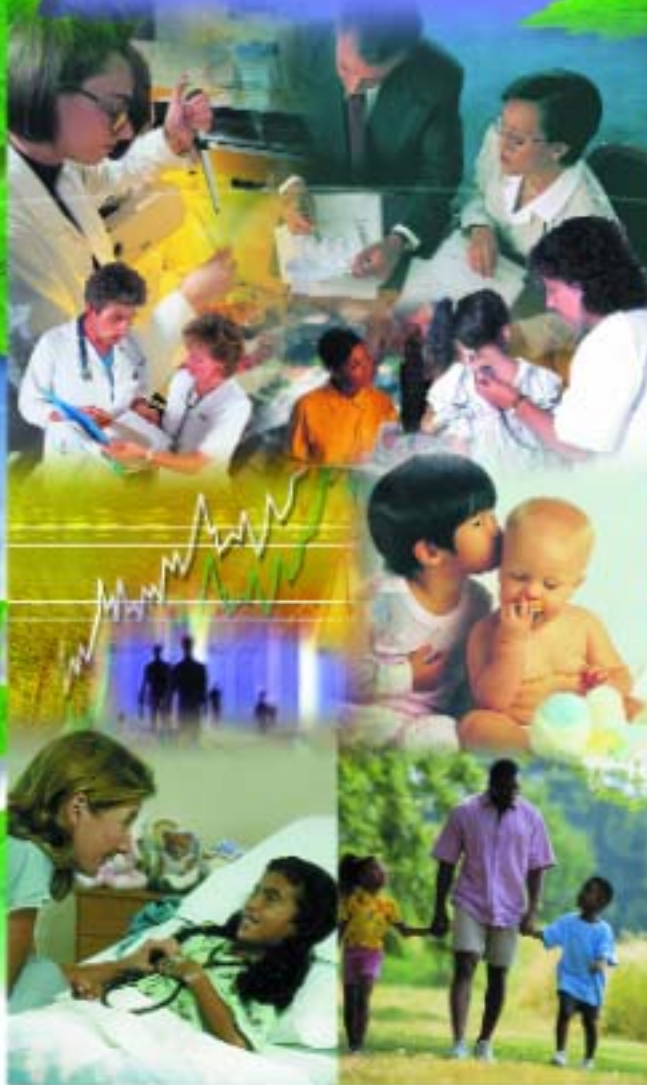




Institute of Health Services and Policy Research

Annual Report of Activities April 2003–March 2004





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CIHR IRSC
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Message from the Scientific Director and Assistant Director

During the 2003-04 fiscal year, IHSPR continued to focus its attention on supporting activities designed to address the goals and objectives outlined in our strategic plan¹ and CIHR's Blueprint.² IHSPR engaged in activities and investments in all of the broad focus areas in our strategic plan — building a community of excellent researchers; expanding and enhancing research resources for the health services and policy research community; supporting strategic research; and translating knowledge to strengthen health care in Canada.

In addition to continuing to support research addressing issues identified as high priority by users of health services and policy research following the Listening for Direction I national consultation in 2001, IHSPR was also able to respond quickly to unexpected challenges that faced health care workers and Canadians. For example, in response to public health and health system issues related to the SARS crisis, IHSPR and partners posted a request for applications and funded research to evaluate health care system preparedness and response.

This year our annual report is organized along a standard reporting framework that has been implemented across all CIHR Institutes. The elements of that framework are:

- Outstanding Research;
- Outstanding Researchers in Innovative Environments;
- Translating Health Research into Action;
- Effective Partnerships and Public Engagement;
- Organizational Excellence.

Our Institute Advisory Board (IAB) continued to provide thoughtful direction and advice throughout 2003-04. Board membership underwent the first of a regular renewal process and IHSPR welcomed 5 new members effective September 2003. The new members are Chantal Maheu from Health Canada, Naomi Fulop from the London School of Hygiene and Tropical Medicine, Suzanne Lawson from the Hospital for Sick Children, Neena Chappell from the University of Victoria, and Ingrid Sketris from Dalhousie University. At the same time, we bid farewell to six members who had been with us since the birth of the Institute, and who had played instrumental roles in the evolution of our strategic plan and the development of our first funding tools and competitions: Renaldo Battista from AETMIS, Jerry Hurley from McMaster University, Ian Shugart from Health Canada, Paul Hebert from the Ottawa Hospital Research Institute, Chris Ham from the University of Birmingham (UK), and Noralou Roos from the University of Manitoba.

