



# Institute of Health Services and Policy Research

## Annual Report of Activities January 2001–March 2002





Institute of Health Services and Policy Research  
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Annual Report of Activities January 2001–March 2002



**CIHR IRSC**  
Canadian Institutes of Health Research  
Instituts de recherche en santé du Canada

**Canada**



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## Message from the Scientific Director and Assistant Director

In 2000 the federal government took a historic opportunity to transform health research in Canada through the creation of the Canadian Institutes of Health Research (CIHR). At the time, they acknowledged their intention to create a “flexible mechanism that will continually align health research funding with changes in the manner in which health problems and opportunities are identified, understood and addressed.” Since then, the pace of change in health research in Canada has been truly astounding.

In June 2000, CIHR was established to “excel, according to internationally accepted standards of scientific excellence, in the creation of new knowledge and its translation into improved health for Canadians, more effective health services and products and a strengthened Canadian health care system.” One of the earliest milestones for the new organization was the naming of 13 institutes to identify, coordinate, focus and integrate health research and translation priorities across the entire health research landscape. CIHR’s Institute of Health Services and Policy Research was created to support innovative research, capacity-building and knowledge translation initiatives designed to improve the way health care services are organized, regulated, managed, financed, paid for and delivered, and used in the interest of improving the health and quality of life of all Canadians.

In December 2000, the Scientific Directors of each of the 13 CIHR institutes were appointed, and in early 2001 their Advisory Board members were named. Throughout 2001 and early 2002, our Advisory Board, Scientific Director and Institute staff have worked together, with our partners and stakeholders, to identify early priorities for the Institute, and to convert those priorities into a series of strategic actions. The Institute

has, in a very short period of time, moved forward simultaneously on a number of fronts, intended to address four broad areas: increasing the size of the Canadian community of excellent health services and policy researchers; expanding the availability of the ‘tools’ for health services/policy research such as data resources; supporting strategic research that focuses attention on important (current or emerging) issues facing the health care sector; and translating the results of research to inform a wide variety of decisions across the clinical, managerial and policy realms. Our priorities and the specific objectives associated with each are outlined in the Institute’s inaugural strategic plan: “Health Services and Policy Research; Making the “BEST” of Canadian health care.”

This document is our first ‘annual’ report; it covers the period January 2001 to March 2002. We have used this opportunity not only to report on the Institute’s many activities and early accomplishments, but to highlight and celebrate the accomplishments of some of the individuals, groups and communities that conduct work in domains encompassed within the Institute’s mandate. We welcome your thoughts on this report, or on any of the activities currently being developed or supported. Please feel free to call us (604-222-6870), or send us an e-mail at [craig.larsen@ihspr.ubc.ca](mailto:craig.larsen@ihspr.ubc.ca).

A handwritten signature in black ink, appearing to read 'M Barer', written in a cursive style.

Morris Barer,  
Scientific Director

A handwritten signature in black ink, appearing to read 'D Watson', written in a cursive style.

Diane Watson,  
Assistant Director

## Institute Advisory Board



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*MAsc, MD*  
Vice-President, Research  
St. Michaels Hospital

**Ian Shugart, BA**  
Assistant Deputy Minister  
Health Policy and Communications Branch  
Health Canada

Since its inception, CIHR's Institute of Health Services and Policy Research (IHSPR) has attempted to respond to the myriad of challenges entailed in its broad mandate. This has meant moving rapidly and simultaneously on a number of fronts, to address problems and opportunities relating to: a) health services and policy research capacity in the country; b) the

research resources needed to undertake high quality, relevant research; c) research gaps and emerging issues; and d) the CIHR-wide priority being placed on timely knowledge translation. In the following sections of this annual report, we outline the Institute's accomplishments in each area, during the period January 2001 – March 2002.



## Outstanding Research

*In the 15 months following its inception in December 2000, IHSPR directed significant time and resources toward identifying strategic priorities and supporting outstanding health services and policy research that addresses those priorities.*

### Identifying research priorities

Early in 2001, the Institute partnered with four national organizations in a consultation process to define the most important issues facing the health care system over the next two to five years, for which new research would be timely. These issues were translated into 15 research themes. The process, and the themes, are described in *Listening for Direction: A national consultation on health services and policy issues* (English) [www.chsrf.ca/docs/pconsult/frpt\\_e.shtml](http://www.chsrf.ca/docs/pconsult/frpt_e.shtml). The Institute's Advisory Board has used this, along with other sources of information, to inform its own process of defining the following eight priority research themes:

- Health Human Resources
- Financing and Public Expectations\*
- Governance and Accountability
- Improving Quality\*
- Health Care Evaluation and Technology Assessment
- Public Advice-Seeking in the Era of e-health
- Improved Access for Marginalized Groups\*
- Evolving Role of Informal and Voluntary Care\*

\* Selected for priority action

Other research priorities have been identified through funding of priority-setting workshops in specific areas within the general ambit of health services and policy research. Between January 2001 and March 2002, IHSPR funded 12 workshops in partnership with other Institutes and organizations. Examples include "Addressing the Challenges of Making Home Care for Children and Youth Evidence Based" (October 2001); "Population-Based Health Databases in Canada: Current Status, Needs/Gaps, Priorities and Plans" (June 2001); "Health Technology Assessment Workshop" (February 2002). See Appendix 1 for a full list of funded workshops.

Early in 2001, the Institute canvassed the health services and policy research community by way of an open invitation on its website, for identification of research and data priorities. Many comments were received, and encouragingly, all were consistent with the themes identified through the *Listening for Directions* initiative.

During this reporting period, the Scientific Director and Institute Advisory Board members engaged in (and continue to engage in) an ambitious program of meetings and consultations with health services and policy researchers, research users and research funders/partners (see Appendix 2). Examples of these engagements include numerous university visits/forums, meetings with members of parliament, and discussions with senior government officials. These

Early in 2001, the Institute partnered with four national organizations in a consultation process to define the most important issues facing the health care system over the next two to five years.

activities continue to serve as an invaluable means of identifying, confirming, refreshing and sharing information about research priorities. They also help to foster the necessary resources and other commitments needed to address the research priorities.

### Supporting strategic research in areas identified through Listening for Direction

In May and July 2001, IHSPR posted the following Requests for Applications (RFAs), for which funding was subsequently awarded:

#### *Financing Health Care in the Face of Changing Public Expectations*

This strategic initiative was designed to support excellent, innovative, interdisciplinary projects to help inform policy and management decisions in Canada regarding: the extent and reach of public funding for health care as it affects accessibility, use, cost and quality; the role of public values and expectations in determining what is publicly funded; and the effects of changes in public financing on the largely hidden burden borne by families and other informal care givers. This competition resulted in two IHSPR-funded grants. See Appendix 3 for a list of titles and Principal Investigators.

#### *Improving Access to Appropriate Health Services for Marginalized Groups*

This strategic initiative was designed to develop new approaches to identifying 'marginalized populations,' to increase the understanding of negative impacts on health or quality of life of differential access to particular types of appropriate services, and to articulate the key barriers to access. This competition resulted in five grants, funded by IHSPR in collaboration with the CIHR Institutes of Gender and Health and Aboriginal People's Health. See Appendix 3 for a list of titles and Principal Investigators.

#### *Improving Quality of Health Care in Canadian Hospitals: A Research Study*

This strategic initiative was designed to fund research that would determine the extent of adverse events (avoidable and otherwise) in Canadian hospitals and the availability of routinely collected data that could serve to monitor and reduce the occurrence of health system error. This competition resulted in one grant, funded by the Canadian Institute for Health Information and CIHR (managed by IHSPR and the Institute of Population and Public Health). See Appendix 3 for the title and Principal Investigator.





## Other CIHR initiatives

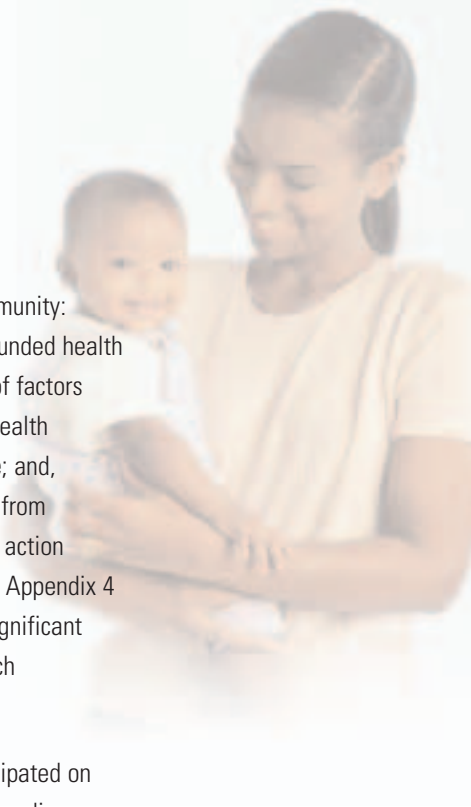
The Institute also provided support for initiatives identified as priorities by other CIHR institutes, where there are significant opportunities to improve health services, systems or policy. One ongoing partnership that began during this period is with CIHR's Institute of Genetics, to identify the most compelling strategic research questions and knowledge translation opportunities in the area of "health services and genetics." A working group composed of leading researchers from both of these communities is undertaking the identification of these questions and the development of appropriate funding tools.

