, participate in and translate outstanding health services and policy research.

- Goal 4: Encourage and facilitate the emergence of new collaborations by increasing connectivity among health services and policy researchers and with biomedical, clinical and population health researchers who engage in health services and policy research projects.
- Goal 5: Support the development of, and improve access to, health and health service data in Canada to enable researchers to undertake outstanding health services and policy research.
- Goal 6: Support the development, enhancement and use of theories, frameworks, research methods, measurement tools and evaluation techniques, for health services, health policy and knowledge translation research.

#### Translating Health Research into Action

- Goal 7: Support the identification of, promote the use of and engage in effective approaches to translating knowledge.

#### Developing and nurturing **Effective Partnerships and Public Engagement**

- Goal 8: Develop and maintain relations with relevant organizations on domestic and international fronts in order to facilitate appropriate partnerships in a timely and effective manner.

#### Promoting and facilitating **Organizational**

**Excellence** in all Institute activities and within CIHR more generally.

- Goal 9: Encourage innovation and effectiveness in all Institute programs, initiatives, activities and structures.

For more information on IHSPR's research priorities or to view the Institute's strategic plan, please see <http://www.cihr-irsc.gc.ca/ihspr.html>.

## Institute Activities and Accomplishments for 2004-2005

### Outstanding Research

IHSPR works with stakeholder and partner communities to identify and prioritize the current and emerging information needs of health care decision makers and the public, and to support the creation and synthesis of health services and policy research in strategic areas.

In 2004-05, IHSPR launched a number of new funding opportunities designed to respond to the growing requirement for research syntheses that highlight the state of research evidence in key policy and management areas. We also introduced the new Partnerships for Health System Improvement competition, which will provide longer-term support to teams of researchers and decision makers interested in conducting applied health services research. We continued to support ongoing initiatives, including the Research Community Development Funding Program, Rural and Northern Health Research program and Operating Grants competitions.

#### Partnerships for Health System Improvement

In September 2004, after many months of working closely with the Canadian Health Services Research Foundation (CHSRF), CIHR announced the inaugural launch of the Partnerships for Health System Improvement initiative. This new annual CIHR competition supports teams of researchers and decision makers interested in conducting applied health services research useful to health system managers and/or policy makers. Funded teams will conduct health services, systems and policy research projects of up to three years in length, in thematic areas identified as high priority through the *Listening for Direction II* national consultations. This funding opportunity was developed and previously managed by CHSRF as part of its open grants competition, and

transferred to CIHR, with IHSPR as its champion. CHSRF continues to manage a similar competition for longer-term programs of research.

#### Toward Canadian Benchmarks for Health Services Wait Times – Evidence, Application and Research Priorities

In February 2005, IHSPR partnered with Canada's Provincial/Territorial Ministries of Health, as well as the CIHR Institutes of Cancer Research (ICR) and Musculoskeletal Health and Arthritis (IMHA), to launch a rapid-response Request for Applications (RFA) to fund initiatives designed to inform the establishment of evidence-based benchmarks for medically acceptable wait times in five clinical priority areas: cancer, heart, diagnostic imaging, joint replacement and sight restoration.

Grantees will submit three reports—timed to meet the information needs of the Provincial/Territorial Ministries of Health—over 2005-06, detailing the wait time benchmarks currently in use; synthesizing evidence on the relationships between clinical condition, wait times and health outcomes or quality of life; and highlighting priority areas and questions for future research.

#### Research Syntheses: Priority Health Services and System Issues

IHSPR, in partnership with CIHR's Knowledge Translation Branch and the CIHR Institute of Population and Public Health (IPPH), launched this RFA in June 2004 to support syntheses of health services and systems research in thematic areas identified as high priority through the *LfD II* national consultations. Funded work will enable health care policy makers, administrators, managers and the research community to better understand the state of evidence in the following areas: timely access to health care for all; managing for quality and safety; sustainable financing, funding and resource allocation in health care; and strengthening the intersection between public health and health care. Six projects were approved for funding through this competition.

See Appendix A for details on funded projects.

### **Scoping Reviews and Research Syntheses: Priority Health Services and System Issues**

IHSPR, in partnership with CIHR's Knowledge Translation Branch and the CIHR Institute of Aboriginal Peoples' Health (IAPH) and IPPH, launched this RFA in December 2004 to support health services and policy research scoping reviews and syntheses in thematic areas identified as high priority through the *Lfd II* national consultations. Scoping reviews will identify priority issues and sub-areas for additional research, while research syntheses will concentrate on areas where sufficient research evidence already exists to inform policy and management decisions regarding the organization, financing, funding, regulation and other aspects of health systems, and the delivery of health care programs.

### **Addressing Health Care and Health Policy Challenges of New Genetic Opportunities**

IHSPR, in partnership with the CIHR Institute of Genetics (IG) and IPPH, the Canadian Coordinating Office for Health Technology Assessment and the Heart and Stroke Foundation of Canada, launched this RFA in December 2003 to provide operating grant funds in support of research projects, the results of which will better equip health care providers, administrators and policy makers to improve the health of populations and strengthen the health care system in Canada in the face of the rapid growth in new technologies and understandings associated with the "genetics era". Two projects were approved for funding in 2004-05 through this competition.

See Appendix B for details on funded projects.

