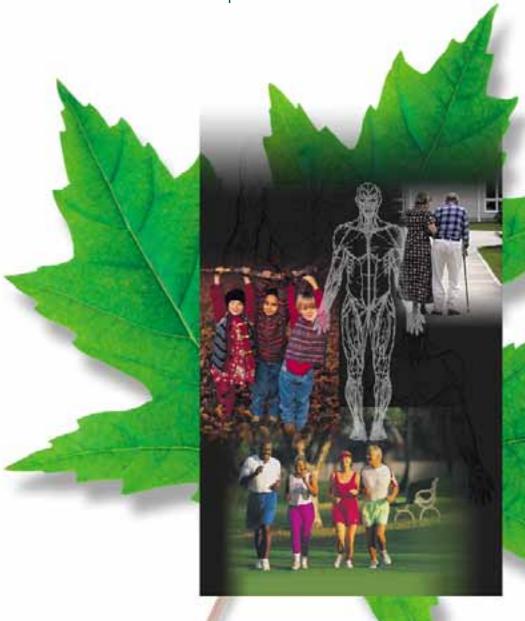
Institute of Musculoskeletal Health and Arthritis

Annual Report of Activities 2001-2002







Department of Surgery Canadian Institutes of Health Research Heritage Medical Research Building University of Calgary 3330 Hospital Drive NW Calgary, AB T2N 4N1 www.cihr-irsc.gc.ca

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Institute of Musculoskeletal Health and Arthritis Annual Report of Activities 2001-2002









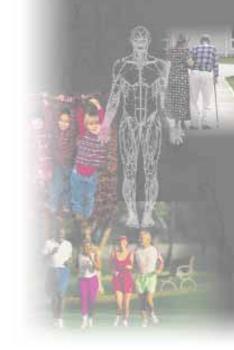












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Message from the Scientific Director

As the Scientific Director of the Institute of Musculoskeletal Health and Arthritis (IMHA), I am pleased to have this opportunity to share with you the challenges, opportunities and fruits of our collective labours over the course of this past year.

One of the most important tasks for any "start up" is the development of a strategy and vision that will effectively guide an organization's efforts. To address this issue, our outstanding Institute Advisory Board (IAB) participated in a two-day retreat last October designed to nail down a plan that would serve as a road map for IMHA's future. With the release of our first Strategic Plan, I am confident that we have indeed succeeded in creating such a road map. Not only will our plan help us establish ourselves as the main meeting ground for all stakeholders interested in IMHA and its research priorities but, most importantly, it will help us achieve our vision — to sustain health and enhance quality of life by eradicating the pain, suffering and disability caused by arthritis, musculoskeletal, oral and skin conditions.

Overall, our Strategic Plan represents our best efforts to match our remarkable scientific strengths and opportunities with public health need. Even before our plan was formalized, however, we knew that one of the most effective ways to accomplish this task was to bring stakeholders together to look at the issues and to formulate pertinent research questions. And so, over the past year, IMHA spearheaded and participated in a number of workshops designed to do just that. Of these, the Osteoarthritis (OA) Consensus Conference most definitely stands out as a model for the future.

Organized in partnership with The Arthritis Society and the Canadian Arthritis Network, the OA Consensus Conference provided a forum for nearly 200 people: physicians, scientists, health policy makers, industry, consumers and advocacy groups to come together to examine current research and to share information that will lead to the formulation of a national osteoarthritis research strategy — one that we hope will help eradicate the most crippling disease of Canada's aging population. The OA Conference also paved the way for an even grander

undertaking, the creation of a National Arthritis Plan. While we are at the very preliminary stages of this endeavour, we hope to move quickly to bring it to fruition.

Creating the kind of research environment necessary to tackle conditions like osteoarthritis, however, demands that we work together towards building research capacity. In July 2001, we launched the Strategic Training Program to support the development of innovative, effective and competitive research training programs. To date, we are contributing to ten of these training centres across the country and are the CIHR lead for five centres spearheaded by prominent research leaders — Dr. Richard P. Ellen, Dr. Graeme K. Hunter, Dr. Hubert Labelle, Dr. David Goltzman, and Dr. Ronald Zernicke.