The *Community Alliances for Health Research* (CAHR) program was established in 1999 on behalf of CIHR during its formative phase, to promote and support innovation, excellence and partnerships across a broader range of research participants, and to foster excellent research of relevance to community groups and agencies. Nineteen CAHR initiatives were funded in 2001, a majority of which are conducting health services and policy research. Examples of topics include:

From Medicare to home and community: Overtaking the limits of publicly funded health care in Canada; An examination of factors contributing to a more effective health care system for Aboriginal people; and, Transforming primary health care from rhetoric to practice: Collaborative action for health and social change. See Appendix 4 for a list of CAHRs that involve significant health services and policy research components.

The Scientific Director participated on the steering committee for the Canadian Tobacco Control Research Summit (April 2002). The purpose of this joint Canadian Tobacco Control Research Initiative/CIHR event was to develop an agenda and action plan for tobacco research needs and directions. The outcomes will be covered in next year's annual report.

Nineteen CAHR initiatives were funded in 2001, a majority of which are conducting health services and policy research.



## Excellent Researchers in a Robust Research Environment

*IHSPR is committed to working with key partners to address: the current deficit in health services and policy research capacity; the growing demand for high quality, timely research of this type; and, to enhance the quality and availability of resources available to this research community.*

### Career awards

Canada's health services and policy research community encompasses a full spectrum of individuals, from researchers just beginning their careers, to new investigators, to internationally distinguished scholars. In 2001, our community celebrated the funding by the federal government of six health services and policy scholars as Canada Research Chairs (CRCs) (see Appendix 5 for a list of CRCs with a health services and policy research focus). Additionally, CIHR career awards were provided to distinguished scientists, senior investigators and new investigators in the health services and policy research community. Appendix 6 provides examples of health services and policy researchers who received career awards.

*The Capacity for Applied and Developmental Research and Evaluation in Health Services and Nursing (CADRE) program was established by the Canadian Health Services Research Foundation (CHSRF) to address short and long-term capacity building in the applied health services and policy research community. This multi-dimensional program is administered by CHSRF, and most elements of it are co-funded by CIHR – represented by IHSPR. The program's Career*

*Reorientation Awards are designed to attract established, mid-career researchers from nursing and from disciplines outside of the health area to apply their expertise and experience to applied health services and policy research issues. The program provided two awards in 2001, to: Anne Dewar – Assistant Professor, University of British Columbia School of Nursing; and, François Blais – Associate Professor, Université Laval Department of political science.*

### Training and mentorship support

In addition to career reorientation, the CADRE program also addresses long-term capacity building through training awards and support of regional and national training centres and national research chairs. In 2001, career awards were provided to 11 postdoctoral fellows in such areas as nursing, ethics, health economics, anthropology, health administration, and women's health. Examples of specific research topics include: models of knowledge transfer and use among healthcare decision makers; development of a priority-setting 'toolkit' for use by managers in health regions; and, elements needed to design an effective, efficient, comprehensive and coordinated delivery system for palliative care. See Appendix 7 for a descriptive list of 2001 CADRE post-doctoral awardees.

Also through CADRE, five training centres were established across Canada (each of which consists of a consortium of universities), and 12 research chairs were awarded. These ten-year awards are intended to allow recipients to build capacity by supporting the education,



mentorship and career development of new researchers who will eventually become independent applied health services and policy researchers. Examples of research domains covered by the 12 chairs include: best practices in mental health; dissemination and uptake of health services research; inequities in health care; and nursing human resources. See Appendix 8 for a list of the CADRE training programs and Chairs. For more information on the CADRE program, visit ([http://www.chsrf.ca/programs/cadre/index\\_e.shtml](http://www.chsrf.ca/programs/cadre/index_e.shtml)).

CIHR's *Strategic Training Initiative in Health Research* was established to train and develop new health researchers. This was the first major CIHR strategic initiative that involved the participation of all 13 Institutes. Fifty-one new training programs were supported through a total investment (with partners) of approximately \$85 million over the six-year life of this program. A number of excellent applications in the areas of health services and policy research were submitted. Examples of training initiatives in the domain of health services and policy include: Trans-disciplinary training in community partnership research: Bridging research to practice; CIHR training program in health law and policy; and, Development and evaluation of an Ontario Health Services Research Training Centre. See Appendix 9 for a list of Strategic Training Initiative grants that are being supported by the Institute and others.

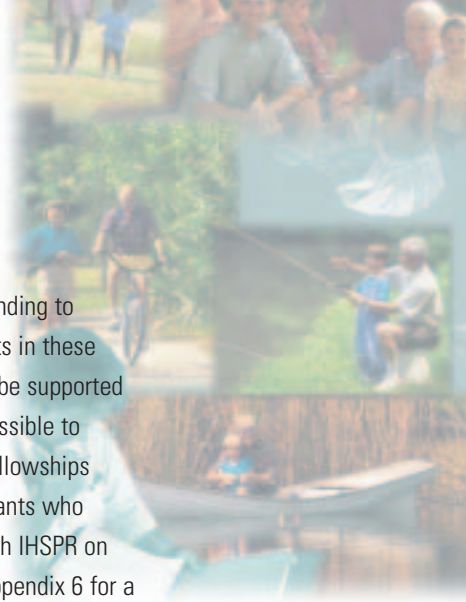
CIHR supported a number of postdoctoral fellows and Ph.D. students during 2001, whose research is in the area of health services and policy research. In addition, because the Institute's Advisory Board identified capacity development as a high priority, the Institute

specifically targeted strategic funding to increase the number of applicants in these personnel categories who could be supported by CIHR. These funds made it possible to award additional postdoctoral fellowships and Ph.D. studentships to applicants who declared a primary affiliation with IHSPR on their funding application. See Appendix 6 for a list of post-doctoral fellows and Ph.D. students (and their research/thesis topics) supported by CIHR and IHSPR during the reporting period.

### Expanding capacity for interdisciplinary research

In 2000 the *Interdisciplinary Health Research Teams* (IHRTs) program was established, on behalf of CIHR during its formative phase, to facilitate the discovery of new knowledge and the translation of research findings by integrating health research agendas across disciplines, sectors and regions. IHRTs bring together five or more researchers for the pooling of expertise, perspectives and resources, and typically involve organizations such as universities, colleges, hospitals, clinics, research institutes, government departments, or other not-for-profit entities with demonstrated research capacity. Several IHRTs are conducting work in the domains of research within the mandate of IHSPR. For example, these teams are working on projects with titles such as: *The challenge of understanding and meeting the needs of frail older persons in the Canadian health care system*; *Coordinating prevention and health services in midlife*; *Preventing the emergence of anti-microbial resistance*; and, *Canadian Cardiovascular Outcomes Research Team*. See Appendix 10 for a list if IHRTs that involve significant health services and policy research components. The full list of IHRT

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awardees can be viewed at (<http://www.cihr-irsc.gc.ca/publications/funding/decisions/2001/200009crt.pdf>).

## Enhancing research resources

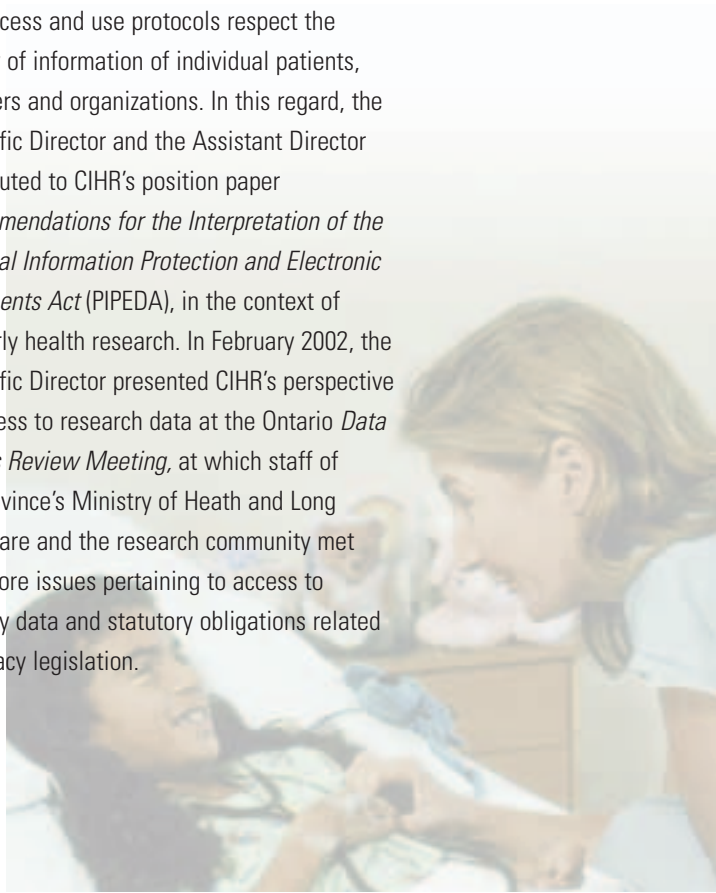
In June 2001, IHSPR co-hosted a planning workshop, *Population-Based Health Databases in Canada: Current Status, Needs/Gaps, Priorities and Plans*, where researchers and research administrators identified opportunities and challenges pertaining to the creation, access and use of data infrastructure for scholarly health services and population health research. This led to the development of a Request for Proposals (RFP) titled *Population-based Health and Health Services Data in Canada: Current Status and Future Health Research Potential* to be posted early in the 2002-03 fiscal year. The workshop was conducted in partnership with CIHR's Institute of Population and Public Health (IPPH), the Canada Foundation for Innovation, the Canadian Institute for Health Information, Canadian Population Health Initiative (CIHI-CPHI), Health Canada's Centre for Surveillance Coordination and Statistics Canada. The work envisioned in the RFP will be jointly funded by CIHI-CPHI, Health Canada, IHSPR, IPPH and Statistics Canada.