### **Pilot Projects in Strategic Health Services and Policy Research Theme Areas**

In this RFA, IHSPR partnered with the CIHR Institutes of Aging (IA), Gender and Health (IGH) and IMHA, IAPH and IPPH to support pilot projects likely to lead to subsequent, funded operating grants and/or programs of research and knowledge translation in select thematic areas identified as high priority through the *Lfd II* national consultations. Fourteen projects were approved for funding through this competition in four priority themes: timely access to

health care; managing for quality and safety; sustainable financing, funding and ethical resource allocation in health care; and strengthening the intersection between public health and health care.

See Appendix C for details on funded projects.

### **Research Community Development Funding Program and Other Community Development Investments**

In September 2004, IHSPR launched its expanded Research Community Development Funding Program, which now holds competitions three times a year. The objectives of this funding program are as follows:

- To enable the research community to focus research agendas on specific thematic research priorities identified in IHSPR's strategic plan.
- To support activities intended to help IHSPR identify emerging new priorities and issues.
- To enable the health services and policy research community in Canada to become increasingly successful in investigator-initiated and strategic research competitions.
- To better enable the health services and policy research community to engage in knowledge translation activities in thematic areas identified as a priority.

IHSPR funded 11 events through this program in 2004-05. In addition, in partnership with several other CIHR Institutes and external organizations, IHSPR provided financial and administrative support for several workshops, conferences, symposia and other programs outside of its formal Research Community Development Program.

See Appendix D for details on funded events.

### **Operating Grants Competitions**

IHSPR funded two investigator-initiated projects that aligned with topics identified as Institute research priorities through CIHR Operating Grants Competitions in 2004-05.

See Appendix E for details on funded projects.

### Rural and Northern Health Research

The CIHR Rural and Northern Health Research (RNHR) initiative was launched to provide an integrated and focused approach to research that contributes to health and health services in Canada's rural and northern communities. This initiative funds multi-disciplinary projects that will support research respecting health systems, health services including population health, biomedical research, clinical research and research on the social and cultural dimensions of health, all of which touch on rural and northern health. RNHR is a CIHR strategic multi-Institute initiative led by IAPH with co-lead involvement from IPPH and IHSPR. IHSPR funded one new New Emerging Team (NET) Grant under this program in 2004-05.

See Appendix F for details on the funded project.

### Improving the Quality of Health Care in Canadian Hospitals: The Canadian Adverse Events Study

The results of the Canadian Adverse Events Study were published in May 2004 in the *Canadian Medical Association Journal*. Co-funded in 2001-02 by CIHR and the Canadian Institute for Health Information (CIHI), this study provided the first national examination of patient safety in Canadian hospitals and engaged stakeholders through national forums throughout the research process. The study estimated that 7.5% of people hospitalized in Canada have experienced an adverse event as a result of their care. IHSPR and IPPH represented CIHR in the oversight of this work. The research team has given more than fifty presentations to professional groups and health care organizations since publication of the study results. Work by many organizations, both throughout the research process and subsequently, has helped to advance patient safety efforts across Canada.

### Listening for Direction II

The final report for the *Listening for Direction II* consultations, which aimed to examine, evaluate and update national health services and policy research priorities, was released in late 2004. Throughout

2004-05, a coordinating committee representing all *LfD* partner organizations met to plan follow-up activities, including funding the creation of new syntheses of health services and policy research in priority theme areas; building capacity among the research community to create and translate new knowledge across *LfD II* themes; maintaining and building data capacity for *LfD II* themes; and creating opportunities for the users of research to link and exchange information with producers of research across *LfD II* themes.

### Listening for Direction on Injury

The broad area of injury prevention and control is one of a small number of multi-institute CIHR focus areas. Listening for Direction on Injury (LFD-Injury) was initiated in 2003 to bring together leading Canadian researchers and decision makers to identify strategic priorities for research, capacity building, knowledge translation and infrastructure support in this area. LFD-Injury was co-championed by IHSPR and IMHA, in partnership with the Canadian Injury Research Network, SMARTRISK and the Insurance Bureau of Canada, and involved 18 months of research, consultation, publications and workshops. In 2004-05, preparatory work was commenced for a new RFA designed to provide development and planning funds to permit new teams to begin preparation for applications to a future CIHR team competition. This RFA, "Team Planning and Development Grants – Toward Enhanced Quality of Life through Injury Prevention, Acute Response and Rehabilitation", is to be launched in June 2005. CIHR also provided support to the National Injury Prevention Strategy in 2004-05. The final report from the LFD-Injury consultations was released in 2004-05 and incorporated results and recommendations from LFD-Injury. That report is available at [http://www.injurypreventionstrategy.ca/news/2004-08-19\\_LFDI-final.html](http://www.injurypreventionstrategy.ca/news/2004-08-19_LFDI-final.html).

## Outstanding Researchers in Innovative Environments

IHSPR is committed to working with key partners to build a collaborative community of excellent researchers to address the current deficit in research capacity and the rapidly growing demand for outstanding health services and policy research. IHSPR also supports the continuous development and enhancement of theories, frameworks, data and empirical methods, measurement tools and evaluation techniques for health services and policy research.

In 2004-05, IHSPR engaged in a number of initiatives designed to support health services and policy researchers, including the funding of Career Awards, the annual Summer Institute, an Interdisciplinary Capacity Enhancement (ICE) Teams meeting, support for the Canadian Association for Health Services and Policy Research (CAHSPR) and the development of a network of applied health services research centre directors. IHSPR was also involved in promoting a significant new report on population-based health and health services data, and supported and participated in two colloquia on the topical issue of wait times.