As a follow up to the Strategic Training Program, we recently launched a number of new Requests for Applications (RFA's) designed to foster research in our six focus areas — arthritis, bone, skin, muscle, rehabilitation and oral health. Each of the new RFA's posted on our website were designed to address a particular need, and to help create the kind of culture that

will attract and support the 100,000 new researchers and scientists Canada is expected to require by the year 2010.

As an Institute, we recognize that we have a tremendously important responsibility – to assist in formulating CIHR's research agenda by identifying the goals and outcomes required to address the changes inherent in our aging population. Today, IMHA's research findings are transforming knowledge not only in the way musculoskeletal health care is delivered, but also in terms of creating an improved system of health for all Canadians. With your help, we believe that we can continue to add significant value to all stakeholders in the Canadian health research community by providing new information, new financial resources, strategic leadership, recognition of our people and achievement of our vision.

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Dr. Cyril Frank

Profile of the Institute

The Institute of Musculoskeletal Health and Arthritis (IMHA) is one 13 virtual Institutes created by the Canadian Institutes of Health Research to bring representatives of the research community, provincial government agencies, international research organizations, health professions, policy-makers, industry, patients and partners together to shape a national health research

agenda, and to help CIHR become the best health research agency in the world.

Unlike most Institutes, IMHA is comprised of six equally important focus areas — Arthritis, Rehabilitation, Bone, Muscle, Skin and Oral Health — each led by a member of the Institute's Advisory Board. Working together, IMHA is committed to achieving its vision — to sustain health and enhance quality of life by eradicating the pain, suffering and disability caused by arthritis, musculoskeletal, oral and skin conditions.

In March 2002, IMHA's Board set out to more clearly define its direction creating a list of four broad research priorities that would provide the focal point for IMHA-related research in 2002. These priority areas include:

- Injury, Immunity, Inflammation, Repair and Tissue Engineering
- Pain, Disability and Rehabilitation
- Mobility, Fitness and Exercise
- Biomaterials and Devices



Outstanding Research











Outstanding research requires definition of the important research questions — questions that are clear, concise, relevant and action oriented. One of the best ways to create these kinds of questions is to bring stakeholders together to identify the issues and formulate key research questions. These questions serve as the basis for generating Requests for Applications (RFA's), in partnership with all participants, and the funds necessary to support outstanding research — the kind of research that will lead to more effective health services and a strengthened Canadian health care system.

Thus, working together with other Institutes and a broad range of stakeholders, IMHA has spearheaded and participated in workshops that revolve around its six foci. The following provides an overview of some of the workshops supported to date:

Wound Workshop (July 2001)

The objective of the Wound Workshop was to identify issues relevant to the care of problem wounds. Workshop outcomes included a preliminary assessment of costs pertaining to restricted areas of wound care in selected Canadian institutes; identification of RFA's around wound healing research and creation of a Canadian Wound Research Group (CWRG) that will function as the basic wound research platform in Canada.

Disability Models and Disability Statistics in Canada Workshop (Nov 2001)

The Disability Models and Disability Statistics in Canada Workshop was designed to develop a rationale for the importance of expanding – and making coherent - Canada's approach to collecting disability data. Some of the outcomes included: collecting administrative data on health encounters across the continuum of care: inclusion of disabilityrelated questions in both the Canadian Community Health and the General Social Survey; generation of RFA's setting out requirements of use of existing data streams using interdisciplinary teams of researchers and including individuals with disability in all aspects of research.



Rehabilitation Workshop (March 2002)

The Rehabilitation Workshop set out to create a national rehabilitation strategy that would involve a variety of components from syntheses of research and best practices and establishment of a rehabilitation/disability framework to the creation of goals for both research and knowledge translation and identification of constraints and issues. At the conclusion of the workshop, a multi-organizational task force was created to begin exploring asset mapping and identification of specific sub-areas of development (i.e. Aboriginal people's health: Health Economics and Peer Review). Potential for NCE applications in rehabilitation was also identified as a key outcome.