In February 2002, CIHR and six of its Institutes, Statistics Canada and the U.S. National Center for Health Statistics established a partnership to fund a new survey and research data source called the *Joint Canada/U.S. Health Survey: Improving International Comparability of Health Survey Statistics*. The purposes of the initiative are to produce a research resource with comparable data on the health of, and service use by, the populations in each country; and

to develop, implement and document a model of successful international collaboration on the development of research data resources.

The Institute has been active on other fronts, contributing to the design and/or development of other data sources necessary for conducting important and timely health services and policy research. For example, in March 2002 our Scientific Director participated in the Health Canada Advisory Committee on Health Infostructure/Canada Health Infoway Inc. workshop on *Identifying the Infostructure Needs of the Health Research Community*. The Institute has also been involved in an initiative led by CIHR's Institute of Healthy Aging on establishing a *Protocol Design for the Canadian Longitudinal Study on Aging*.

IHSPR is committed to facilitating access to data that can be used to conduct health services and policy research, while at the same time working with partners to ensure that access and use protocols respect the privacy of information of individual patients, providers and organizations. In this regard, the Scientific Director and the Assistant Director contributed to CIHR's position paper *Recommendations for the Interpretation of the Personal Information Protection and Electronic Documents Act (PIPEDA)*, in the context of scholarly health research. In February 2002, the Scientific Director presented CIHR's perspective on access to research data at the Ontario *Data Access Review Meeting*, at which staff of the province's Ministry of Health and Long Term Care and the research community met to explore issues pertaining to access to ministry data and statutory obligations related to privacy legislation.





## Translation and Use of Knowledge

*The translation and use of new knowledge requires that researchers and brokers/users of research have the capacity to engage in knowledge translation; an environment that supports sustained, mutually respectful interactions between researchers and end users; and, the identification and promotion of effective approaches to this task.*

### Enhancing the supply of knowledge brokers

As noted above, the *CADRE* program was designed to encourage the orientation of existing and new health services and policy researchers toward the application and use of research. One of the five regional training centres supported through the *CADRE* program is dedicated to Knowledge Utilization and Policy Implementation; this initiative is led by a group of scholars at the University of Alberta, in partnership with the University of Manitoba, University of Saskatchewan and Laval University. This Centre is developing programs aimed at Ph.D. students specializing in knowledge utilization and policy implementation, at graduate students in other faculties who want to enhance their skills in these areas, and at managers and professionals working in the healthcare system who are not pursuing graduate training. This program is a collaborative initiative with CHSRF and AHFMR.

### Creating a supportive environment

The central importance of knowledge translation to the Institute's work was reflected in the early establishment by the Advisory Board of a *Knowledge Translation Working Group*. In 2001, that working group and the Institute's Scientific Director contributed to the development of a *Knowledge Translation Framework* that was developed by CIHR's Knowledge Translation group. This document is designed to guide CIHR in actualizing the knowledge translation potential envisioned in its mandate. This Working Group subsequently developed a paper outlining a strategic knowledge translation plan for the Institute.

The Scientific Director and Advisory Board determined that the development of a 'community' of health services researchers and networking and knowledge translation could be facilitated in Canada through the creation of a health services and policy research association and journal. With respect to the former, the Institute partnered with CHSRF to initiate discussions with the Canadian Health Economics Research Association (CHERA) about the potential of transforming that Association into a more broadly based, inclusive association that would encompass the communities of researchers who would see IHSPR as their primary CIHR Institute affiliation. A study was also commissioned to explore the pros, cons, feasibility and consequences of an expanded

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CHERA and alternate organizational models. We continue to work with the CHERA Board on this issue.

With respect to a journal, the Scientific Directors of IHSPR and the Institute of Population and Public Health commissioned a polling and feasibility study to examine the potential interest in forms of, market for, and financial viability of a Canadian journal that would provide a vehicle for highly relevant, first-rate (peer-reviewed) health services and population health research; the journal would also serve as an important communication vehicle for/to a variety of decision-makers. The results of that work were reported in "Interest in and Feasibility of a New Canadian Journal of Health Services and Population Health Research." The Scientific Directors subsequently initiated discussions with a number of potential partners, stakeholders and investors about the possible creation of a communication vehicle of this type. While no firm decisions or commitments were made in this reporting period, we are optimistic that significant progress will have been made by our next annual report.

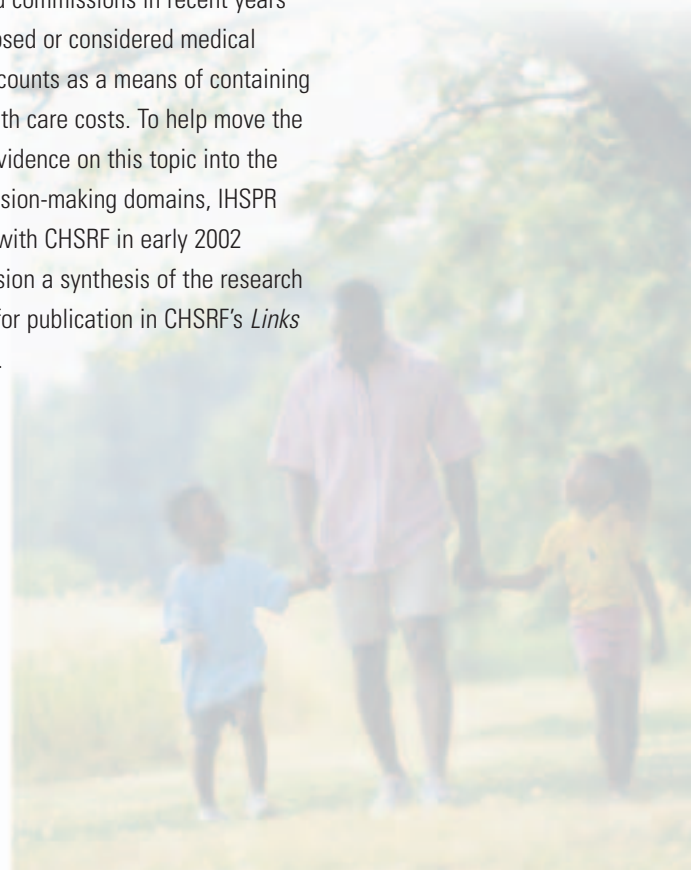
### Engaging in knowledge translation

In December 2001, IHSPR partnered with CHSRF for a response to the Honourable Senator Michael J. L. Kirby, on *Volume Four: Issues and Options* of the interim report *The Health of Canadians – The Federal Role* from the Standing Senate Committee on Social

Affairs, Science and Technology. Syntheses of the 'research facts' were provided on several key topics, including user fees, medical savings accounts, two-tiered health systems, and for-profit contracting; the objective was to assist the Committee with its stated desire to be "factual and non-ideological."

The Institute was able to assist the Commission on the *Future of Health Care in Canada* (Romanow Commission) in early 2002 by arranging for peer reviews of 40 research papers. Many of the Institute Advisory Board members have presented to and/or met with members of the Senate Committee and/or the Romanow Commission on general and specific issues facing the health care system, and suggested policy/programmatic options. We have also communicated the importance of predictable and sustained funding for health services and policy research in all jurisdictions in the country.

A number of provincial and federal reports and commissions in recent years have proposed or considered medical savings accounts as a means of containing public health care costs. To help move the research evidence on this topic into the policy/decision-making domains, IHSPR partnered with CHSRF in early 2002 to commission a synthesis of the research evidence, for publication in CHSRF's *Links* newsletter.





## Partnerships and Public Engagement

*The goals of the Institute will be best met in cooperation with a wide range of partners from all relevant sectors, the provinces and other countries.*

The Scientific Director, members of the Institute Advisory Board (IAB), and Institute staff have met and established productive partnerships with numerous national and provincial organizations, in the course of developing the strategic initiatives described above. Partnerships and public engagement are so important to the Institute that a *Working Group of the Institute Advisory Board* was established to provide strategic advice and oversight for this ongoing activity. This *Working Group* will develop a “partnerships plan” for the Institute that is consistent with the overarching CIHR partnerships plan as set out in the *Final Report of the Working Group on Partnership*, but tailored to the specific needs and constraints of the health services and policy research environment.

