



Canadian Institutes
of Health Research

Instituts de recherche
en santé du Canada

Canada



CANADIAN INSTITUTES OF HEALTH RESEARCH

**Institute of Health Services and Policy Research
Institute of Population and Public Health**

**ICE/Centres Meeting
January 20-21, 2005
Toronto, Ontario**

MEETING SUMMARY



CANADIAN INSTITUTES OF HEALTH RESEARCH
Institute of Health Services and Policy Research
Institute of Population and Public Health

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SUMMARY

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Day 1 –Thursday, January 20, 2005

DAY 1 JOINT SESSIONS

1.0 Welcome and Introduction

Drs. Champagne and Savoie welcomed everyone to the inaugural meeting of Centres for Research Development and Interdisciplinary Capacity Enhancement Teams (ICE). They signalled the importance of the Centres and ICE teams to IPPH and IHSPR, as a key strategy to build population and public health (PPH) research and health services and policy research (HSPR) and knowledge exchange capacity. They further commented on how the Centres and Teams were on the forefront of charting and supporting innovative and interdisciplinary PPH and HSP research and facilitating its application to inform policies, programs, and practices.

2.0. Setting the Stage: How do the Centres and ICE Teams fit in the big picture?

Drs. John Frank and Morris Barer provided an overview. The following is a summary of the slides presented.

The objectives of the presentation were as follows:

- To trace origins of ICE (IHSPR) and Centres (IPPH)
- To provide context – how did ICE Teams and Centres fit within CIHR's capacity/infrastructure strategy
- To discover whether there a place for ICE Teams and Centres in CIHR's future
- To explain some things to think about as we move through the next two days

History

Community Alliances for Health Research

- Though not exclusively designed for themes 3 and 4, clearly intended to signal broadening out of CIHR, relative to MRC, into themes 3 and 4
- One competition launched by Interim Governing Council in collaboration with SSHRC in Oct '99 in order to “foster excellent research of relevance to community groups and agencies “facilitates mutual learning and collaboration among community organizations and partnerships with researchers based in local universities, hospitals and other not-for-profit institutions”
- Majority of these were in themes 3 and 4

Interdisciplinary Health Research Teams

- One competition launched by Interim Governing Council - 1999
- IHRT's are interdisciplinary, multi-centre collaborations between at least two of the four themes of health research, with an emphasis on research translation between the sectors, and focused on an important health problem.
- Relatively fewer of these in themes 3/4

Capacity for Applied and Developmental Research and Evaluation (CADRE)

- Competition launched by Interim Governing Council in collaboration with CHSRF – Nov '99
- “to develop increased capacity in applied health services and policy research”



- “an increase in the orientation of the existing and developing stock of health services and policy researchers toward the application and use of research”
- Chairs, regional training centres, career reorientation and postdoctoral fellows

CIHR Group Program

- Standing, open competition, ~\$40M per annum
- Holdover from MRC
- designed to provide support for teams of three or more investigators undertaking collaborative multidisciplinary health research in Canadian research institutions or communities. A *CIHR* Group consists of at least three *CIHR*-funded operating grants, each scientifically meritorious and led by a different principal investigator, which together form an integrated research program.
- Last LOI intake was August 2002

Strategic Training Programs in Health Research

- Predated individual institute strategic plans, but capacity building a likely priority for all
- CIHR’s first all-Institute strategic program, and it’s first new funding ‘tool’
- Key objectives:
 - Increase capacity
 - Create new transdisciplinary training environments in Canada
 - Emphasize training in effective knowledge translation to interested/affected potential users of research evidence
- Major investment: 84 teams funded in two competition cycles; \$140 million over 6 years.

New & Emerging Teams also emerged in 2001, an IA/INMD concept intended to:

- Foster multidisciplinary and cross-theme research in identified areas of focus;
- Train and establish new investigators in identified areas of focus;
- Create a team environment that favours the development of new fundable research projects
- By 2003 - CIHR posted a NET RFA with 12 Institutes participating
- “... dedicated to supporting outstanding research, capacity-building and knowledge translation initiatives designed to improve the way health care services are organized, regulated, managed, financed, paid for, used and delivered, in the interest of improving the health and quality of life of all Canadians.