### Career Awards

In 2004-05, IHSPR awarded funding through CIHR's Fellowships and New Investigator competitions to ten researchers whose research projects fall within the Institute's mandate.

See Appendix G for details on funded applicants.

### Summer Institute

The Western Regional Training Centre for Health Services Research (a CADRE training program co-funded by CIHR and CHSRF), along with two CIHR Strategic Training Initiative in Health Research (STIHR) programs — Partners in Community Health Research training program and the Research in Addiction and Mental Health Policy and Services training program — hosted the June 2004 Summer Institute, in Whistler, British Columbia. IHSPR and IPPH, together with the CIHR Institutes of Circulatory and Respiratory

Health (ICRH), Nutrition, Metabolism and Diabetes (INMD), IA and CHSRF and the Canadian Institute for Advanced Research, co-funded this third Summer Institute to foster the creation and maintenance of complex interdisciplinary research teams and linkages with their community/policy maker/practitioner partners. The overarching theme was *Negotiating the Shoals of Applied Research in Population and Public Health and Health Services and Policy Research*. Fifty-seven masters, doctoral and postdoctoral students participated. A full report on this event is available at <http://www.cihr-irsc.gc.ca/e/29626.html>.

### Interdisciplinary Capacity Enhancement Teams

The ICE Teams program, funded by IHSPR, CIHR's Knowledge Translation branch, six other CIHR Institutes and external partners, aims to provide support for new or existing groups committed to engendering a transdisciplinary research culture and to attracting, engaging and mentoring junior researchers. The establishment of formalized structures and mechanisms for substantive collaborative research interaction and knowledge translation activity are the basic requirements for the formation of ICE teams.

IHSPR continued to support ICE teams initially funded in the 2002-03 competition. In addition, in January 2005, IHSPR, in partnership with IPPH, held a joint meeting for the IHSPR ICE Teams and the IPPH Centres for Research Development to support collaborative planning, network building, problem solving and the development of a common evaluation framework. A second meeting is planned to support and encourage dialogue about shared intellectual and operational issues among the ICE teams.





*IHSPR's Scientific Director, Morris Barer, and IAB members Paula Goering and François Champagne at a joint meeting for the IHSPR ICE Teams and the IPPH Centres for Research Development.*

### Network of Applied Health Services Research Centre Directors

In partnership with CHSRF, IHSPR sponsored the initiation of a network of applied health services research centre directors in 2004-05. Two meetings were held in 2004-05, with a focus on exploring levels of interest and developing an agenda centred on meeting common goals and challenges. The centre directors have committed to further exploration of the feasibility of maintaining a network, and to articulating shared priorities and strategies for action.

### Canadian Association for Health Services and Policy Research

In 2004-05, IHSPR continued to nurture the early years of CAHSPR by way of financial, strategic and in-kind support. Institute staff participated on standing and ad-hoc committees. In partnership with CHSRF, IHSPR sponsored students and trainees to attend the first CAHSPR conference, in Montreal in May 2004. IHSPR also continued its ongoing efforts to support the creation of the *Healthcare Policy* journal, with the intention that the journal will be positioned as a benefit of CAHSPR membership. (See *Translating Health Research into Action* section for more on the journal.)

### Population-based Health and Health Services Data in Canada: Current Status, Improved Research Potential and Future Investments

Co-led by CIHR's IPPH and IHSPR (in partnership with nine other CIHR Institutes), CIHI's Canadian Population Health Initiative, Health Canada's Centre for Surveillance Coordination and Statistics Canada, this initiative resulted in the publication of a highly acclaimed report, titled *Data, data, everywhere: Improving access to population health and health services research data in Canada*, in 2004-05.

Researchers from the Centre for Health Services and Policy Research and the Canadian Policy Research Networks (CPRN) were funded to describe the current status of population-based health and health services databases in Canada; show the potential for their use in innovative and important health research; and provide recommendations to the partners on ways to improve their breadth, depth, range and usability.

Their final report calls for CIHR and other funders to lead the coordination of activities related to improving access to and use of data for the purposes of population health and health services research. The report has been presented to IHSPR's IAB and CIHR's Research Priorities and Planning Committee, and has generated a great deal of external interest, including an invitation to the authors to contribute to a special issue of the Bulletin of the World Health Organization.

### Taming of the Queue: Wait Time Measurement, Monitoring and Management Colloquia

CPRN facilitated two colloquia on wait times in 2004-05. IHSPR, the Canadian Medical Association, the Association of Canadian Academic Healthcare Organizations and CIHI funded the first colloquium, *Taming of the Queue: Wait Time Measurement, Monitoring and Management*, in March-April 2004.

The result was a robust discussion of how to move towards better measurement, monitoring and management of wait times. The second colloquium, in early 2005, assessed the progress being made, the existing challenges, the latest research developments and future plans for wait list management. Dr. Morris Barer, Scientific Director of IHSPR, was a member of the Steering Committee for the second event and also led a session on mapping out a responsive and

forward-looking research agenda on wait times. Both colloquium reports are available from <http://www.cprn.org>.