### Partnering to focus and coordinate research and knowledge translation priorities

As noted earlier, IHSPR partnered with CHSRF, the Advisory Committee on Health Services of the Conference of Federal/Provincial/Territorial Deputy Ministers of Health, the Canadian Coordinating Office for Health Technology Assessment, and the Canadian Institute for Health Information to engage in a national consultation process to determine the most important issues facing the health

care system over the next two to five years, for which new research would be timely. Fifteen research themes were identified, as outlined in *Listening for Direction: A national consultation on health services and policy issues* ([www.chsrf.ca/docs/pconsult/frpt\\_e.shtml](http://www.chsrf.ca/docs/pconsult/frpt_e.shtml)). This document provides a basis for planning and decision making not only for the partner organizations but for others as well. For example, in 2001 the Alberta Heritage Foundation for Medical Research (AHFMR) posted Requests for Proposals for five “State of the Science” reviews, four of which are in themes identified in *Listening for Direction*.

The partnerships established for the *Listening for Direction* initiative are being carried forward and expanded by the self-initiated *Health Services Research Partners Forum*. This committee consists of the original collaborating partners plus the Canadian Policy Research Networks (CPRN), Health Canada, and the Social Sciences and Humanities Research Council (SSHRC). These partners began meeting during this reporting period, and agreed on designating lead agencies for each of the research priorities identified in *Listening for Direction*. They are planning new partnership activities for the coming fiscal year, including the development of a common researcher/research user database, and a process for refreshing research priorities during 2004.

The goals of the Institute will be best met in cooperation with a wide range of partners from all relevant sectors, the provinces and other countries.



## Partnering to invest in researchers and strategic research

IHSPR, CHSRF and regional collaborators partnered to invest in the *CADRE* Program which is designed to address short- and long-term capacity needs on a regional basis. This program is described more fully at ([http://www.chsrf.ca/programs/cadre/index\\_e.shtml](http://www.chsrf.ca/programs/cadre/index_e.shtml)). And, IHSPR partnered with the other CIHR institutes and some provincial health research funding organizations for the purposes of investing in the training of health services and policy researchers. CIHR's investments in *IHRTs* and *CAHRs* have resulted in many members of the IHSPR research community partnering on capacity building and research initiatives that have created new linkages between researchers from different disciplines, and between researchers and users of research.

IHSPR has undertaken several collaborative initiatives to invest in strategic research. For example, as noted above, the Institute partnered with the CIHR Institutes of Gender and Health and Aboriginal People's Health to fund a strategic initiative on *Improved access to appropriate health services for marginalized groups*. The Institute also partnered with CIHR's Institute of Population and Public Health and the CIHI – CPHI to fund a strategic program of research designed to determine the extent of adverse events in Canadian hospitals and the availability of data that could serve to monitor and reduce the occurrence of such events. As well, the Institute partnered with CIHR's Institutes of Population and Public

Health, and Neurosciences, Mental Health and Addictions, in identifying training priorities that would serve their collective interests in creating new interdisciplinary researchers and research environments.

## Partnering to invest and engage in knowledge translation

All of the strategic research initiatives funded by IHSPR, including those that are in partnership with others, emphasize the importance of translating evidence and new knowledge so that they become reflected in the decision-making of health care professionals, managers, and policy-makers. This emphasis takes a variety of forms, from requiring that applicants responding to RFAs provide detailed descriptions of decision-making partners and how they will be engaged in the research process, to requiring that funded workshops involve individuals and organizations likely to be affected by the outcomes of strategic priorities identified in those workshops, to supporting a training centre dedicated to knowledge translation.

The Institute undertook, during this reporting period, to support a number of more direct and targeted knowledge translation initiatives. As noted above, for example, the Institute partnered with CHSRF to commission the development of a synthesis of research on medical savings accounts. And, it partnered with the Romanow Commission to arrange for arm's-length peer reviews of background papers being prepared for the Commission that would subsequently be made available to the public.

## Organizational Excellence

*IHSPR is committed to the creation and maintenance of a work environment that results in excellence in its programs, initiatives and activities.*

### Providing leadership and coordination for research and knowledge translation priorities

The Governing Council of CIHR appointed members of the Institute Advisory Board (IAB) in early 2001. The Board is comprised of a Chair (Dr. Paul Lamarche, University of Montreal) and Vice-Chair (Dr. Martha MacLeod, University of Northern B.C.), and 16 other members from Canada and abroad. The IAB represents a truly impressive diversity of expertise, geography, 'pillars' and sectors. Board meetings represent an essential focal point for discussion and deliberation regarding priorities, research tools, actions and investments, and members are heavily engaged between formal meetings through a working group and standing committee structure, in implementation of important action items. The IAB met four times during the first 16 months of the Institute's operation.

### Creating an environment of innovation and effectiveness at IHSPR

During this reporting period, IHSPR operated out of temporary head office space established at the University of British Columbia (the academic home of the Scientific Director). An Assistant Director was recruited, and plans were developed for the remaining staffing of the office. In addition, IHSPR worked in close collaboration with CIHR's Institute of Population and Public Health to specify Ottawa-based human resource requirements for their Institutes. Additional staff will be hired in 2002-03. As of March 2002, IHSPR had hired most of its staff and had most administrative and financial systems in place. See Appendix 11 for the IHSPR staff directory as of March 2002.

During 2001 and early 2002, the Institute contributed to the organizational redesign and/or enhancement of CIHR leadership, operations and management. For example, the Scientific Director and Assistant Director each served on a search committee for two of the four new CIHR Vice-Presidents. They also served, formally and informally, on committees and working groups contributing to the CIHR annual report, the web excellence/website redesign project, and the development of an evaluation framework for the Institutes, amongst other contributions to organizational excellence at CIHR.

During 2000 and early 2001, the Institute contributed to the organizational redesign and/or enhancement of CIHR leadership, operations and management.



The Scientific Director, IAB members and Institute staff have contributed to the development and finalization of CIHR position papers such as: *CIHR's Recommendations for the Development, Interpretation and Application of Canadian Privacy Legislation in the Health Research Community*; *Partnerships: At the core of CIHR*; and, *Guidelines for Access to Public Data by Privately-sponsored Researchers*.

## Communication and relationship building

The Scientific Director, members of the Advisory Board, and Institute staff have begun to establish relationships with a number of individuals and organizations with a broad range of roles and interests in the provision and funding of health care services for Canadians. See Appendix 2. These relationships are central to effective communication and knowledge translation. Their development and sustenance will continue to be an Institute priority in the coming years.



# Institute of Health Services and Policy Research

## Financial Statements

### Institute of Health Services and Policy Research Investments in Strategic Initiatives

For the year ended March 31, 2002

Strategic Initiatives	Number	Contributions through Grants and Awards				Total
		2001-02	2002-03	2003-04	2004 and beyond	
Financing Health Care in the Face of Changing Public Expectations	2	\$ 42,629	\$ 281,339	\$ 235,920	\$ 196,908	\$ 756,796
Improved Access for Marginalized Groups	4	17,890	236,276	66,908	6,497	327,571
Knowledge Translation	1	38,600				38,600
Strategic Training Initiative in Health Research	13	108,908	903,961	958,079	3,950,620	5,921,568
Training Awards	21	82,437	631,335	390,208	278,832	1,382,812
	<b>41</b>	<b>\$ 290,464</b>	<b>\$ 2,052,911</b>	<b>\$ 1,651,115</b>	<b>\$ 4,432,857</b>	<b>\$ 8,427,347</b>

Note: Grants and awards in respect to these programs are approved for 1 to 6 years. Figures displayed represent CIHR financial commitments for these programs in 2001-02 and subsequent years. Availability of these funds in future years is subject to funding appropriations by Parliament. For some initiatives, partners also contributed to the funding of the grants and awards.

## Institute of Health Services and Policy Research Institute Support Grant

For the year ended March 31, 2002

<b>Available Funds</b>		<b>\$ 1,313,739</b>
<b>Expenses</b>		
Institute Development		
Conference, symposia and workshops	\$ 116,719	
Institute Advisory Board	72,501	
Professional services	13,253	
Travel Expenditures	14,390	\$ 216,863
Institute Operations		
Salaries and benefits	\$ 232,493	
Telephone and communication services	2,541	
Supplies, material and other services	14,342	
Computer equipment and IT support	10,268	
Travel expenditures	21,743	
Other expenditures	18,637	\$ 300,024
<b>Total Expenses</b>		<b>\$ 516,887</b>
<b>Unspent Balance*</b>		<b>\$ 796,852</b>

\* Note: The unspent balance as at March 31, 2002 is carried forward to the subsequent fiscal year

Note: The size of the unspent balance reflects, in part, the fact that the host institution (UBC) was unable to commit space to the Institute until after March 2002. Consequently, the Institute incurred no space rental costs, and was unable to 'staff up' to a full operational complement.