2001 – Strategic Plan for IHSPR

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

Build a Community of Excellent Researchers
Expand and Enhance Research Resources
Support Strategic Research
Translate Knowledge



From NETs to ICE

- IHSPR IAB view that priority for IHSPR community was infrastructure support
- Wanted a tool that would focus on knowledge translation, drawing in new talent, and encouraging inter-institutional and interdisciplinary collaboration in priority policy/management areas
- Designed by IHSPR; original competition also involved IG and IMHA
- Overwhelming response (37 apps); 13 funded

Mission Statement

- IPPH will support research into the complex interactions (biological, social, cultural, environmental), which determine the health of individuals, communities, and global populations; and, the application of that knowledge to improve the health of both populations and individuals, through strategic partnerships with population and public health stakeholders, and innovative research funding programs.

Need for Centres

- Charting the Course consultations revealed:
 - Uneven playing field across country (calling for need to address regional disparities)
 - Lack of population and public health (PPH) research and KT infrastructure
 - Need for novel capacity building funding vehicle

IPPH's Strategic Research Priorities

- Capacity Building for Cutting-Edge and Relevant PPH Research and its Application
- Understanding and Addressing the Impacts of Physical and Social Environments on Health
- Analyzing and Reducing Health Disparities
- Global Health
- Environmental and Genetic Determinants of Disease in Human Populations

Centres for Research Development

- Centre Objectives
 - Better position teams of researchers, in newly emerging and less developed fields, for accessing open-competition (investigator-initiated) research funding;
 - Promote networking and mentoring across researchers and existing institutions;
 - Foster meaningful interactions with policy makers, public and voluntary sector program administrators, and clinical and public health practitioners;
 - Create a sustainable path for the activities of Centres for Research Development, with committed multi-year funding; and, facilitate capacity building in regions of Canada with underdeveloped research strengths.

Current Context for Centres

Changing PPH landscape

- Establishment of Public Health Agency of Canada and appointment of Canada's first Chief Public Health Officer
- Agency will, for example:
 - Increase emergency response capacity
 - Enhance surveillance capacity



- Facilitate establishment of regionally-based national collaborating centres in public health
- Strengthen international coordination and collaboration

National Collaborating Centres

Each National Collaborating Centre will draw on regional expertise and complement the contributions of other organizations in the pan-Canadian public health system, including the Public Health Agency of Canada, the provinces and territories, academia and on governmental organizations

May 2004, Health Canada Press Release.

The first six centres will work on priority areas of interest as follows:

1. The National Collaborating Centre for Social Determinants of Health (Atlantic Canada)
2. The National Collaborating Centre for Public Policy and Risk Assessment (Quebec)
3. The National Collaborating Centre for Infrastructure, Info-Structure and New Tools Development (Ontario)
4. The National Collaborating Centre for Infectious Diseases (Prairies)
5. The National Collaborating Centre for Environmental Health (British Columbia)
6. The National Collaborating Centre for Aboriginal Health (British Columbia)

Proposed Collaborating Centre Functions

- Knowledge synthesis
- Identification of gaps to inform priorities for applied research, etc.
- Knowledge translation
- Network development

The Way Forward -- Role of Institute of Population & Public Health

- Support development of Centre network to begin identifying opportunities for collaboration (e.g. joint research and knowledge translation projects, Summer Institutes, facilitate linkages between Centres and with other PPH initiatives)
- Facilitate joint development of common evaluation framework to measure impact of Centres as innovative structures and “PPH change agents”
- Other potential roles of the Institute – for discussion

CIHR Blueprint (2003)

Five key areas where CIHR will focus from 2003-2008:

1. Strengthen Canada's health research community.
2. Address emerging health challenges and develop national platforms and initiatives.
3. Develop and support a balanced research agenda that includes research on disease mechanisms, disease prevention and cure, and health promotion.
4. Harness research to improve the health status of vulnerable populations.
5. Support health innovations that contribute to a more productive health system and prosperous economy.