Osteoarthritis (OA) Consensus Conference (April 2002)

The OA Consensus Conference was planned and executed in an exciting partnership amongst the Institute of Musculoskeletal Health and Arthritis, The Arthritis Society and the Canadian Arthritis Network. It was a first of its kind endeavour, one that set a unique precedent for osteoarthritis research not only in Canada, but also around the world. Bringing together a broad range of stakeholders from members of the voluntary sector, researchers, industry

representatives, trainees and consumers. the conference focused around a vision – to bring an end to the pain, suffering and disability of people affected by osteoarthritis. As a result of the conference, IMHA has launched an RFA addressing the need for knowledge translation-related research in osteoarthritis. The conference also laid the groundwork for the development of a national osteoarthrtis research strategy that will fall under the umbrella of an overarching National Arthritis Plan, currently in development, that will see many other important research initiatives and partnerships develop over the next few years.

Grant Writing Workshop (April 2002)

In the interests of building research capacity, IMHA sponsored a Grant Writing Workshop, to help take the mystery out of preparing a grant application. Led by Mary Ann Linseman, as a follow up to the OA Consensus Conference, the workshop endeavoured to provide answers to some of the most commonly asked questions and to help increase an investigator's chances for success. In future, as much as possible, IMHA plans to organize these kinds of workshops in conjunction with other programs and activities it is involved in.

The session also focused on strategies designed to improve the recruitment and training of future researchers and academics.

Oral Health Workshop (June 2002)

In June, IMHA spearheaded an Oral Health Workshop to define the priorities in oral health. Bringing together a broad group of stakeholders from the research community, academic administrators, patient representatives and professional organizations, the workshop set out to define oral health problems within specific Canadian populations and to examine the oral health research priorities expressed by dentists and oral researchers. The participants identified a series of research priorities that should be transformed into RFA's. The session also focused on strategies designed to improve the recruitment and training of future researchers and academics. A post-conference action plan is currently in development and, upon completion, will be posted to IMHA's website for public feedback and subsequent action.

Muscle Workshop (July 2002)

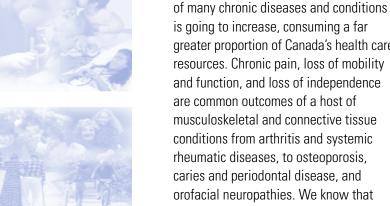
Canadians are international leaders in muscle research and have helped elucidate the molecular basis of a variety of muscle diseases. Yet, the community is scattered and communication is poor. With the advent of the Xth International Congress on Neuromuscular Diseases in Vancouver, IMHA seized the opportunity to bring stakeholders together to explore the landscape and take steps towards the establishment of a Canadian Muscle Research Subcommittee.

Research Priorities and Planning Committee (RPPC)

IMHA is participating in a number of CIHR's cross-cutting initiatives including: the Rural and Northern Health; Environmental Influences on Health; Reducing Health Disparities and Promoting the Health of Vulnerable Populations and Clinician-Scientist. IMHA also plans to take on a greater role in the development of an "Injury, Repair and Restoration" initiative in collaboration with other Institutes.



Excellent Researchers and a Robust Research Environment



is going to increase, consuming a far greater proportion of Canada's health care resources. Chronic pain, loss of mobility and function, and loss of independence are common outcomes of a host of musculoskeletal and connective tissue conditions from arthritis and systemic rheumatic diseases, to osteoporosis, caries and periodontal disease, and orofacial neuropathies. We know that the incidence of IMHA-related conditions is increasing, and governments and taxpayers have begun to realize the impact of these kinds of common diseases on their health agendas, systems, services and budgets. To address these problems, we must support programs and activities that will create a robust research environment – one that not only supports excellence today, but also cultivates and builds a strong foundation for the

Over the next two decades, the prevalence

Novel, exciting and innovative research is a cornerstone of CIHR. To facilitate more rapid evolution of breakthrough technologies and thinking IMHA has, in partnership with the Institute of Genetics, developed and implemented two new program tools:

researchers of tomorrow.

New Discoveries (RFA)

The New Discoveries RFA provides seed grants that are specifically designed to encourage novel, innovative, and inventive research. Successful applications must be more than unique, original, and extraordinary, however, they must be of excellent quality and potential. Despite their inherent risks, proposals submitted to the New Discoveries program must prove exciting to peer reviewers and demonstrate the potential for significant impact.

Invention - Tools, Techniques and **Devices for Research and Medicine** (RFA)

Hypothesis-driven-biomedical research projects currently rely on an array of tools, techniques and methodologies. The invention, development and/or improvement of new research tools and techniques, however, is crucial and tightly linked to scientific discovery. This program is designed to promote the engagement of Canadian scientists in research projects designed to advance research tools and techniques in the broadest sense where invention and development, rather than discovery, is the essence of these projects.