# Institute of Health Services and Policy Research

## Appendices

### Appendix 1

#### IHSPR Funded Workshops 2001-2002

Workshop Title	Date
Joint planning meeting for capacity building in mental health services research	April-01
Health Care and Place: Theories & Methods in Home Care Research	June-01
Population-Based Health Databases in Canada: Current Status, Needs/Gaps, Priorities and Plans	June-01
Health Services for Genetic Disease	September-01
Addressing the Challenges of Making Home Care for Children and Youth Evidence-Based	October-01
Meeting Internal Medicine Manpower Needs for the Atlantic Provinces	November-01
<b>Institute of Circulatory and Respiratory Health New Frontiers Program</b>	
Developing practical and accessible evidence-based guidelines for the management of Canadians with stroke	January-02
Community and Home Management of Heart Failure: Interdisciplinary Research strategies to Improve Health and Outcomes	January-02
The Management of Young Children with Common Respiratory Emergencies: Can We Do Better?	November-December-01
Defining the burden of cardiovascular disease and respiratory health risks in Canada's Aboriginal population, and designing strategies for interventions	February-02
Cardiovascular Health Services Research in Canada	November-01
Health Technology Assessment Workshop	February-02
Healthy Aging: From Cell to Society	November-01
National Dialogue on Healthy Body Weights Conference	December-01
Biological Terrorism: Canadian Research Agenda	January-02
Complementary/Alternative Health Care (CAHC) and Natural Health Products (NHPs) Strategic Research Priorities Consensus Workshop	February-02

## Appendix 2

### Community Engagement

(unless otherwise indicated, the events listed involved Morris Barer, the Institute's Scientific Director)

#### 1 – Meetings with the Research Community

Date	Event
January 24, 2001	Open Forum and meetings at University of Calgary, with Cyril Frank – Scientific Director (SD) – Institute of Musculoskeletal Health and Arthritis (IMHA))
January 30, 2001	Open Forum at Simon Fraser University, with Bruce McManus (SD – Institute of Circulatory and Respiratory Health (ICRH))
February 1, 2001	Open Forum at University of British Columbia, with Bruce McManus (SD – ICRH) and Diane Finegood (SD – Institute of Nutrition, Metabolism and Diabetes (INMD))
February 5-6, 2001	Open forum and meetings at University of Alberta, with Miriam Stewart (SD – IGH), Diane Finegood (SD – INMD) and Ruth Collins-Nakai (CIHR Governing Council (GC))
February 8, 2001	Open Forum and meetings at McMaster University, with Bruce McManus (SD – ICRH)
February 9, 2001	Complementary and Alternative Health community research priorities meeting with researchers Allan Best and Sally Thorne
March, 2001	Presentation by Vivek Goel (Institute of Health Services and Policy Research (IHSPR) Institute Advisory Board (IAB) member) to the IGH IAB regarding health services research
March 1, 2001	Open Forum and meetings at University of Toronto, with John Frank (SD – Institute of Population and Public Health (IPPH)), Roderick McInnes (SD – Institute of Genetics (IG)), Jeff Reading (SD – Institute of Aboriginal Peoples Health (IAPH)), Miriam Stewart (SD – Institute of Gender and Health (IGH)), and David Naylor (CIHR – GC)
March 2, 2001	Open Forum and meetings at University of Western Ontario, with Bhagirath Singh (SD – Institute of Infection and Immunity (III) and Roderick McInnes (SD – IG)
March 5, 2001	Meeting with Stefan Grzybowski (Family Practice researcher) re: research priorities in primary care
March 13, 2001	Open Forum and meetings at University of Manitoba, with Jeff Reading (SD – IAPH)
March 15, 2001	Open Forum and meetings at Dalhousie University, with Nuala Kenny (CIHR – GC)
March 15, 2001	Meeting with Renee Lyons (Special Advisor to the President – CIHR re: Rural Health Initiative at CIHR
March 21, 2001	Open Forum and meetings at Sherbrooke University, with Réjean Hébert (SD – Institute of Aging (IA) and Diane Finegood (SD – INMD)



March 22, 2001	Open Forum at Laval University, with Réjean Hébert (SD – IA) and Diane Finegood (SD – INMD)
March 23, 2001	Open forum at University of Montreal, with Réjean Hébert (SD – IA) and Diane Finegood (SD – INMD)
March 23, 2001	Meetings with Groupe de recherche interdisciplinaire en santé (GRIS) and Groupe de recherche sur les aspects sociaux de la santé et de la prévention (GRASP) and other small groups
March 28, 2001	Open Forum at Queen’s University, with Diane Finegood (SD – INMD) and Jeff Reading (SD – IAPH)
April 19, 2001	Open Forum at McGill University, with Miriam Stewart (SD – IGH)
April 20, 2001	Open Forum at University of Ottawa, with Roderick McInnes (SD – IG), Bhagirath Singh (SD – III) and Miriam Stewart (SD – IGH)
April 24, 2001	Meeting with Integrative Medicine and Health Network, with Phil Branton (SD – Institute of Cancer Research (ICR))
May 25, 2001	Small open forum with health economists at Canadian Health Economics Research Association (CHERA) conference
May 25, 2001	Plenary panel research presentation at CHERA meeting
May 25, 2001	Meeting with CHERA Board re: IHSPR-related matters including journal initiative, strategic initiatives, partnerships
June 8, 2001	Meeting with Judith Maxwell (Canadian Policy Research Networks)
June 13, 2001	CIHR Workshop re: Population Databases
September 24, 2001	Presentation on CIHR cross-institute initiatives at 4th International Conference on the Scientific Basis of Health Services, Sydney, Australia
October 24, 2001	Open forum and meetings, University of Regina
October 25, 2001	Presentation to Board of Trustees, Saskatchewan Health Services Utilization Research Commission (HSURC), Saskatoon
October 25, 2001	Open Forum, University of Saskatchewan
November 9, 2001	Attended health policy conference <i>Trading Away Health</i> , Centre for Health Services and Policy Research (CHSPR), University of British Columbia (UBC)
November 23, 2001	Presentation on CIHR, IHSPR initiatives to HEALNet conference, Toronto
November 28, 2001	Open forum at Children’s and Women’s Hospital, Vancouver, with Diane Finegood (SD – INMD)
December 20, 2001	Meeting with Adrian Levy (University of British Columbia), CIHR New Frontiers grant recipient re: data access project

2002	
January 10, 2002	Health Canada, Natural Health Products Directorate priority-setting conference on drug-herbal remedy drug interactions and reporting
January 10, 2002	Meeting with Jonathan Lomas (CHSRF) and Bill Swan (CHERA) re: development of a Canadian health services research association
January 11, 2002	Teleconference regarding "health services and genetics" strategic initiative development
January 19, 2002	Plenary presentation <i>Myth and Reality in Contemporary Canadian Health Care Debates</i> at UBC Global Outreach Students' Association Conference, Vancouver
January 21, 2002	Meeting with Francis Rolleston (consultant) re: gene/tissue banks – research uses and governance
January 25, 2002	Open Forum at University of Victoria, with Diane Finegood (SD – INMD)
January 25, 2002	Meeting with University of Victoria's President, Vice President Research, Associate Vice President Academic and selected researchers, with Diane Finegood (SD – INMD)
January 25, 2002	Meeting with University of Victoria's Health Research Initiatives Steering Committee, with Diane Finegood (SD – INMD)
January 25, 2002	Meeting with representatives of University of Victoria's School of Public Administration, with Diane Finegood (SD – INMD)
January 25, 2002	Meeting with faculty from University of Victoria Centre on Aging
February 6, 2002	Meeting with Ontario health researchers and Ontario Ministry of Health and Long Term Care staff re: access to data, Toronto
February 10, 2002	Presentation at priority-setting workshop on Complementary and Alternative Health Care, Toronto
February 20, 2002	Presentation on IHSPR priorities to Institute of Neurosciences, Mental Health and Addictions (INMHA) IAB, Vancouver
February 20, 2002	Meeting with Cathy Fooks (Canadian Policy Research Networks) re: knowledge translation in health human resources research
February 21, 2002	CHSRF Invitational Workshop on researcher-decision maker partnerships, Vancouver
February 22, 2002	CHSRF-CIHR CADRE program chairs and training center investigators' meeting, Vancouver
February 26, 2002	Health Reports Expert Advisory Group Meeting, CIHI, Toronto
March 28, 2002	Meeting with Parminder Raina, researcher, re: Injury research in Canada