The Future:

Better, Simpler CIHR

Diagnosis:

- Too many partially overlapping funding tools
- Too many RFAs

Treatment:



- Consolidate funding tools
- Reduce # of RFAs

First Steps

Teams Grant

- Annual, open competition
- Expert teams
- Launched in September 2004
- In the future – open with priority announcements
- Intended to supplant groups, CAHRs, IHRTs

Emerging Teams (name?)

- Annual, open competition
- New and emerging teams
- Launch expected in June 2005
- Open competition with priority announcements

What's to become of ICE and Centres?

Options:

- New Institute-specific RFAs
- Standing competition for one or both
- Melt the ICE – collapse into other two standing competitions
- Much will depend on “better, simpler”, funding, and evaluation

The presentation was followed by a question and answer period.

Dr. Morris Barer, Scientific Director, Institute of Health Services and Policy Research (IHSPR) and Dr. John Frank, Scientific Director, Institute of Population and Public Health (IPPH) helped to set the stage for the discussions by providing a presentation about CIHR – past, present and future . A copy of the presentation is attached. The presentation was followed by a question and answer period, which is summarized below.

One participant asked whether there was a plan to convert ICE/Centres into standing competitions. It was noted that this would likely occur through CIHR's Simplifier, Better CIHR exercise (refer to slide 27); however, it is possible that IHSPR could run another ICE competition in the future. While CIHR has already moved towards one consolidated tool, in the case of Large Team Grants, this new model is recognized to be missing elements when compared to the Centre or ICE tools. One participant commented that a six-year rather than five-year grant for ICE teams would have been preferable, given the significant amount of time required for start-up.

Identifying the outcomes of the Centre and ICE initiatives was highlighted as a key objective of the Institutes, and a necessary precursor to any subsequent competition for either funding tool. There is also a need to use qualitative methods for capturing the work of the Centres and ICEs. Given the duration of these grants (i.e. Centres have six years of funding and ICEs have five), it is unclear where CIHR stands and what funding options exist for the future. The Institutes are hopeful that there will be more options in the future to address emerging needs. Questions were raised about what collaboration with the Collaborating Centres for Public Health and Public Health Agency of Canada would look like, and the role of the IPPH in facilitating these connections (see slide 22). One individual asked about how cross-cutting themes (e.g. injury



prevention) fit into the picture. It was noted that cross-cutters have been classified into first and second tier, and that Large Team and New Emerging Team (NET) grants would work well to address the second tier initiatives, subject to the availability of funding.

There was some discussion about what strategies could be employed for educating and influencing the general public about our work. While the Institutes' ability to do this is limited given minimal staffing, more proactive approaches to getting our messages across via the media were recommended.

Some questioned what CIHR was doing to link with provincial funders to support strategic initiatives and strengthen infrastructure. IHSPR does have some provincial funders as partners on selected ICE teams. These arrangements need to be negotiated in advance so provinces do not feel as though they are picking up "second rate" research and that they feel truly engaged in the funding initiative. Some wondered what CIHR was doing to strengthen public health 'receptor capacity' to create a demand for evidence. IPPH has been very concerned about strengthening public health capacity in Canada. We need to involve policy makers and practitioners in Summer Institutes, training programs, and other activities. Unfortunately, academia in Canada had not been very welcoming. The best in the field are not being attracted to take on careers in the public service. This is one of the greatest challenges. At least in the area of pillar 3, CADRE investments are heavily oriented to partner involvement in merit review, training etc. Also, there are selected group of institutes now building knowledge translation casebooks to share successful and unsuccessful stories with decision-makers and trainees.

3.0 ICE Teams Breakout Session

3.1 Roundtable introductions:

Heather Boon facilitated the first segment of the ICE Teams concurrent meeting. To begin the session, she asked all of the ICE Team representatives to introduce themselves to the group and to give a brief description of their work and what they hoped to accomplish over the course of the day.