The year covered by this report was, again, a frenetic one, filled with many long days and exciting milestones. One event that stood out, however, was the Institute's inaugural symposium, hosted in Montreal in November 2003. This event, *Strengthening the Foundations: Health Services and Policy Research <-> Canadian Health Care*, was attended by roughly 350 people including researchers, research users, students, fellows, and members of the public. It featured a number of highly topical plenary sessions, the usual problems of trying to figure out which of multiple interesting but

¹ CIHR Institute of Health Services and Policy Research, Strategic Plan. Health Services and Policy Research: Making the BEST of Canadian Health Care (<http://www.cihr-irsc.gc.ca/e/19522.html>).

² Strategic Plan: CIHR's Blueprint for Health Research and Innovation (<http://www.cihr-irsc.gc.ca/e/20266.html>).



competing parallel sessions to attend, about 50 fabulous posters with heavy representation from the newest generation of health services researchers in the country, and Peter Coyte's humorous launch of our new association, the Canadian Association for Health Services and Policy Research. The chair of the event, Tom Noseworthy from the University of Calgary, brought with him a whole new meaning to sitting down on the job (ably chairing the event from a wheelchair).

Another key accomplishment for staff during this reporting year was significant forward movement on the development of a new health services and policy journal for Canada. A working group of our Advisory Board oversaw a process that included additional market research, and the evaluation of proposals from potential publishers of such a journal.

A third highlight for us was all the early team-building and organizational work that went into preparing for the transfer of the Canadian Health Services Research Foundation's open grants competition, projects component, to CIHR, beginning with the fall 2004 competition. This annual CIHR competition has been renamed to Partnerships for Health System Improvement.

None of this would have been possible without the continued dedication and enthusiasm of the Institute's staff, both in Vancouver and Ottawa. Our ability to continue to be innovative, responsive, relevant, and timely, is inextricably tied to the excellence of those staff. A complete list of our staff, with contact details, appears in Appendix Q at the end of this report.

Looking ahead, 2004-05 promises to be another year full of important milestones – the launch of a new journal, the first experience for CIHR with the Partnerships for Health System Improvement grants competition, and plenty of work ahead on the Institutes' five year evaluation.

We welcome comments about IHSPR's activities and the research we fund.



Morris Barer,
Scientific Director



Diane Watson,
Assistant Director

Introduction to IHSPR

Our Vision

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

Our Mandate

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

Our Goals

The strategic goals of the Institute are built around a commitment to four key areas – as the “BEST” strategy: **B**uild a Community of Excellent Researchers; **E**xpand and Enhance Research Resources; **S**upport strategic research; and **T**ranslate knowledge. IHSPR is also committed to promoting and facilitating **organizational excellence** in all of its activities. Within each key area, the Institute has some specific goals that address the research priorities of the Institute:

Build a Community of Excellent Researchers

- Increase the supply of excellent health services and policy researchers in Canada;
- Increase capacity for expert training and mentoring of future researchers; and
- Encourage the emergence of new collaborations.

Expand and Enhance Research Resources

- Develop and improve researchers' access to data regarding health and health services; and
- Support the development and use of new tools, frameworks and methods for health services, health policy, and knowledge translation research.

Support strategic research

- Identify and prioritize information needs of decision makers and the public;
- Support strategic health services and policy research in areas identified as important to the current and emerging information needs of policy, administrative and clinical-decision-makers and the public; and
- Support research in prioritized areas of other institutes where there is potential to enhance health services and policy research tools, methods, data development or researcher capacity.

Translate knowledge

- Enhance the supply of researchers who engage in, or teach others how to engage in, best practices in the area of knowledge translation;
- Support the development of environments involving, and tools for, sustained interactions between researchers and research users; and
- Support and promote the use of effective approaches to knowledge translation.



IHSPR Staff at Strengthening the Foundations: Health Services and Policy Research <-> Canadian Health Care. From left to right: Diane Watson, Craig Larsen, Michelle Gagnon, Morris Barer, Michèle O'Rourke, and Frederick Garrow.

Organizational excellence

- Assume a leadership and coordination role in Canadian health services and policy research and knowledge translation priorities for Canada; and
- Encourage innovation and effectiveness in IHSPR, CIHR programs, initiatives and structures.

For the purposes of this report, the Institute's goals listed above have been mapped to the five CIHR reporting categories:

- Outstanding Research;
- Outstanding Researchers in Innovative Environments;
- Translating Health Research into Action;
- Effective Partnerships and Public Engagement; and
- Organizational Excellence.