To complement these new programs and to arm our communities with the best evidence available, IMHA is, in partnership with stakeholders and led by its IAB members, conducting an analysis of research strengths, weaknesses, opportunities and threats (SWOT) in its six foci areas. In addition, IMHA is working to help foster excellent research and a vibrant research climate through the following programs and activities:

Strategic Training Grants

The Strategic Training Grants (STG) program is designed to bring researchers together to benefit from the mutual sharing of knowledge and experience. IMHA has contributed to 10 of these and has taken the lead on five as follows:

- (Oral/Dental Health) Richard Ellen –
 Health applications of cell signalling in
 mucosal inflammation and pain
 (partners: III, INMD, ICRH, IHSPR,
 MSFHR, HSFC, TAS)
- (Mobility) Hubert Labelle Formation mutlidisciplinaire en évaluation et traitement des troubles de la mobilité et de la posture (partners: FRSQ, TAS)
- (Oral/Dental Health) Graeme K. Hunter
 Network for oral research training and health (partners: TAS)

- (Skeletal/Bone and Joint) Ronald Zernicke – Alberta provincial training program in bone and joint health (partners: IGH, IPPH, AHFMR, TAS)
- (Skeletal) David Goltzman Training program in skeletal health research (partners: FRSQ, IGH, TAS)

A new RFA was launched in May 2002 to fund up to three new Strategic Training Grants — STG's in muscle, rehabilitation and skin have been strongly encouraged

Team Building

One of the most effective ways to build capacity is to create a pool of knowledge and experience by bringing individuals together who possess complementary skills and abilities. In this regard, IMHA is supporting the following programs:

- Interdisciplinary Health Research Team (IHRT): George Karpati – Muscular Dystrophy – Gene Therapy of Neurological Diseases.
- New Emerging Team (NET): Rita Kandel – Development of biological implants for joint repair.

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- Interdisciplinary Capacity
 Enhancement Team Grants (ICE): This
 RFA seeks to build capacity by
 supporting teams of investigators who are poised to conduct research and translate new knowledge in strategically important research areas. An important aspect of this capacity-building program is the forging of multidisciplinary teams around strategic research themes to attract researchers from relevant disciplines who have not been primarily, or previously, involved in health research.
- Health Professionals undertaking full-time clinical research training and Post-Doctoral Fellowships (RFA):
 Bench to beside research has been identified as important to the identification of research questions and patient-outcomes. IMHA, with its partners, will support health professionals who wish to undertake research in all six of its focus areas. We particularly encourage excellent research training in a clinical setting, but will support excellent research training in any of the four pillars of CIHR.

Multi-Institute Initiatives

IMHA is supporting, and will continue to support, other Institute-driven initiatives such as: Population Based Health and Health Service Data in Canada; the National Dialogue on Healthy Body Weights and the Canadian Longitudinal Study on Aging.

Networks of Centres of Excellence

The Networks of Centres of Excellence (NCE) program is an integral component of the federal government's Innovation Strategy involving the "teaming-up" of Canada's top researchers from universities, industry and government and a pooling together of the skills and resources required to investigate areas of strategic importance. IMHA is a strong advocate of these centres and is actively involved in providing seed funding for the development of four potential National Centres: CurePain – led by Jim Henry; Rehabilitation Engineering – spearheaded by Dr. Geoff Fernie; Tissue Engineering and Regenerative Medicine - led by Dr. Michael Sefton; and Richard Worsfold who is working to encourage health researchers to participate in the Mission to Mars submission. Exciting new networks will be seeded by these initiatives.

Canada Research Chairs

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 and to become world-class research centres in the global, knowledge-based economy. Demonstrating our

existing strength, there are currently 41 research chairs relating to IMHA's six foci areas. Over time, IMHA plans to monitor the development and success of these, and others, through its training and program initiatives.

Canadian Foundation for Innovation

The goal of the Canadian Foundation for Innovation (CFI) is to strengthen the capability of Canadian universities, colleges, research hospitals, and other not-for-profit institutions to carry out world-class research and technology development. By investing in research infrastructure projects, the CFI supports research excellence and helps strengthen research training at institutes across Canada. The CFI has awarded over 55 grants of relevance to IMHA's objectives that will serve to broaden and strengthen its research communities; yet another measure of the strength that IMHA plans to build on in conjunction with its partners.