### **International Conference on the Scientific Basis of Health Services**

The biennial International Conference on the Scientific Basis of Health Services aims to improve research dissemination, synthesis translation and uptake at different levels of decision-making in health services. The 2005 ICSBHS was to be held in Montreal in September and hosted by the Canadian College of Health Service Executives. IHSPR was involved in the planning for this event throughout 2004-05.

### **Translating Health Research into Action**

IHSPR is committed to enhancing the supply of researchers who engage in best practices in knowledge translation. We work with key partners to develop and sustain continuous, long-term interactions between health services and policy researchers and research users; and to support the identification of, promote the use of and engage in effective approaches to translating knowledge. All our strategic research initiatives emphasize the importance of translating evidence and new knowledge to inform the decision making of health care professionals, managers and policy makers.

In 2004-05, IHSPR was delighted to share in the announcement of the new health services and policy research journal, *Healthcare Policy*. This publication is designed to make a significant contribution to ongoing knowledge translation between researchers and health system decision makers and meets a long-standing need within the Canadian health services research and decision-maker community. Our second key initiative in 2004-05 was the development of a Knowledge Translation (KT) Casebook intended to encourage and recognize KT activity across Canada and demonstrate the potential impact of research

evidence. Many other KT activities are a core part of our funded initiatives and are detailed throughout this report.

### **Health Services and Policy Research Journal: Healthcare Policy**

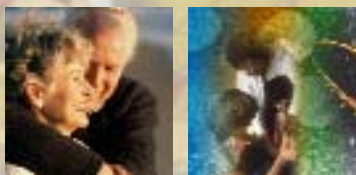
In early 2005, Longwoods Publishing, IHSPR, CAHSPR and Editor-in-Chief Brian Hutchison officially announced the birth of the new quarterly journal, *Healthcare Policy*, and issued the journal's first call for papers. This milestone marked the culmination of tremendous effort over many years by committed individuals and organizations to establish a Canadian health services, management and policy journal.

*Healthcare Policy* will publish original scholarly and research papers that support health policy development and decision making in spheres ranging from governance, organization and service delivery, to funding and resource allocation. The journal will strive to meet the needs of readers from diverse backgrounds including health system managers, practitioners, policy makers, educators and academics. It will be supportive of interdisciplinary research and open to researchers from a broad range of disciplines including health services and policy, social sciences, humanities, ethics, law and management sciences. It is built around a unique editorial model that involves both researchers and decision makers, and will include policy maker-friendly synopses of all research papers in both official languages. *Healthcare Policy* can be viewed online at <http://www.longwoods.com>.

### **Knowledge Translation Casebook**

IHSPR made significant progress in 2004-05 towards our first KT Casebook, a publication intended to encourage and recognize KT activity and demonstrate the potential impact of research evidence. In early 2005, a call was issued for KT stories that illustrate both successful and less-than-successful examples of the collaborative development and practical use of health services and policy research. Cases for full submission will be selected through a review of submitted abstracts. The casebook will be published in 2005-06.





## Effective Partnerships and Public Engagement

Effective partnerships and public engagement are essential for the leveraging of funds and the conduct of research, but also for enhancing the relevance, applicability and use of research results. IHSPR is committed to developing and maintaining partnerships with

domestic and international organizations to facilitate appropriate collaboration in a timely and effective manner. Partnership development, maintenance and growth pervade virtually all IHSPR's activities, through funding opportunities, community development initiatives, workshops and symposia, the development of collaborative agreements and numerous other initiatives. Engagement with key audiences through communications and KT activities is also integral to many of IHSPR's activities and is detailed throughout this report.

In 2004-05, IHSPR engaged in new partnership activity with the Canadian Patient Safety Institute and made significant progress towards the development of an international partnerships strategy. However, these initiatives represent only a small fraction of IHSPR's partnership activity during 2004-05. We were involved in many other new and continuing initiatives with various internal and external partners, as detailed throughout this report, and continued to enhance our broad communications and public outreach activities.

### Canadian Patient Safety Institute

In March 2004, IHSPR and CHSRF worked with the Canadian Patient Safety Institute (CPSI) on planning and hosting its inaugural research planning and

priority-setting retreat. IHSPR also assisted CPSI with the conceptualization and drafting of its first RFA, which was launched in spring 2004. Discussions were initiated to explore the possibility of including CPSI as a partner in the standing Partnerships for Health System Improvement competition. IHSPR continues to provide advice to CPSI as needed, particularly in regards to peer/merit-review best practices and processes.

### International Partnerships Strategy

In 2004-05, IHSPR, through its IAB Partnerships Working Group, made significant progress towards the development of an international partnerships strategy. This document will guide the Institute's international partnership development.

### Communications and Public Outreach

IHSPR produced three newsletters in 2004-05, each of which communicated important activities and funding opportunities to more than 7000 readers in the health services and policy research community. In addition, a new communications vehicle, the *Research Spotlight* series, designed to highlight CIHR-funded research in topical thematic areas, was launched in January 2005. Our first *Research Spotlight* focused on global health research.

IHSPR's share of total CIHR media coverage grew from 1% in 2003-04 to 4% in 2004-05. A number of IHSPR-supported initiatives, including the Canadian Adverse Events Study and the joint Canada/United States Health Survey, gained significant media coverage.

## Organizational Excellence

IHSPR is committed to identifying, adopting, developing and sharing best practices for the management and operation of its programs, initiatives and investments. The Institute strives to create and maintain a work environment that supports excellence in all aspects of its mandate.