3.2 Discussion of Pre-Survey Themes

Heather asked the group to list the ICE Team "Bests" and "Challenges". Following a lengthy discussion, the lists below represent a synthesis of what was expressed by the group:

Bests:

- Resources and stability to attract new researchers from other disciplines
- New and multidisciplinary team building
- Working with decision makers and consumers
- Bridging smaller networks
- Creation of a KT model with partners
- Transfer of new knowledge and expertise to a new area
- Building and expanding existing groups

Challenges:

- Communication among the ICE Team (geography and language barriers)
- Reconciling KT with Research (i.e. scientific productivity)



- Long-term sustainability (leveraging) and, overlap/duplication and linkages between ICE Teams

The themes listed in the challenges column were identified as priorities to discuss as a group in order to develop practical strategies, and action items to address them and move forward.

3.3 Discussion/Action planning on priority themes

3.3.1 Communication

Communication challenges emerged as a priority, both in the pre-survey and in the group discussion. Thus, the group elected to discuss this theme first.

The participants decided that the scope of communication first needed to be defined and the following groups were identified as being part of the communication process:

- ICE Teams (members, trainees and governance structure)
- Collaborators
- Partners (funding and policy)
- Public

Everyone agreed that one of the main communication goals is to create incentives for people to collaborate and to participate.

a) Description of communication within the ICE Team:

ICE Teams need to be attractive and visible in order to draw other researchers to join the network; thus the value-added of joining the network must be evident. ICE Teams must also be able to demonstrate how their area fits within the larger discipline, for example, convincing politicians that Health Services and Genetics is an important topic.

While the majority of the core ICE Teams are made-up of researchers, some Teams are mainly composed of co-principal Investigators, while others are mainly driven by trainees.

All of the Teams expressed communication difficulties related to geographical barriers, making it difficult to hold face-to-face meetings. Face to face meetings are important to gain a common understanding of what every member is contributing to the team, which is necessary to establishing trust. The key is getting people together and creating a space to learn from each other. Thus, the core Team needs to be in a proactive environment where members are intimately linked and can explore ways of creating synergies.

Most ICE Teams agreed that it was important to focus on internal team building first and that overtime, a natural shift toward external collaborations will occur. Such a shift could focus on building receptor capacity and gaining community support by showing what the research has accomplished and what it can do.

Building capacity and training students was considered by the participants to be feasible; however, retaining trainees in the field was considered a challenge, mostly due to the lack of sustainable funding opportunities.



Finally, developing a common language, an identify, and getting people motivated to apply for funds were identified as key priorities.

b) Strategies for internal communication:

Technology (lotus notes, IBM, videoconferencing, intranet site...), was identified as a key strategy to facilitate information sharing and communication. However, it is important to make sure that the technology is user friendly and that not too much time need to be devoted to it. One type of technology suggested by IRSST was the “learning history” tool. This is a business research tool, developed at Harvard to help teams keep track of their projects as they progress. For example, it can record the history of key investigator interviews and allow for comments to be added to the interview results. It can also identify changes in cultures and allows for information sharing.

Some groups were able to manage their communication with regular meetings via teleconference. They noted that making relevant information accessible was key (i.e. sharing information ahead of time like presentation materials and placing literature referred to on web site) Others found that videoconferencing worked best, in combination with face-to-face meetings. The Team based at Laval University is able to borrow videoconferencing equipment from the University. Nonetheless, all Teams agreed that face to face meetings are essential to establishing links and that funding should allow for this type of interaction. Some Teams found it helpful to tag on their face-to-face meetings with other events, to save on travel costs.

One Team adopted a “bottom-up approach” whereby trainees are brought together to work in the same physical location for a few months, which increases linkages and facilitates learning, regardless of their backgrounds.

Many groups rely heavily on their coordinator for communication. The coordinator, for example, will send regular e-mail notification on various items (i.e. job opportunities, events, publications...) and will keep the team updated and engaged.

Some Teams organized Seminar Series, whereby everyone talks about the research they are conducting, while other Teams organized semi-annual retreats to share information.

c) Strategies for external communication:

The creation of an advisory committee, which meets approximately twice a year to hear what the Team is doing, was identified as an important strategy to facilitate external communication. A similar strategy was the establishment of an executive committee, composed of researchers and policy-makers from various organizations and levels, which meets on a monthly basis, via teleconference, in-order to foster a decision-making process that is transparent and regular.