## 2 – Meetings with Research Users and Knowledge Translation Activities

Date	Event
January 16, 2001	Open Forum with staff, Health Canada
January 16, 2001	Meeting with Health Canada ADMs and other senior staff (Denis Gauthier, Ian Shugart, Kim Elmslie, Ian Potter, David Kelly)
January 31, 2001	Meeting with British Columbia Ministry of Health senior staff and researchers
February 16, 2001	Presentation to Federal/Provincial/Territorial (FPT) Advisory Committee on Health Services
May 22, 2001	Meeting with Health Canada re tobacco contro, with Miriam Stewart (SD – IGH) and Remi Quirion (SD – INMHA)
May 23, 2001	Meeting with Canadian Centre for Minority Affairs
May 31-June 1, 2001	Facilitator, CHSRF Invited Exchange on Health Insurance Coverage
October 9, 2001	Meeting with Stephen Owen, Member of Parliament, re: CIHR and health research in B.C., with Diane Finegood (SD – INMD)
October 24, 2001	Small group meeting with Romanow Commission staff and key personnel from local health district
October 24, 2001	Small group meeting with senior Saskatchewan Ministry of Health staff, Regina
October 24, 2001	Meeting with Saskatchewan Minister and Deputy Minister of Health, Regina
October 25, 2001	Presentation to Federal/Provincial/Territorial Advisory Committee on Population Health, Saskatoon
October 25, 2001	Presentation to Board of Trustees, HSURC, Saskatoon
November 2, 2001	Meeting with Svend Robinson, Member of Parliament, re: CIHR and health research in B.C., with Diane Finegood (SD – INMD)
November 23, 2001	Presentation on CIHR, IHSPR initiatives to HEALNet conference, Toronto
<b>2002</b>	
January 9, 2002	Meeting with CIHR staff re: providing support for Romanow Commission
January 10, 2002	Health Canada, Natural Health Products Directorate priority-setting conference on drug-herbal remedy drug interactions and reporting
January 10, 2002	Meeting with Jonathan Lomas (CHSRF) and Bill Swan (CHERA) re: development of a Canadian health services research association
January 18, 2002	Meeting with Senator Carstairs and Sue Morrison (Health Canada Palliative Care secretariat) re: palliative care as a cross-cutting theme for CIHR

February 6, 2002	Meeting with Ontario health researchers and Ontario Ministry of Health and Long Term Care staff re: access to data, Toronto
February 21, 2002	CHSRF Invitational Workshop on researcher-decision maker partnerships, Vancouver
February 26, 2002	Health Reports Expert Advisory Group Meeting, CIHI, Toronto
February 27, 2002	Meeting with Patrick Rich, Canadian Medical Association re: Canadian health policy research journal

### *3 – Meetings with Actual and Potential Partners*

<b>Date</b>	<b>Event</b>
December 18, 2000	Meeting with Dick Whitney (Michael Smith Health Research Foundation) re: potential partnerships with CIHR
January 16, 2001	Open Forum with Health Canada
January 16, 2001	Meeting with Health Canada ADMs and other senior staff (Denis Gauthier, Ian Shugart, Kim Elmslie, Ian Potter, David Kelly)
February 5-6, 2001	Meeting with Matt Spence re: partnerships with Alberta Heritage Foundation for Medical Research (AHFMR)
February 22, 2001	Meeting with John Millar and Dick Alvarez re: partnerships with Canadian Institute for Health Information
February 28, 2001	Meeting with Michael Wolfson, Gary Catlin, re: partnerships with Statistics Canada, with John Frank (SD – IPPH) and Jeff Reading (SD – IAPH)
April 10, 2001	Meeting with Cameron Mustard re: partnership opportunities with Canadian Population Health Initiative, with John Frank (SD – IPPH)
April 18, 2001	Meeting with Research Working Group of Advisory Committee on Health Services re: provincial Ministry of Health research priorities and agenda; partnership opportunities
April 26, 2001	Meeting with Dana Devine (Canadian Blood Services) re: strategic priorities and partnerships
May 14, 2001	Meeting with Aubrey Tingle (Michael Smith Foundation for Health Research) re: training program partnerships, with Bruce McManus (SD – ICRH) and Diane Finegood (SD – INMD)
May 22, 2001	Meeting with Health Canada re: tobacco control, with Miriam Stewart (SD – IGH) and Remi Quirion (INMHA)
September 11, 2001	Preliminary meeting with Canadian Health Services Research Foundation (CHSRF) to develop approach to communicating with Foundation/Institute communities regarding overlapping and distinct priorities and opportunities

October 17, 2001	Meeting of Tobacco Control Summit Steering Group
October 22, 2001	Conference call with Marc Renaud (Social Sciences Health Research Council (SSHRC)); Renée Lyons (CIHR special advisor), Janet Halliwell (SSHRC) and John Frank (SD – IPPH) re: partnership opportunities
October 26, 2001	Presentation to Board of Trustees, Canadian Health Services Research Foundation, Halifax
October 26, 2001	Meeting with Krista Connell (Executive Director, Nova Scotia Health Research Foundation)
November 22, 2001	Meeting with Health Services Research Partners Forum, Ottawa
<b>2002</b>	
January 8, 2002	Meeting with partners (IPPH, CIHI) re: Hospital Adverse Events RFA
January 10, 2002	Meeting with Jonathan Lomas (CHSRF) and Bill Swan (CHERA) re: development of a Canadian health services research association
January 18, 2002	Meeting with Senator Carstairs and Sue Morrison (Health Canada Palliative Care Secretariat) re: palliative care as a cross-cutting theme for CIHR
February 8, 2002	Meeting with Health Services Research Partners Forum, Ottawa
February 27, 2002	Meeting with Sally Brown and Elinor Wilson (Heart and Stroke Foundation of Canada)
February 27, 2002	Meeting with SMARTRISK staff re: injury research priorities strategy
February 27, 2002	CIHI-CIHR Meeting re: Hospital Adverse Events research project
March 7, 2002	Meeting with Aubrey Tingle (Michael Smith Health Research Foundation) re: future partnerships
March 11-12, 2002	Health Canada/Advisory Committee on Health Infrastructure/Canada Health Infoway Inc. Workshop on "Identifying the Infostructure Needs of the Health Research Community," Alton, Ontario

#### *4 – Activities related to National Priority Setting*

<b>Date</b>	<b>Event</b>
February 21, 2001	National priority-setting workshop in Ottawa in partnership with CHSRF, CIHI, Advisory Committee on Health Services (ACHS) and Canadian Coordinating Office for Health Technology Assessment (CCOHTA)
February 27, 2001	First of four regional priority-setting workshops. Partnered with CHSRF, CIHI, ACHS and CCOHTA, in Toronto. Also attended by Vivek Goel (IHSPR – IAB member)
March 9, 2001	Second of four regional priority-setting workshops. Partnered with CHSRF, CIHI, ACHS and CCOHTA, in Vancouver

March 12, 2001	Third of four regional priority-setting workshops. Partnered with CHSRF, CIHI, ACHS and CCOHTA, in Winnipeg
March 14, 2001	Fourth of four regional priority-setting workshops. Partnered with CHSRF, CIHI, ACHS and CCOHTA, in Halifax
April 9-10, 2001	Priority-setting synthesis workshop, with CHSRF, CIHI, ACHS and CCHOTA and invited experts
September 11, 2001	Meeting with CHSRF, CIHI, ACHS and CCOHTA re: partnering on research priorities emerging from <i>Listening for Direction</i>

### 5 – CIHR / Institute Related Activities and Meetings

Date	Event
December 4-6, 2000	Inaugural Meeting of CIHR SDs
January 18-19, 2001	Second Meeting of CIHR SDs
February 22-23, 2001	Third Meeting of CIHR SDs
February 22, 2001	Joint Meeting, CIHR SDs and Governing Council
March 18, 2001	CIHR SDs Science retreat
March 19-20, 2001	Fourth meeting of CIHR SDs
March 27, 2001	Inaugural meeting of IHSPR's IAB
April 11-12, 2001	Fifth meeting of CIHR SDs
May 14, 2001	Conference call with IAB Training Working Group
May 16, 2001	Conference call with IAB Strategic Research Priorities Working Group
May 23-24, 2001	Sixth meeting of CIHR SDs
May 29-30, 2001	Second Meeting of IHSPR's IAB
June 7, 2001	"Speakers' Bureau" research presentation for CIHR staff
June 14-15, 2001	Seventh Meeting of CIHR SDs
July 26, 2001	Posted IHSPR's "Strategic Directions Outlook" to CIHR web site
August 15, 2001	Meeting with consultants re: Strategic priorities for the CIHR Institute of Human Development, Child and Youth Health
August 16-17, 2001	Ninth Meeting of CIHR SDs