For more information on IHSPR's research priorities or to view the Institute's strategic plan, please see <http://www.cihr-irsc.gc.ca/e/13931.html>



Institute Activities and Accomplishments for 2003-2004

Outstanding Research

Policy, administrative and clinical decision-makers carry the challenge, on behalf of all Canadians, of developing and implementing health-supporting and health-improving change in health services and systems in Canada. IHSPR's strategic plan reflects our interest in making the best available research evidence available, in a timely fashion, to those decision-makers. The creation and synthesis of research evidence requires time, but the knowledge derived from these activities, if it is to be useful, must be available and accessible when decisions that could benefit from that evidence are being made. To ensure that health services and policy research in Canada is able to anticipate emerging issues and the information needs of decision-makers, we work with stakeholder and partner communities to identify gaps in knowledge, and to support strategic initiatives that address those gaps. To that end, IHSPR supports a number of strategic activities:

- Research agenda setting exercises;
- Workshops for defining strategic research agendas/priorities;
- Requests for Applications (RFA) for synthesizing existing evidence;
- Requests for Applications (RFA) for research intended to generate new knowledge or new understandings about how to translate new knowledge most effectively; and
- Compilation of outstanding examples of decision-influencing research by CIHR-funded researchers affiliated with the Institute.

Goal 1: Identify and prioritize information needs of decision makers and the public.

Listening for Direction II

Beginning in late 2003, the Institute partnered with the Canadian Health Services Research Foundation (CHSRF), the Canadian Institute for Health Information (CIHI), the Canadian Coordinating Office for Health Technology Assessment (CCOHTA), the Advisory Committee on Governance and Accountability of the



The Institute's Scientific Director, Morris Barer, and Cameron Mustard at a Listening for Direction on Injury planning meeting.

Federal/Provincial/Territorial Conference of Deputy Ministers of Health, and the Health Statistics Division of Statistics Canada, in order to examine, evaluate, and update research priorities. The 2004 Listening for Direction II consultations generated the following top 10 priorities for the nation over the next five years:

- Workforce planning, training, and regulation;
- Management of the healthcare workplace;
- Timely access to quality care for all;
- Managing for quality and safety;
- Understanding and responding to public expectations;
- Sustainable funding and ethical resource allocation;

- Governance and accountability;
- Managing and adapting to change;
- Linking care across place, time, and settings; and
- Linking public health to health services.

Postscript: After the end of this reporting period, the *Listening for Direction II* final report was released. It is available at <http://www.cihr-irsc.gc.ca/e/20461.html>.

Listening for Direction on Injury

Listening for Direction on Injury (LFD-Injury) was a multi-institute initiative co-championed by the IHSPR and the CIHR Institute of Musculoskeletal

Health and Arthritis (IMHA), in partnership with the Canadian Injury Research Network, SMARTRISK and the Insurance Bureau of Canada. The main goal of the LFD-Injury initiative (which represented the first phase of CIHR's commitment to supporting injury research) was to identify strategic priorities for research, capacity building, knowledge translation and infrastructure support for the prevention and management of injury. It brought together a diverse group of researchers, decision makers and programmers from four domains: unintentional injury prevention, violence and suicide prevention, acute care of injury and rehabilitation of injury.



IHSPR's Scientific Director, Morris Barer, at one of the Listening for Direction on Injury research workshops. From left to right: Parminder Raina, Morris Barer, Allyson Hewitt, and Colin McArthur.

LFD-Injury aimed to identify strategic research priorities and potential funding sources to increase and improve injury research in Canada.

Workshops

One way that IHSPR ensures that the research it supports remains current is to fund workshops that help identify information gaps or emerging

research priorities. Workshops funded in this fiscal year had to include at least one of the following objectives: to reach consensus on priority policy issues and research questions in specific areas within the general ambit of health services and policy research; to nurture new



teams or networks, with an eye to developing innovative and relevant CIHR operating grant applications and/or to developing proposals for future IHSPR strategic initiatives. In the 2003/04 fiscal year, IHSPR funded 9 workshops or other community development events in partnership with other CIHR Institutes and external organizations.

See Appendix A for a list of workshop titles and dates.

Goal 2: Support strategic health services and policy research in areas identified as important to the current and emerging information needs of policy, administrative and clinical decision-makers, and the public.