Four ICE Teams reported hosting annual symposiums in order to foster external connections with NGOs, ministries, collaborators and junior researchers that may be interested in joining the Team. These events allow for profiling and networking over and above presentations and can also facilitate linkages between ICE Teams. The core Team’s expenses were covered by the ICE budget and planned for from the beginning. Additional funds needed to be leveraged from other sources.

Shoo Lee suggested that Deputy Ministers and practitioners be involved in the research project(s) from the very beginning. Thus, the ICE Team must work at three levels: 1) at the practitioner



level to change guidelines, 2) at the professional body level to change policies and at the regional health authority level to create a mutual learning environment (i.e. get the authorities to approach the Team for advice on policies...). This model has been successful for knowledge transfer and in gaining credibility. It is however, very time consuming, but in the end is worthwhile in terms of leveraging funds and informing health authorities on policies and how to implement them. It is important to understand what the policy makers are facing and to learn how to speak their language in order to develop common interests and linkages.

Some Teams have partnered with other training centres to co-fund trainees and share resources.

One Team developed a website to engage stakeholders and to build a network. For example, this site can be used to administer surveys on priorities across Canada and to solicit feedback.

Regardless of the strategies used, all the Teams agreed that creating collaborations required a significant time investment and that there was largely no way around it.

3.3.2 KT versus Scientific Research

a) Defining the problem:

The group felt that we needed to capture KT more broadly; and that it should include processes related to large team building.

The tension between KT and scientific productivity exists due to the disconnect between the objectives of the ICE program and academic rewards. For example, a key aspect of the ICE program is to enhance capacity of non full-time researchers¹ to improve their own systems with respect to policies and this objective does not translate into CIHR applications.

Since ICE involves 1) capacity building, 2) KT and 3) network building, it is difficult to master all of these components at the same time and thus, the Teams felt like they won't be accurately captured during the evaluation due to the lack of time and resources. For example, it takes a lot of time to get a network up and running and KT will be levered once the ICE Teams are fully functional and won't necessarily occur during the life of the ICE grant. Shoo Lee admitted that it took his team five years to see KT come into effect with his neo-natal research team. Today, this team produces about 200 publications per year.

The process of obtaining research results, implementing them and influencing policy is quite lengthy. Also, many research projects are not conducive to KT and therefore, we need to be strategic when deciding when/where KT should be a key focus.

Some Teams think that KT is a key activity part of the ICE team's strategy from the very beginning, related to most activities. For example, it is critical to involve partners in setting research priorities. KT was seen by these Teams as an interactive process rather than a linear process.

Some participants felt that the KT definition varied depending on the context. KT does not need to be disciplinary and it goes beyond the research produced by the team, it addresses an existing policy problem and looks at how research can solve it. For example, research syntheses transform existing research into a new product.

¹ Non Full Time Researchers were defined as administrators, practitioners that all have basic research training but who work in the trenches.



Since KT is difficult to define, the group felt that the KT outcomes needed to be defined carefully in the context of the evaluation process. And since researchers are not KT experts, working assumptions and models should be made explicit.

b) Strategies:

One Team explained how they used the CIHR funds to cover the cost of academic activities and that they leveraged funds (i.e. from ministries) to support other relevant activities, such as KT, as a strategy to balance both types of activities.

One participant felt that it was up to the principal investigator to approach the dean and to propose that ICE relevant work be counted in the academic realm.

Some suggested that ICE trainees could perform tasks that have dual purposes, in order to come to terms with competing objectives. For example, students could conduct research syntheses that would serve as a product for policy partners and also to address research gaps. On a related note, another way to address the competing academic and KT objectives is to report on existing global research gaps via syntheses, rather than on individual projects emerging from the ICE Team.

Some teams suggested that KT be addressed via priority setting exercises with researchers and decision-makers from the beginning of the project.