September 13-14, 2001	Tenth Meeting of CIHR SDs
September 29-30, 2001	Third Meeting of IHSPR's IAB
October 3, 2001	Meeting with CIHR Peer Review Chairs and Scientific Officers re: restructuring peer review
October 18-19, 2001	11th Meeting of CIHR SDs
November 8, 2001	12th Meeting of CIHR SDs
December 4-5, 2001	13th Meeting of CIHR SDs
December 13-14, 2001	Fourth Meeting of IHSPR's IAB
January 8, 2002	14th Meeting of CIHR SDs
January 8, 2002	Meeting with CIHR SDs re: development of "health disparities" as cross-cutting theme
January 8, 2002	Meeting with CIHR partnerships branch staff, re: future CIHR support for partnerships development
January 9, 2002	First Meeting of CIHR Research Priorities and Planning Committee (RPPC)
January 10, 2002	IHSPR IAB sub-group meeting on strategic plan
February 4, 2002	Second Meeting of CIHR RPPC
February 5, 2002	15th Meeting of CIHR SDs
February 11, 2002	Search/interview committee, CIHR Vice President, Partnerships and Knowledge Translation
February 18, 2002	CIHR Training grants funding meeting
March 5, 2002	Meeting re: partnering with Ill on "antibiotic resistance" as strategic priority
March 5-6, 2002	Third Meeting of CIHR RPPC
March 5-6, 2002	16th Meeting of CIHR SDs
March 26, 2002	Conference call meeting of CIHR SDs

## Appendix 3

### Strategic Research Initiatives Awarded in 2001/2002

#### *Financing Health Care in the Face of Changing Public Expectations – September 2001*

Principal Investigator	Institution	Research Project Title
ABELSON, Julia	McMaster University	Understanding the influences on public values about health care services and their financial arrangements: An empirical study
DEBER, Raisa	University of Toronto	Public and private in financing and delivery: Trends in private delivery of health care services in key sectors, and its relationship to that sector's market structures and financing

#### *Improving Access to Appropriate Health Services for Marginalized Groups – September 2001*

Principal Investigator	Institution	Research Project Title
BROTMAN, Shari	McGill University	The health and social service needs of gay and lesbian elders and their families: An exploration in three Canadian cities
DEWA, Carolyn	Centre for Addiction and Mental Health	Examining the effectiveness and cost-effectiveness of a mobile treatment team approach to delivering care for first episode psychosis
GAGNON, Anita	McGill University	Needs of refugee mothers after pregnancy-early response services
JEFFERY, Bonnie	University of Regina	First Nations' health development: Tools for assessment of health and social service program impacts on community wellness and capacity (funded by IPPH and IAPH)
TOUSIGNANT, Pierre	Hôpital Maisonneuve-Rosemount	Adéquation entre les services sociaux et de santé de première ligne et les besoins des populations immigrantes

#### *Improving Quality of Health Care in Canadian Hospitals: A Research Study – August 2001*

Principal Investigator	Institution	Research Project Title
BAKER, Ross	University of Toronto	The incidence of adverse events in Canadian hospitals: an inter-provincial analysis



## Appendix 4

Examples of CIHR Community Alliance for Health Research (CAHR) Projects that have a Health Services and Policy Research Focus 2001

Principal Investigator	Institution	Research Project Title
BEST, Allan	Vancouver Hospital and Health Sciences Centre	Best Practices for Co-ordinated Health Promotion and Health Services in Midlife
CHAD, Karen	University of Saskatchewan	Saskatoon in Motion: Building Community Capacity through Physical Activity and Health Promotion
DEBER, Raisa	University of Toronto	From Medicare to Home and Community: Overtaking the Limits of Publicly Funded Health Care in Canada
HILLS, Marcia	University of Victoria	Transforming Primary Health Care from Rhetoric to Practice: Collaborative Action for Health and Social Change
HUTCHISON, Brian	McMaster University	Community Care Research and Mentorship Program
LYONS, Renée	Dalhousie University	Community Alliance for the Remodelling of Rural Health Systems: Taking Action on Chronic Illness
MARTENS, Patricia	University of Manitoba	The Need to Know: Collaborative Research by the Manitoba Centre for Health Policy and Evaluation, Rural and Northern Regional Health Authorities, and Manitoba Health
McGRATH, Patrick	Dalhousie University	Family Help Community Alliance for Health Research: Research-Driven Primary Mental Health Care for Children and Adolescents
O'NEIL, John	University of Manitoba	An Examination of Factors Contributing to a More Effective Health Care System for Aboriginal People
YASSI, Annalee	University of Manitoba	Making Healthcare a Healthier Place to Work: a Partnership of Partnerships

## Appendix 5

### Canada Research Chairholders with a Health Services and Policy Research Focus 2001

The key objective of the Canada Research Chairs Program is to enable Canadian universities, together with their affiliated research institutes and hospitals, to achieve the highest levels of research excellence, to become world-class research centres in the global, knowledge-based economy. The following distinguished scholars have been supported as Canada Research Chairs by the federal government in the area of health services and policy research.

Researcher	Institution	Research Focus
Bombardier, Claire	University of Toronto	Using innovative technologies to bridge the gap between research evidence and clinical practice, with application to chronic musculoskeletal conditions.
Cook, Deborah	McMaster University	Translating research into medical practice in Intensive Care Units.
Ghali, William	University of Calgary	Studying health care delivery for common medical conditions such as diabetes, cerebrovascular and venous thromboembolic diseases.
Grimshaw, Jeremy	University of Ottawa	Systematic review and evaluation of dissemination and implementation strategies; methodological research to develop a framework and tools for implementation activities.
Jadad, Alex	University of Toronto	Research on how to help people use e-health innovations to achieve the highest possible levels of health, and to help health systems make the most efficient use of available resources.
Roos, Noralou	University of Manitoba	Population health; describing and explaining patterns of care, and profiles of illness; exploring socio-economic factors that influence health.
Tu, Jack	University of Toronto	Analyzing large databases to improve the quality of medical care received by cardiac patients in Canada.

## Appendix 6

### Examples of CIHR Awards 2001 with Health Services and Policy Research Focus

#### *Career Awards*

<b>Career Award</b>	<b>Principal Investigator</b>	<b>Institution</b>	<b>Research Project Title</b>
CIHR Distinguished Investigator	STIELL, Ian	Loeb Research Institute (Ottawa)	Emergency health services research
CIHR Senior Investigator	JOSEPH, Lawrence	McGill University	Applied Bayesian biostatistics: Methodological development in diagnostic and longitudinal studies
CIHR Investigator	ROCHON, Paula	Baycrest Hospital (North York)	Optimizing prescribing for older adults
CIHR New Investigator	ALTER, David	University of Toronto	The relationship between socioeconomic status, quality of care, and outcomes following acute myocardial infarction
CIHR New Investigator	LAVIS, John	McMaster University	Knowledge transfer and uptake in health policy-making environments
CIHR New Investigator	MONNAIS-ROUSSELOT, Laurence	Université de Montréal	La santé des immigrants canadiens: La consommation de médicaments des immigrants vietnamiens de Montréal et de Toronto
CIHR New Investigator	SCHULL, Michael	Sunnybrook & Women's College Health Sciences Centre	Pre-hospital and emergency health services in Canada

*Training Awards*

<b>Training Award</b>	<b>Principal Investigator</b>	<b>Institution</b>	<b>Research Project Title</b>
CIHR Postdoctoral Fellowship	JUURLINK, David	Institute for Clinical Evaluative Sciences, Toronto	A population-based study of drug interactions in the elderly
CIHR Postdoctoral Fellowship	KELLEY, Mary Lou	University of Victoria	Palliative care in rural Canada
CIHR Postdoctoral Fellowship	TANNENBAUM, Cara	McGill University	Older women's perceptions of gender-related health issues and barriers towards effective utilization of health care services
CIHR Postdoctoral Fellowship	TOURANGEAU, Ann	University of Toronto	Theory development and testing: Factors affecting plans/decisions made by registered nurses to remain in or leave employment as clinical nurses in acute care hospitals
CIHR Doctoral Research Award	McGRAIL, Kimberlyn	University of British Columbia	Measuring the performance of the health system in British Columbia.
CIHR Doctoral Research Award	GILBART, Erin	University of Toronto	Policy implications of implementing clinical practice guidelines in long-term care settings: Barriers and best practices

## Appendix 7

### 2001 CADRE Post-Doctoral Award Recipients

Researcher	Institution	Research Focus
DOBBINS, Maureen	McMaster University	Models of knowledge transfer and use among healthcare decision makers
GIBSON, Jennifer	University of Toronto	Describing the priority-setting process
LAPORTE, Audrey	University of Toronto	Influence of socio-economic status on access to home care
MILL, Judy	University of Ottawa	Determinants of disadvantaged women's vulnerability to HIV infection
MITTON, Craig	University of Calgary	Development of a priority-setting 'toolkit' for use by managers in health regions
ROOK, Melanie	McGill University	Detecting, explaining and redressing health inequalities
SOBERMAN, Liane	University of Toronto	Interpreting the data from a new study of harm caused by medication error
STAJDUHAR, Kelli	University of Victoria	Elements needed to design an effective, efficient, comprehensive and co-coordinated delivery system for palliative care
SUTHERNS, Rebecca	University of Western Ontario	Sustainable models of rural maternal care provision
TOURANGEAU, Ann	University of Toronto	Factors that affect registered nurses' decision to stay in or leave clinical nursing practice
YOUNG, Wendy	University of Toronto	Evaluating the impact of an integrated community pathway for heart attack patients

## Appendix 8

### CADRE Chair Award Recipients

#### **Pat Armstrong**

Pat Armstrong, a sociology professor at Toronto's York University with expertise in social policy and women's studies, is also a partner at the university's National Network on Environments and Women's Health; in addition, she was the director of the School of Canadian Studies at Carleton University. As a CHSRF/CIHR chair, she will develop an innovative graduate program – to be housed at York – that will train students in health policy and politics, with an emphasis on women's interests. Her decision-maker partners are the Canadian Federation of Nurses Unions and the Women's Health Bureau at Health Canada.