Partnerships and Public Engagement











As IMHA moves forward, it is critical that stakeholders with a vested interest in IMHA-related issues and activities are engaged early on in the research-agendasetting process. Through partnerships, IMHA will be empowered to draw stakeholders together to address pressing health issues resulting in the generation and translation of new knowledge. Working together as a collective force with common strategies and activities will establish IMHA as a national network, and enhance its ability to compete on an international scale for worldwide recognition. To this end, IMHA has been involved in the following activities.

Partnership Agreements

 The Arthritis Society: Following the success of the Osteoarthritis Consensus Conference, IMHA crafted an Umbrella Partnership Agreement with The Arthritis Society that will serve as a model for future partnerships. The agreement emphasized the importance of working together to establish health research agendas through innovation, knowledge transfer and networking with stakeholders. It also underscored the need to build research capacity by eliminating redundancies and making more efficient use of respective resources, increasing research

- personnel and infrastructure and sharing best practices in research support, evaluation and impact.
- The Cochrane Collaboration: The Cochrane Collaboration is an international organization whose mission is to "prepare, maintain and promote the accessibility of systematic reviews – a quality controlled summary of primary research studies – of the effects of health care interventions". IMHA is currently in the process of striking a partnership agreement with the Cochrane Collaboration.
- The Canadian Space Agency: Through programs like the Mission to Mars and Operational Space Medicine, the Canadian Space Agency is actively involved in undertakings that are closely aligned with IMHA's research priorities. As a result, IMHA is currently exploring the possibility of establishing a partnership with the Canadian Space Agency.

Working together as a collective force with common strategies and activities will establish IMHA as a national network, and enhance its ability to compete on an international scale for worldwide recognition



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Patient/Public Outreach

- "Speaking For Ourselves Consumer Participation in Setting the Musculoskeletal Research Agenda": Sponsored by the Frosst Health Care Foundation, this one-day workshop was designed to provide participants with an interactive overview of medical research in Canada: define meaningful consumer participation in setting the research agenda and identify the skills necessary to participate successfully in medical research decision-making. Special attention was given to ensure that all the presentations were provided in lav terms and that the information exchange was clear, concise and meaningful to participants. The session was also designed to prepare patients and consumer advocates to actively participate in the agenda setting process at the Osteoarthritis Consensus Conference.
- Communications and Marketing: An overarching Communications and Marketing plan is being developed comprised of activities such as: profiling research excellence through the "Spotlight on Research" feature on IMHA's website; creating links to pertinent stakeholder organizations; promoting results of stakeholder workshops, conferences and other Institute activities; producing quarterly stakeholder reports: seeking opportunities to showcase IMHA in the media and launching a database to provide a two-way exchange of information between the Institute and its stakeholders.
- Workshop Support Policy: To encourage the involvement of the patient/public, IMHA struck a policy stipulating that patients and consumer advocates must be included in all IMHA-sponsored workshops
- Patient/Consumer Advocate: Board member Flora Dell was nominated to act as the Institute's Patient/Consumer Advocate representative.
- Working Groups: Partnership and Communications working groups, comprised of IAB members and staff, were struck to set objectives and develop pertinent policies and practices that will guide the Institute's undertakings and initiatives.

- Health Charities Council of Canada: IMHA has taken a lead role in providing monthly debriefs to the Executive Director on CIHR activities.
- Outreach: IMHA representatives toured a number of cities and universities from coast to coast over the past year to increase awareness and promote both IMHA and CIHR; to seek input into research agendasetting activities; to collect data for IMHA's database; and to encourage patient/consumer participation in all IMHA-related activities.

Special Programs

IMHA Challenge Fund: Over 50
 organizations were invited to
 participate with IMHA in co-funding
 Health Professionals undertaking full time clinical research training and
 Post-Doctoral Fellowships and
 Operating Grants. In addition to
 marketing IMHA to potential
 stakeholders, the program offered a
 package of benefits similar to those
 outlined in the TAS Umbrella
 Partnership Agreement.