Some felt that the tension is necessary and must rather be managed at the three following levels:

- 1) Academic level: researchers must focus on convincing the Universities to count KT related activities as academic activities
- 2) Decision-maker level: researchers must make sure that both parties (researchers and policy makers) have a good understanding of the research requirements
- 3) Funding organization level: researchers must ensure that funding bodies include appropriate criteria in their evaluation processes and funding programs. For example, ICE achievements will need to be recognized by CIHR's Open Operating Grants evaluation criteria.

It was mentioned that the new PHSI competition and the new HSPR journal would help bridge these tensions.

As a collective, the group felt that it was partly their responsibility to change evaluation criteria at the University department level. They identified this problem as intrinsic as they are attached to scientific fibres. They recognized the need to build a critical mass of researchers who will be able to apply the right criteria as they seem to fail at it.

It was suggested that a shared activity to tackle this issue could emerge from the ICE Teams in the form of a call for action. However, since CHSRF has started work on this in the form of tips for peer reviewers and since CIHR is also working on this (i.e. modifying application forms to capture interdisciplinary activities, KT activities and modifying peer review criteria...), it was suggested that the ICE Teams could feed into these processes rather than initiating a separate effort. On behalf of CIHR, Lori Greco welcomed feedback from the participants. Some initial feedback included taking a look at the Netherlands model, which focuses on relevance and to expand the definition on the "information requested" page.



3.3.3 Sustainability

Funding from CIHR enables the Teams to attract trainees to do research in a particular field and hopefully, they will become young researchers in that field. However, to achieve this, funding outside of the academic channels must be continuous. For example, we should make connections between what is accomplished through ICE and the regular New Investigator awards at CIHR, to help maintain learned skills.

Moreover, since researchers tend to disappear and since projects seem to unravel before the end of the grant's term, it is important for the Teams to start planning and gaining buy in, from the very beginning in order to ensure ongoing work in the area, beyond the term of the grant.

Funding can be obtained from various levels to support a program. CIHR can provide the initial necessary resources to get the program up and running, then, funds can be obtained from the ministries of health and other levels of government. It is therefore critical for ICE Teams to be able to demonstrate value-added and benefits to secure additional funding. However, we must not assume that everything needs to be sustained and we must be critical about which parts of the program need to be pursued and if other parts need to be re-thought, re-focused or dropped.

It was suggested that ICE Teams that share commonalities could potentially get together to apply for CIHR Team Grants or Emerging Team (ET) Grants for continued funding. In essence, we need to look beyond the ICE tool.

Since CIHR is currently developing a suite of new tools through the Better Simpler initiative, it will be important to ensure that the ICE features be incorporated in the Team and/or the Emerging Team (ET) tools. For example, the criterion that encourages teams that have never worked together before is key to maintain since this is where innovation occurs. In sum, the main ICE features to maintain in the new tools are 1) new teams, 2) KT and 3) training. Morris provided a brief update on the Better Simpler initiative and how the Institutes' funds would still be used toward targeted priorities.

3.4 Linking between ICE Teams

The facilitator opened this part of the session by asking the people in the room how many had discussed common interests with other ICE Teams during the meeting so far. The response was overwhelming, as the majority had done so. Thus, the meeting itself proved to be a good opportunity to forge linkages.

In order to facilitate further linkages, it was suggested that learning more about each other's work would help. For example, at the next meeting, poster presentations would be helpful. Such information would foster linkages between Teams with common topic interests (first order linkages) and may also foster linkages among Teams with broader common interests (second order linkages).

It was mentioned that linkages would be explored as a natural evolution but that it was still a bit early to do so. Thus, it would be beneficial if CIHR organized another meeting in about a year, which would focus on linkages. This meeting could also include Centres as possible linkages between ICE and Centres could be formed.

Summary



Communications:

Barriers: 1) language, 2) geography, 3) time commitment

KT and Scientific Merit:

Good ideas were suggested to merge the competing objectives (i.e. synthesis)

Sustainability:

Two levels: 1) tool (maintain ICE, or ICE – like features in tools) and 2) of the current ICE Teams (i.e. Team grant).