*IHSPR's Scientific Director, Morris Barer, with Krista Connell, CEO of the Nova Scotia Health Research Foundation.*

In 2004-05, IHSPR continued to support an active and engaged IAB; participated in numerous CIHR programs, initiatives and organizational structures; and worked to further Official Language Minority Communities research. In addition, we commenced an Institute evaluation process which also forms one of the inputs to CIHR's overall quinquennial review.

### **Institute Advisory Board**

The 17-member 2004-05 IHSPR IAB was chaired by Dr. François Champagne, Université de Montréal. The IAB continues to represent an impressive diversity of expertise, geography, research areas and sectors. Board meetings are an essential focal point for discussion and deliberation regarding IHSPR priorities, activities and investments, and members are engaged between formal meetings through a number of

working groups designed to monitor, report, advise on and evaluate IHSPR strategic goals and objectives. The IAB met three times in the 2004-05 fiscal year.

See Appendix H for a complete list of 2004-05 IAB members.

### **CIHR Programs, Initiatives and Structures**

The ability of CIHR to identify and support strategic research in Canada is made possible through a complex organizational and governance structure and an extensive and interconnected set of committees, working groups and less formal staff interactions. In 2004-05, IHSPR's Scientific Director, Associate Director, and other staff served on several internal CIHR committees and working groups, including:

- Governing Council's Standing Committee on Performance Measurement, Evaluation and Audit
- CIHR and Institutes Communications team
- Governing Council Knowledge Translation Working Group, which provides advice and recommendations to CIHR Governing Council, and through Governing Council, to the CIHR KT Branch
- Web Content Management working group, which provides leadership, advice and recommendations to the CIHR Web Services Centre
- RFA Knowledge Network, which provides advice and guidance on RFA-related policies and procedures
- Relevance Review working group, which develops policies and implements consistent processes for relevance review
- Job Evaluation Committee, which reviews and evaluates new and revised CIHR positions using the customized CIHR Job Evaluation tool
- CIHR Partnerships Guidelines and Resources Working Group, tasked with developing partnership guidelines, resources and policies for CIHR
- Standing Subcommittee on Monitoring and Innovation in Peer Review, a sub-committee of the Standing Committee for Oversight of Grants

and Awards Competitions, which aims to address equity and other issues in CIHR's peer review and resource allocation processes

- ResearchNet Management Committee, which monitors and resolves issues pertaining to the ResearchNet project (a web portal for the research community) and makes recommendations to CIHR executive management on courses of action

### Official Language Minority Communities (OLMC) Research

CIHR is committed to supporting health research related to issues facing official language minority communities (OLMC). IHSPR's Scientific Director served as the CIHR research champion to advance work in this area during 2004-05. In 2004-05, CIHR included the OLMC theme in six relevant RFAs and the inaugural Partnerships for Health System Improvement competition, as well as launching a dedicated Requests For Proposals to describe the state of research on the health of minority francophone communities. CIHR also funded a portion of the first national forum on OLMC research in December 2004, which brought together more than 180 researchers, clinicians, decision makers, administrators and students to exchange knowledge and develop multidisciplinary and inter-institution collaborations. Lastly, a consultative committee has now been created to provide strategic and expert advice to CIHR on the health research agenda related to OLMC and to establish an action plan to develop a competitive research capacity.

### Institute Day

Each month during 2004-05, one of the CIHR Institutes hosted a meeting for CIHR staff and invited stakeholders to increase awareness across the organization about that Institute's mandate and activities. In December 2004, IHSPR presented a half-day event in Ottawa for approximately 70 attendees. Morris Barer, Diane Watson, Jean-Louis Denis and Claudia Sanmartin made a series of presentations to provide CIHR staff members with an overview of what the Institute is doing for both the Canadian health research community and the Canadian health care system.

### CIHR/Institute Evaluation

In 2004-05, CIHR commenced its quinquennial review process. The External Review will be undertaken by a panel of outstanding international experts in health research. The Institute was involved during 2004-05 in the early planning for the Review, including through submitting names for proposed panel members, as well as proposed Canadian experts to meet with the panel.

As part of the preparations for the External Review, IHSPR participated in a comprehensive formative evaluation of all 13 Institutes. Included in materials for the formative evaluation was a performance report structured according to a Common Performance Measurement and Evaluation Framework developed by the CIHR Evaluation Unit in consultation with all 13 Institutes. IHSPR began preparing this report in 2004-05. When complete, it will document IHSPR's activities, outputs and outcomes during its first five years. The report will be one of a number of information sources that will be used by the evaluation team in preparing its evaluation of the Institute.