Translation and Use of Knowledge







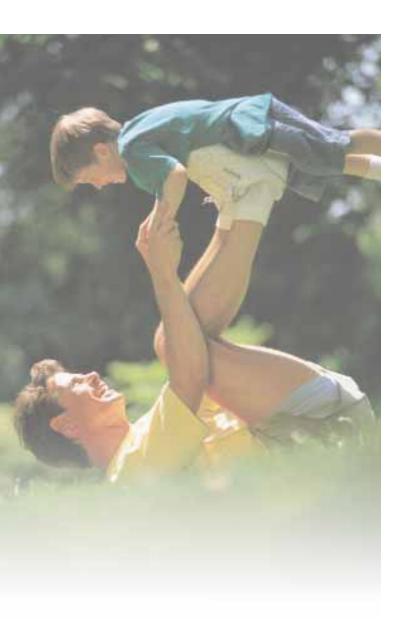




- For knowledge to be useful in the real world, appropriate mechanisms must be put in place to support a meaningful twoway exchange of information. While stakeholders require accessible information that can be easily understood and acted upon, they must also be provided an opportunity to become active participants in the research-agendasetting process. On the other hand, the research community, health care professionals and policy makers require public input to guide their decisionmaking. To facilitate this critical knowledge exchange process, IMHA was/is involved in the following:
- Cochrane Collaboration Knowledge
 Translation Workshop (January 2002):
 In January 2002, IMHA participated in
 a Knowledge Translation Workshop
 spearheaded by the Cochrane
 Collaboration. The workshop's goal
 was to identify research that will
 support clinicians and consumers in
 the use of high quality systematic
 reviews in IMHA's six focus areas. The
 workshop established knowledge
 translation priorities with an emphasis
 on a process to facilitate patient,
 consumer, health professional
 knowledge translation and exchange.

- National Arthritis Plan: IMHA will play a leading role in the development of the research component of a National Arthritis Plan – one of the major outcomes of the OA Consensus Conference. A major thrust of this strategy will be the implementation of tactics and actions designed to facilitate the meaningful translation and exchange of OA-related research.
- Knowledge Translation RFA: IMHA

 launched an RFA to spearhead
 research efforts that would lead to an increased understanding of the theory and practice of knowledge translation; alignment of knowledge translation-related research to IMHA's research priorities; creation of new knowledge translation tools and strategies building on the strength of existing knowledge; improved understanding and integration of knowledge translation principles and practices in the training and continuing education of health professionals.
- Media Relations: IMHA worked closely with the media to promote the goals, objectives, current research and outcomes of the Osteoarthritis Consensus Conference. Going forward, IMHA will continue to build these relationships to promote issues, programs and activities in each of its focus areas.



- National Science Fairs: IMHA is currently leading discussions to support the development and recognition of young scientists at the high school level. This will hopefully spawn another avenue for attracting future health researchers and research advocates.
- Interdisciplinary Capacity
 Enhancement Team Grants (ICE) —
 IMHA is actively promoting/supporting
 this RFA, in partnership with IHSPR,
 that seeks to build capacity by
 supporting teams of investigators
 poised to conduct research and
 translate new knowledge in
 strategically important research areas.
- Research Support: IMHA is committed to supporting research in knowledge exchange in each of its six foci geared towards the patient/public and health care providers.

While stakeholders require accessible information that can be easily understood and acted upon, they must also be provided an opportunity to become active participants in the research-agendasetting process.

Organizational Excellence



To be successful, IMHA requires a strong accountable organization — one that possesses the vision and leadership, human resource capabilities, project management and communication skills

necessary to help it achieve its goals and objectives. To position IMHA for success, the following organizational structure has been implemented:











Dr. Cyril Frank Scientific Director



Hélène Plante Assistant Director



Sophia Tsouros Project Manager/ Analyst (Ottawa-based Resource)



Doris Ward Sr. Communications Officer



Elizabeth Robson Administrative Officer



Melody Denecky Administrative Assistant



Database Operator/ Communications Assistant

The Institute enjoys the leadership of a committed and actively involved Advisory Board that meets four times a year, in addition to an annual retreat, to establish

and fine-tune the Institute's policies and direction. IMHA's Advisory Board is comprised as follows:



Juliette Cooper Chair (Manitoba)



Jane Aubin (Ontario)



Elizabeth Badley
(Ontario)