Linkages:

CIHR meetings and natural evolution

Day 2 –Thursday, January 21, 2005

SUMMARY OF DISCUSSIONS IN RESPONSE TO THE DRAFT EVALUATION FRAMEWORK

1. 0 Overview and general reactions

A presentation of the key components of the evaluation framework and of messages heard during the consultations with ICE and Centre Principal Investigators elicited lively discussion. While overall the logic model and its links to the performance measurement and evaluation strategies seemed clear, issues were raised by the participants about several aspects of the proposed strategies:

- The current framework seems quite rigid and overwhelmingly detailed. The proposed performance indicators would be better presented as a menu of choices from which ICES-Centres could select the most appropriate or valid for their particular situation;
 - the framework gives the impression that the evaluation will be a “numbers game”, without attention to more meaningful but less quantifiable dimensions of performance;
 - there is a danger that this overly-prescribed approach will stifle innovation;
 - the evaluation approach should recognize that these initiatives aim to diversify research outputs and so that not all the performance indicators can be defined in advance; moreover, the performance dimensions relevant to an initiative may evolve over time, and new indicators will have to be added.
- While the framework seems to capture relevant dimensions, it gives the impression that they are equally weighted. The framework needs to better recognize the importance of context to understanding both orientations and results, i.e. that individual contexts will make some performance dimensions more important than others.
- For some, even the focus or object of evaluation is not necessarily clear, as are working to create and consolidate a broad network of affiliated interests across the country. The boundaries of what should and need not be included in ongoing evaluation will need to be defined.



2.0 Team presentations

The presentations made by two teams also raised issues about evaluation:

- Dr. Renaldo Battista noted that his team has asked an independent evaluator to lead evaluation activities for their ICE team. This team regards itself as a type of experiment in knowledge translation, and Dr Battista suggested that the evaluation approach should capture this with a view to maximizing learning.
- Dr. Renée Lyons' presentation aimed to raise challenging questions about evaluation. She argued that to ensure the evaluation process provides maximum useful information without undue resource burden, it should focus on each initiative's most core outcomes. The indicators used must be context-sensitive, and the existence of different stakeholders' perspectives be acknowledged.

3.0 Broader issues raised, resolved and remaining

The presentations and ensuing open discussion prompted further discussion and response among participants and with the Institute's Scientific Directors. Issues raised in this session included:

- **How can and will the evaluation information be used?** How will CIHR use the evaluation to decide whether the ICEs and Centers are in fact effective tools? How can information about disparate initiatives be meaningfully aggregated? To what alternatives will they be compared?
 - Drs Barer and Frank noted that from their perspectives, it is critical that each initiative is able to tell their story in the most effective way possible, including more and less successful aspects and learning gained along the way. Establishing a credible link between inputs activities and outcomes will be the heart of the stories, and it is this that CIHR will use to gauge the overall valued-added of the programs and of the individual initiatives. This information will be used to inform the Institute's approach to dealing with possible alternative funding mechanisms (the most obvious being team grants, as well as operating grants), and particularly to ensure that those mechanisms provide equitable and meaningful opportunities to the IPPH and IHSPR research communities. The information will also help the Institutes understand the processes needed to shift research paradigms in their communities, and how future tools might be structured so as to support this.
- **Will continued funding be contingent on a positive mid-term review?**
 - **ICE teams:** No. The evaluation will just help CIHR complete their overall evaluation.
 - **Centres:** Yes. The RFA stated that ongoing funding would be contingent on a satisfactory evaluation.
- **What are partners' roles in evaluation of ICES and Centres?**
 - While CIHR is assuming the lead on evaluation, partners' expectations for evaluation should have been made at the time the partnerships agreements were signed. Partners present at the meeting indicated their interest in seeing a streamlined approach to evaluation, and being kept informed through a reporting/status report mechanism.



- When teams are preparing their stories, they should be sure to consult and work with their stakeholders to gain their perspectives.

Participants were encouraged to submit further reflection and comments to Natalie Kishchuk, (514) 694-8995, nkishchuk@sympatico.ca.