## Financial Statements

### IHSPR INVESTMENTS IN STRATEGIC INITIATIVES

For the year ended March 31, 2005

Strategic Initiatives	Number	Investments through Grants and Awards				Total
		2004-05	2005-06	2006-07	2007 and beyond	
Advancing theories, framework	27	\$ 786,855	\$ 755,395	\$ 459,742	—	<b>\$ 2,001,992</b>
Reducing health disparities and promoting the health of vulnerable populations	1	19,110	—	—	—	<b>19,110</b>
ICE Teams	13	1,331,664	1,751,732	1,777,962	1,360,096	<b>6,221,454</b>
Healthy and successful aging	1	25,000	25,000	25,000	25,000	<b>100,000</b>
Cognitive impairment in aging	1	25,000	25,000	25,000	25,000	<b>100,000</b>
Anti-microbial resistance, health system implications and health outcomes	1	50,000	50,000	50,000	50,000	<b>200,000</b>
Operating grants to open competition	2	75,630	141,350	141,350	70,675	<b>429,005</b>
Knowledge Translation Applications	17	49,995	—	—	—	<b>49,995</b>
Rural Health	1	80,000	100,000	100,000	200,000	<b>480,000</b>
Changing public expectations	2	196,908	—	—	—	<b>196,908</b>
Access for marginalized groups	6	207,213	94,353	—	—	<b>301,566</b>
Training awards to open competition	20	625,736	462,167	380,250	439,582	<b>1,907,735</b>
Capacity and Developmental Research Environments (CADRE)	12	501,874	34,076	7,563	—	<b>543,513</b>
Health Research Partnership Program	1	17,813	—	—	—	<b>17,813</b>
CIHR training program grants	16	1,123,856	1,719,199	1,801,236	2,228,835	<b>6,873,126</b>
Palliative and end of life care	3	49,000	70,000	70,000	161,000	<b>350,000</b>
SARS - Evaluation and lessons learned	4	235,430	87,524	—	—	<b>322,954</b>
Compelling values - privacy access to data and health research	1	86,753	—	—	—	<b>86,753</b>
Addressing health care and health policy challenges of new genetic opportunities	2	87,693	203,538	192,606	122,772	<b>606,609</b>
Research syntheses: Priority health services and systems issues	6	197,707	—	—	—	<b>197,707</b>
Pilot project grants in strategic health services and policy research theme areas	8	414,677	—	—	—	<b>414,677</b>
<b>Totals</b>	<b>145</b>	<b>\$ 6,187,914</b>	<b>\$ 5,519,334</b>	<b>\$ 5,030,709</b>	<b>\$ 4,682,960</b>	<b>\$ 21,420,917</b>

Note: Grants and awards in respect to these programs are approved for 1 to 6 years. Figures displayed represent financial commitments for these programs in 2004-05 and subsequent years. Availability of these funds in future years is subject to funding appropriations by Parliament.

**IHSPR INSTITUTE SUPPORT GRANT**

For the year ended March 31, 2005

<b>Available Funds</b>		<b>\$ 1,802,721</b>
<b>Expenses</b>		
<b>Institute Development</b>		
Conference, symposia and workshops	\$ 162,988	
Institute Advisory Board	83,658	
Professional services	38,436	
Travel expenditures	55,135	
Other costs	37,736	
		\$ 377,952
<b>Institute Operations</b>		
Salaries and benefits	\$ 438,862	
Office accommodations	22,477	
Telephone and communication services	10,958	
Supplies, material and other services	27,624	
Office furniture and fixtures	585	
Computer equipment and IT support	9,631	
Professional services	9,918	
Travel expenditures	22,480	
Translation costs	—	
Other expenditures	102	
		\$ 542,637
<b>Total Expenses</b>		<b>\$ 920,589</b>
<b>Unspent Balance*</b>		<b>\$ 882,132</b>

\* Note: The balance as at March 31, 2005 is carried forward to the subsequent fiscal year

## Appendices

### Appendix A: Research Syntheses: Priority Health Services and System Issues

Principal Investigator	Institution	Project Title
GRIMSHAW, Jeremy M	Ottawa Health Research Institute	Knowledge management in health care communities: Identifying, describing, and evaluating the use of communities of practice for knowledge exchange and creation among health care professional and decision makers
POMEY, Marie-Pascale A	University of Ottawa	Organizational determinants of waiting time management for health services: A policy review and synthesis
SHORTT, Samuel E	Queen's University	Access to primary care for the homeless: A synthesis of research evidence on effective practices
SHORTT, Samuel E	Queen's University	Managing to ensure patient safety in primary care: A synthesis of research evidence on the United Kingdom experience with clinical governance
SOBOLEV, Boris G	University of British Columbia	The utility of instruments for reporting waiting times for elective surgery and associated risks: A systematic review
WILSON, Brenda J	University of Ottawa	A review of approaches to considering social, ethical, and legal issues in health technology assessment

### Appendix B: Addressing Health Care and Health Policy Challenges of New Genetic Opportunities

Principal Investigator	Institution	Project Title
ESPLEN, Mary J	University Health Network (Toronto)	Addressing the psychosocial health care of patients and families obtaining genetic services: Identification, disposition and outcomes
ROUSSEAU, François	Université Laval	Health care and health policy challenges in genetic laboratory services