#### **Peter C. Coyte**

Peter C. Coyte, a professor at the University of Toronto's Department of Health Administration, is one of the founders of the Home Care Evaluation and Research Centre at the university. As a CHSRF/CIHR chair, Coyte will lead a program of education and research focusing on performance measurement in home care, including the development of reliable appraisal tools and encouragement of the use of evidence in home care policy-making. Coyte will work in collaboration with 11 agencies, including home care providers.

#### **Lesley Degner**

Lesley Degner is a registered nurse with a PhD in nursing, specializing in cancer care. She is a professor in the faculty of nursing at the University of Manitoba and senior investigator of the Cancer Nursing Research Group. As a CHSRF/CIHR chair, Degner will create a master's of nursing oncology program and will partner in a new joint doctoral program

emphasizing the links between practice, research and policy. Her decision-maker partner is the Centre for Behavioural Research and Program Evaluation, a joint program of the Canadian Cancer Society and the National Cancer Institute of Canada.

#### **Jean-Louis Denis**

Jean-Louis Denis, professor in the interdisciplinary health research group at the Université de Montréal, started his academic career in anthropology before doing graduate work in health services administration, community health and organizational behaviour – a blend that has led to his research on management and organizational issues in the healthcare system. As a CHSRF/CIHR chair, Denis will lead training and research programs on managing change in healthcare organizations, looking at strategies for managing transformation and developing new governance structures and at the role of research in developing organizations. Denis' decision-maker partner is the Régie régionale de la santé et des services sociaux de Montréal-Centre.

#### **Alba DiCenso**

Alba DiCenso has a PhD in health studies and is a professor in both the School of Nursing and the Department of Clinical Epidemiology and Biostatistics at McMaster University. DiCenso has done extensive research on nurse practitioners, which will take a new direction in her work as a CHSRF/CIHR chair. DiCenso plans to lead a program of education and research on nurse practitioners that will provide a new body of knowledge for decision makers across Canada. DiCenso will work with Ontario's chief nursing officer.

### **Nancy Edwards**

Nancy Edwards has a bachelor's degree in nursing and a PhD in epidemiology. An associate professor at the University of Ottawa's School of Nursing, she is director of the Community Health Research Unit. Edwards specializes in community health issues and as a CHSRF/CIHR chair, she will lead a program of education and research on community nursing interventions and the best ways to disseminate them, influence policy and improve community care. Her decision-maker partners are the Ottawa-Carleton Health Department and the Sisters of Charity of Ottawa Health Service.

### **Paula Goering**

A nurse with a PhD in medical science, Paula Goering is a professor in the Department of Psychiatry at the University of Toronto and director of the Health Systems Research and Consulting Unit at the Centre for Addiction and Mental Health. As the holder of a CHSRF/CIHR chair, she will lead a program of education and research focused on training people to build continuous interplay between researchers and decision makers and on the dissemination of best practices. Goering's decision-maker partners are the Federal/Provincial/Territorial Advisory Network on Mental Health and the Ontario Ministry of Health and Long-Term Care.

### **Janice Lander**

Janice Lander is a registered nurse and has a PhD in psychology. She is a professor in the faculty of nursing at the University of Alberta, where her own work has focused on pain management. Lander has always worked closely with front-line practitioners and as a CHSRF/CIHR chair, will lead a program of education and research on developing tools for the evaluation of nursing care and strategies to improve it. Her work will be done in collaboration with Edmonton's Capital Health Authority.

### **Réjean Landry**

An economist and political scientist at the Université Laval, Réjean Landry specializes in public-policy research with a particular emphasis on the use of evidence and research in the development of policy. As a CHSRF/CIHR chair, Landry will lead a program of education and research on how to encourage decision makers to use research and how to encourage the creation of strategic alliances between researchers and decision makers to increase applied research capacity in health services. He will be working with Quebec's Ministry of Health and Social Services.

### **Linda O'Brien-Pallas**

Linda O'Brien-Pallas is a registered nurse and holds a PhD in medical science. A professor in the faculty of nursing at the University of Toronto, she is also co-principal investigator of the Nursing Effectiveness Utilization and Outcomes Research Unit. O'Brien-Pallas specializes in nursing human resources issues and as a CHSRF/CIHR chair, she will lead a program of education and research focused on developing knowledge of health human resources and related policy-making. She will be working in collaboration with Ontario's Ministry of Health and Long-Term Care and the University Health Network.

### **Louise Potvin**

A professor in the Department of Social and Preventive Medicine at the Université de Montréal, Louise Potvin holds a PhD in community health and has done extensive work on evaluating community health programs. As a CHSRF/CIHR chair, Potvin will lead a program of education and research into how people's health is shaped by social circumstances and how public health programs can affect the health of socially disadvantaged people. She will be working in collaboration with the Direction de la santé publique de la Régie régionale de la santé et des services sociaux de Montréal-Centre.

### **Ingrid Sketris**

Ingrid Sketris, a professor in the College of Pharmacy at Dalhousie University, trained as a pharmacist and balances practicing her profession at Halifax's Queen Elizabeth II Health Sciences Centre with academic duties and research on improving drug use and drug policy. As a CHSRF/CIHR chair, she will lead a program of education and research on developing drug-use management tools for Nova Scotia – work which will be transferable to other centres across Canada. Sketris' work will be done in conjunction with the Nova Scotia Department of Health.

## CADRE Training Centres

### **National:**

The Centre for Knowledge Transfer is the first of its kind in Canada, led by the University of Alberta and involving the Universities of Saskatchewan and Manitoba and Université Laval.

### **East:**

The Atlantic Regional Training Centre in Applied Health Services Research is based at University of New Brunswick, Newfoundland's Memorial University, and Nova Scotia's Dalhousie University.

### **Quebec:**

The FERASI nursing centre (Formation et expertise en recherche en administration de services infirmiers/Training and expertise in nursing administration research) is based at the Université de Montréal, McGill University and Université Laval.

### **Ontario:**

New in 2002, the Ontario Training Centre in Health Services and Policy Research is based at McMaster University, and is a consortium of six universities: McMaster, Laurentian, Lakehead, Toronto, York and Ottawa.

### **West:**

The Western Regional Training Program in Health Services Research is based at the Universities of British Columbia and Manitoba, and also involves the University of Northern British Columbia.



## Appendix 9

### Examples of CIHR Strategic Training Initiatives that have a Health Services and Policy Research Focus 2001

Principal Investigator	Institution	Research Project Title
DI CENSO, Albina	McMaster University	Development and evaluation of an Ontario Health Services Research Training Centre
DOWNIE, Jocelyn	Dalhousie University	CIHR training program in health law and policy
ELLEN, Richard	University of Toronto	Health applications of cell signaling in mucosal inflammation and pain
FRANKISH, James	University of British Columbia	Transdisciplinary training in community partnership research: Bridging research to practice
LAU, Francis	University of Victoria	A collaborative health informatics research training program
LEDUC, Nicole	Université de Montréal	Programme de formation en analyse et évaluation des interventions en santé pour la prise de décision et les politiques (Training program for analysis and evaluation of health interventions in the fields of policies and decision-making)
LIU, Peter	University of Toronto	A training program in cardiovascular research: Molecules to populations, heart failure to prevention
McDONALD, Michael	University of British Columbia	Proposal for an ethics of health research training program
MCKEEVER, Patricia	University of Toronto	Health care, technologies, and place: A transdisciplinary research training program
STEWART, Moira	University of Western Ontario	Interdisciplinary research training in primary health care research

## Appendix 10

Examples of CIHR Interdisciplinary Health Research Teams (IHRT) that have a Health Services and Policy Research Focus

Principal Investigator	Institution	Research Project Title
BELAND, François	Sir Mortimer B. Davis Jewish General Hospital, Montreal/Université de Montréal	The Challenge of Understanding and Meeting the Needs of Frail Older Persons in the Canadian Health Care System
BEST, J. A.	University of British Columbia	Coordinating Prevention and Health Services in Midlife
McGEER, Allison J.	Mount Sinai Hospital, Toronto	Preventing the Emergence of Antimicrobial Resistance
McLAUGHLIN, John	Mount Sinai Hospital, Toronto	Interdisciplinary studies of the determinants, impact and control of colorectal cancer. A genetic- epidemiological and population-based approach.
NICHOL, Graham	Ottawa Health Research Institute	Cardiovascular Outcomes Related to Economics
TU, Jack V.	Sunnybrook & Women's College Health Sciences Centre	Canadian Cardiovascular Outcomes Research Team (CCORT)

## Appendix 11

Institute of Health Services and Policy Research  
Staff Directory as of March 31, 2002



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