Eдинид Biden (New Brunswick)



Flora Dell (New Brunswick)



John Dossetor (Ontario)



Cy Frank (Alberta)



James Lund (Québec)



Joan McGowan (NIH)



David McLean (British Columbia)



Robert McMurtry (Ontario)



Henri A. Ménard (Québec)



Denis Morrice (Ontario)



A. Robin Poole (Québec)



Ilona Skerjanc (Ontario)



The following subcommittees have also been established to better manage the business of the Board:

Executive: Chair, Juliette Cooper Budget: Chair, Denis Morrice Ethics: Chair, John Dossetor Workshops: Chair, Henri A. Ménard RFA: Co-Chairs, James Lund and Ilona Skerjanc Partnerships: Chair, Hélène Plante Communications: Chair, Doris Ward

Board Retreat

In September 2001, the Board participated in its first Strategic Planning Retreat to address the following:

Lay the foundation for IMHA's
 Strategic Plan incorporating the
 Balanced Scorecard – a popular planning tool designed to ensure that IMHA's efforts are aligned internally and externally. The Balanced Scorecard is also aligned with the five outcome categories identified by CIHR as critical for success. All corresponding strategic initiatives and actions resulting from these outcome categories will be measured using the CIHR approved formal performance measurement framework.

- Ensure that IMHA's Strategic Plan represents best efforts to match scientific strengths and opportunities with public health need.
- Provide the direction required to become the main meeting ground for all of those who have an interest in IMHA and its research priorities.
- Provide the leadership necessary, over the next several years, to collaborate and expand its scientific knowledge as it relates to arthritis, rehabilitation, bone, muscle, skin and oral health.
- Provide guidance and leadership in the development of communications and partnership strategies.



IMHA strives to create a vibrant Institute culture based on the following guiding principles:

- Fosters a culture of inquiry and cooperation that will provide the integration of research across all pillars of IMHA and its foci;
- Encourages cooperation as it strives to involve the participation of the stakeholders including related and other researchers, practitioners, governments, consumers and the public;
- Embodies leadership to create new knowledge in all areas relevant to IMHA and to ensure results can be translated into improved health and quality of life;
- Focuses outward to communicate and promote the value of IMHA and its research, researchers, people and vision to other researchers, partners and supporters of IMHA;
- Promotes research excellence and integrity to build and sustain capacity across all pillars of IMHA and its foci to build an international reputation for research excellence;

- Stimulates and fosters innovation in research and its application within IMHA and with the other 12 Institutes of CIHR;
- Embodies the highest standard of honesty, integrity and ethics.

For further information on the Institute of Musculoskeletal Health and Arthritis, please visit our website at: http://www.cihr-irsc.gc.ca/institutes/imha





Institute of Musculoskeletal Health and Arthritis • Institute Support Grant

For the year ended March 31, 2002

Available Funds		\$1,351,607
Expenses		
Institute Development		
Conference, symposia and workshops	\$67,846	
Institute Advisory Board	41,230	
Professional services	3,795	
Travel expenditures	65,992	
Other costs	<u>721</u>	\$179,584
Institute Operations		
Salaries and benefits	\$256,869	
Telephone and communication services	6,358	
Supplies, material and other services	23,335	
Office furniture and fixtures	992	
Computer equipment and IT support	15,560	
Professional Services	40,671	
Travel expenditures	50,492	
Translation Costs	1,380	
Other expenditures	44,530	\$440,187
Total Expenses		\$619,771
Unspent Balance*		\$731,836

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

Institute of Musculoskeletal Health and Arthritis • Investments in Strategic Initiatives

For the year ended March 31, 2002

		Contributions through Grants and Awards				
	Number	2001-02	2002-03	2003-04	2004 and beyond	Total
STRATEGIC INITIATIVES					Deyona	
Knowledge Translation	1	\$50,000				\$50,000
New Emerging Team Grant Program (NET Program)	1	6,250	75,000	75,000	218,750	375,000
Strategic Training Initiative in Health Research	6	90,991	981,278	996,660	3,765,251	5,834,180
	8	\$147,241	\$1,056,278	\$1,071,660	\$3,984,001	\$6,259,180

^{*} 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 are subject to funding appropriations by Parliament. For some initiatives, partners also contributed to the funding of the grants and awards.