## Appendix C: Pilot Projects in Strategic Health Services and Policy Research Theme Areas

Principal Investigator	Institution	Project Title
ABELSON, Julia	McMaster University	Bringing 'The Public' into public coverage decisions: From principles to practice
BERNATSKY, Sasha R	McGill University	Strategies for population-based studies of systemic lupus erythematosus (SLE) using administrative data: A pilot study*
CRANNEY, Ann B	Ottawa Health Research Institute	Using information technology to identify older individuals with low-trauma fractures
DEDOBBELEER, Nicole	Université de Montréal	The last reform in the Quebec health care and social services system and the window of opportunity for the adoption of the WHO concept "health promoting hospital"
DODDS, Linda	Dalhousie University	Impact of influenza on respiratory-related hospitalizations and office visits in pregnant women: From evidence to public health practice*
FREEMAN, Tom	University of Western Ontario	Access and lack of access to family physicians – impact on the southwest Ontario health and health care
GODARD, Beatrice	Université de Montréal	Zoonoses and public health interventions: The socio-ethical dimensions and challenges of monitoring West Nile virus*
GRIGNON, Michel L	McMaster University	The steepening of the age profile in health care expenditure over time, comparing Canada and France over the 1990s*
HURLEY, Jeremiah E	McMaster University	The dynamics of parallel systems of finance: Interactions between Canada's workers' compensation systems and public health care systems
KORNELSEN, Jude A	University of British Columbia	Sustainable rural maternity care: A comprehensive approach to program planning
MAO, Yang	University of Ottawa	Assessing timely access to health care for newcomers
PILOTE, Louise	McGill University	A follow-up study of patients seen in hospital emergency rooms for congestive heart failure (CHF): A comparison of patients referred to specialized CHF clinics and patients who are not*
SPADY, Barbara L	University of Calgary	Patient perspectives on acceptable waiting times for hip and knee replacement surgery
YASSI, Annalee	University of British Columbia	Influenza and the healthcare workforce: Evaluation of a novel surveillance system and identifying barriers and facilitators to vaccine uptake*

\*Not supported by IHSPR funds

## Appendix D: Research Community Development Funding Program and other investments\*

### Research Community Development Funding Program

Principal Investigator	Institution
BLACK, Charlyn	Development of a network of applied health services research centre directors
BORNSTEIN, Steven	Research forum on health board restructuring
GHALI, William	International collaborative network for development of methodological applications for administrative data
LEVY, Adrian	Modelling health care in Canada
MacKINNON, Neil	Addressing the hospital pharmacy management crisis: Development of strategies and solutions
McKEEN, James	Knowledge transfer and management in health care: Quality, safety, accessibility and affordability – Finding the balance
PONG, Raymond	2005 Ontario Training Centre Summer Institute – <i>Health human resources research and policy: A focus on rural and northern issues</i>
SIBBALD, William	Incentive structures in Canadian health care: Considerations for the future
SIMICH, Laura	Mental health in public health policy and practice: Providing culturally appropriate distress relief in acute and post-emergency situations
WILLIAMS, Allison	Timely access to care and seamless transitions across care settings
YEE, June	Striving for best practices and equitable mental health care access for racialized communities in Toronto

### Other Research Community Development investments

Principal Investigator	Institution
Canadian Patient Safety Institute (CPSI)	2005 CPSI meeting on direction setting in patient safety research
Canadian Association for Health Services and Policy Research (CAHSPR)	CAHSPR conference: <i>Canada's Health Priorities – Building and Maintaining Research Capacity</i>
Canadian Coalition for Global Health Research	2nd Summer Institute for New Global Health Researchers
Canadian College of Health Service Executives	International Conference on the Scientific Basis of Health Services
Canadian Medical Association	The Taming of the Queue: Wait Time Measurement, Monitoring and Management colloquia
Chronic Disease Prevention Alliance of Canada (CDPAC)	CDPAC conference: <i>Integrated Chronic Disease Prevention – Getting it Together</i>
CIHR Institute of Aging	Regional Seniors' Workshop on Research
Canadian Public Health Association (CPHA)	CPHA conference: <i>Mapping the Future of Public Health – People, Places and Policies</i>
EAKIN, Joan; MYKHALOVSKIY, Eric	Teaching Qualitative Health Research Workshop
Health Canada	EKOS Survey – Pan-Canadian Personal Health Information



## Appendix D (continued)

Principal Investigator	Institution
KEEFE, Janice	Consultation on financial compensation initiatives for family caregivers of dependent adults
Longwoods Publishing	<i>Healthcare Policy</i> journal
National Child and Youth Health Coalition	National Workshop to Establish Canadian Paediatric Healthcare Indicators
PEREZ, Miguel A	2004 Ontario Training Centre Summer Institute – <i>Research and policy implications of delivering mental health services in rural and northern parts of Ontario</i>

\*Funded through the IHSPR Institute Support Grant

## Appendix E: Operating Grants Competitions

Principal Investigator	Institution	Project Title
ALDERSON, Marie	Université de Montréal	Evaluating the satisfaction and mental health of nurses in connection with an extensive reorganization of nursing activity into a residential and extended care centre (CHSLD), including implementation of modular care, an environment focused on quality of life, and computerization (the SICHELD project)
THURSTON, Wilfreda E	University of Calgary	Integrating and maintaining domestic violence screening protocols in emergent care settings

## Appendix F: Rural and Northern Health Research - New Emerging Team Grant

Principal Investigator	Institution	Project Title
TSUYUKI, Ross T	University of Alberta	Exploring an untapped resource: The role of pharmacists in improving health care in rural and northern regions

## Appendix G: Career Awards

### CIHR IHSPR Fellowship Awards

Principal Investigator	Institution	Project Title
POTTER, Elizabeth K	University of Ottawa	Approaches to considering social, ethical, and legal issues in health technology assessment: Application to neonatal screening programs for cystic fibrosis
CAETANO, Patricia A	University of British Columbia	Measuring the overall health system impact of medicines: An application of administrative health databases
DESMEULES, François	Université Laval	Knee arthroplasty: The impact, both functional and financial, of pre-surgery waiting time
GOYETTE, Martin	INRS-Institut Armand-Frappier (Pointe-Claire)	Improving the health and well-being of young adults leaving substitute care: Assessing the results of a project aimed at improving these young persons' qualifications, independence and social support
SCHNEIDER, Verena	Royal Victoria Hospital	Off label drug prescription to children: Population-based studies of the effectiveness and safety of commonly used medications
WINKELMAN, Warren J	University of Toronto	The technological transformation of self-care: A patient-driven adaptation of the theory of technology acceptance for the evaluation of information and communication technology mediated chronic illness management

### CIHR IHSPR New Investigator Awards

Principal Investigator	Institution	Project Title
POMEY, Marie-Pascale A	University of Ottawa	Managing the quality of care in Canadian health institutions: Organizational changes and implementation of quality and security measures
STAJDUHAR, Kelli I	University of Victoria	Access to care at the end of life: Encounters between home care nurses and family caregivers
WANG, Jianli	University of Calgary	The epidemiology of mental disorders and mental health service utilization in the Canadian working population
WORTHINGTON, Catherine A	University of Calgary	Advancing HIV services research: Expanding Andersen's health service utilization framework

## Appendix H: 2004-05 Institute Advisory Board Members and Working Groups

Name	Affiliation
Jean-François Boivin	Professor, Department of Epidemiology and Biostatistics, McGill University
Heather Boon	Assistant Professor, Faculty of Pharmacy, University of Toronto
François Champagne (Chair)	Professor, Interdisciplinary Health Research Group, Université de Montréal
Neena Chappell	Professor and Canada Research Chair in Social Gerontology, Centre on Aging, University of Victoria
Naomi Fulop	Chair of Health and Health Policy, Kings College, London
Elaine Gibson	Associate Director, Health Law Institute, Dalhousie University
Paula Goering	Director, Health Systems Research and Consulting Unit, Centre for Addiction and Mental Health
Jeremy Grimshaw	Director, Clinical Epidemiology Program, Ottawa Health Research Institute
David Kelly	Principal, David Kelly Associates Inc.
Suzanne Lawson	Suzanne Lawson and Associates
John Lavis	Associate Professor and Canada Research Chair in Knowledge Transfer and Uptake, McMaster University
Martha MacLeod	Associate Professor, Nursing Program, Faculty of Health and Human Sciences, University of Northern British Columbia
Chantal Maheu	Director, Health Care System Division, Health Canada
Anne McFarlane	Executive Director, Western Canada, Canadian Institute for Health Information
Ingrid Sketris	Professor, College of Pharmacy, Dalhousie University
Arthur Slutsky	Vice-President, Research, St. Michael's Hospital
Laurence Thompson	Principal, Laurence Thompson Strategic Consulting Inc.

IAB Working Groups	Role
Building Capacity and Community	Monitors, reports on and advises on priorities and actions, and participates in evaluation of IHSPR goals and objectives related to building capacity and community
Enhancing Research Resources	Monitors, reports on and advises on priorities and actions, and participates in evaluation of IHSPR goals and objectives related to enhancing and enabling research resources
Strategic Research	Monitors, reports on and advises on priorities and actions, and participates in evaluation of IHSPR goals and objectives related to investments in strategic research
Knowledge Translation	To be involved in informing IHSPR's strategic directions with respect to knowledge translation. Monitors, reports on and advises on priorities and actions, and participates in evaluation of IHSPR goals and objectives related to knowledge translation
Partnerships	To be involved in informing IHSPR's strategic directions with respect to the development and sustenance of ongoing partnerships. Monitors, reports on and advises on priorities and actions, and participates in evaluation of IHSPR goals and objectives related to partnerships
Institute Support Grant – Oversight	To be involved in strategic planning, on an annual basis around use of Institute Support Grant funds, and implementing any open competition (e.g. for workshops)

## Appendix H (continued)

IAB Working Groups	Role
Evaluation	To be involved in planning, overseeing and reporting on IHSPR's five-year evaluation, as well as the Institute's efforts at designing and implementing performance measurement/management
Communications	Provide assistance to staff in developing and enacting IHSPR's communication strategy
Workshop and Community Development Program Adjudication	To evaluate, via standard merit review, applications to IHSPR's standing Research Community Development Program, three times per year

## Appendix I: IHSPR Staff in 2004-05

Name	Title and contact details	Name	Title and contact details
Morris Barer	Scientific Director Tel: 604-222-6872 Fax: 604-224-8635 Email: mbarer@ihspr.ubc.ca	Craig Larsen	Institute Manager Tel: 604-222-6874 Fax: 604-222-8635 Email: clarsen@ihspr.ubc.ca
Diane Watson	Associate Director Tel: 604-222-6871 Fax: 604-224-8635 Email: dwatson@ihspr.ubc.ca	Lindsay Hedden	Special Projects Officer Tel: 604-222-6873 Fax: 604-224-8635 Email: lhedden@ihspr.ubc.ca
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Michèle O'Rourke	Associate, Strategic Initiatives IHSPR/IPPH Tel: 613-952-4539 Fax: 613-941-1040 Email: morourke@cihr-irsc.gc.ca	Frederick Garrow	Administrative Assistant (until December 2004)
Kim Gaudreau	Project Officer Tel: 613-957-6128 Fax: 613-941-1040 Email: kgaudreau@cihr-irsc.gc.ca	David Gehrmann	Assistant Information Technology Administrator Email: dgehrmann@ihspr.ubc.ca