The Canadian Community Health Survey on Mental Health and Well Being

IHSPR, as well as the CIHR Institutes of Neurosciences, Mental Health and Addiction (INMHA), Gender and Health (IGH), the Rural and Northern Health Research Initiative (RNHRI), Statistics Canada (StatsCan), and the Ontario Problem Gambling Research Centre (OPGRC) were funding partners for the Canadian Community Mental Health Survey (CCMHS), which provides, for the very first time, comprehensive data for a selection of major mental illnesses, addictions and problems. The purpose of this initiative was to provide an enhanced opportunity for expert analysis of this segment of CCMHS data and, by doing so, improve the availability of evidence for decision-making. Four applications were funded this year.

See Appendix B for a list of titles and principal investigators.

Staying Ahead of the Wave: Genetics, Health Services and Health Policy

In collaboration with the CIHR Institute of Genetics (IG), and the Federal/Provincial/Territorial Coordinating Committee on Genetics and Health, IHSPR developed and posted this RFA. Its objectives were to provide development funds in support of initiatives likely to lead to longer term research projects or programs of inquiry to address the most important emerging issues facing the Canadian health care system in response to new understandings about human genetics, and the burgeoning of genetic information, technologies, products and services. Three projects were funded through this competition.

See Appendix C for a list of titles and principal investigators.

Public Health and Health Care System Preparedness and Response to Severe Acute Respiratory Syndrome (SARS): Evaluation and Lessons Learned

In collaboration with the Institute of Population and Public Health (IPPH), the Institute of Infection and Immunity (III), the Institute of Circulatory and Respiratory Health (ICRH), and the Canadian Lung Association, IHSPR developed and posted this RFA in order to support the examination and analysis of the recent public health, and health care system

responses to the SARS outbreak in Canada. Special emphasis was placed on finding ways to ensure that evidence-based practice, and cost-effective outbreak management strategies are utilized to the extent possible in any future outbreaks of this kind. Ten applications were funded this year.

See Appendix D for a list of titles and principal investigators.

Improving the Quality of Health Care in Canadian Hospitals

The aim of this IHSPR-, IPPH-, and CIHI-led RFA was to fund research to determine, through a systematic review of Canadian hospital charts, the extent of health system 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 such events. IHSPR continued to support the project funded under this 2002/03 competition.

Financing Health Care in the Face of Changing Public Expectations

The specific objective of this RFA, led by IHSPR and the CIHR Institute of Cancer Research (ICR), was to support innovative projects that will help inform policy and management decisions relating to two of the priority areas identified during the Listening for Direction I priority-setting process carried out by IHSPR and partners during the winter and spring of 2001. Broadly conceived, these areas include implications of decisions regarding the extent and reach of public funding for health care, on

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. IHSPR continued to support projects funded under this 2002/03 competition.

Improving Access to Appropriate Health Services for Marginalized Groups

This strategic initiative was designed to support excellent, innovative and cross-disciplinary research projects that will help inform policy, program and management decisions relating to improved access to appropriate health services for identifiable marginalized groups. CIHR partners for this initiative included IGH, IPPH and the Institute of Aboriginal Peoples' Health (IAPH). IHSPR continued to support projects funded under this competition in 2001/02 and 2002/03.

Building Healthy Communities Through Rural and Northern Health Research

This RFA was designed to foster research on understanding and enhancing health, and health services and policy, in small and remote communities around three key research themes: understanding and improving the health status of rural and northern populations; designing health systems and services that work for small and remote communities; and knowledge translation - making health research more accessible and useable by rural and northern practitioners, policy-makers and citizens. All thirteen CIHR





Institutes as well as Agriculture and Agri-Food Canada, The Rural Secretariat, CHSRF, the Canadian Institute for Health Information's Canadian Population Health Initiative (CIHI-CPHI), CANARIE Inc., Health Canada Office of Rural Health, Natural Sciences and Engineering Research Council (NSERC), Social Sciences and Humanities Research Council (SSHRC) and StatsCan were funding partners on this initiative. IHSPR continued to support projects funded in the 2002/03 fiscal year.

Goal 3: Support research in prioritized areas of other institutes where there is potential to enhance health services and policy research tools, methods, data development or researcher capacity.

Global Health Pilot Project Grants

The goal of this strategic initiative was to build research capacity by supporting innovative high risk, pilot or feasibility research on ecological, technological, economic, political and socio-cultural forces that influence health, and/or major health and health systems problems that affect low, middle and high income countries. The objective was to have Canadian investigators working in full partnership with researchers resident in low- and middle-income countries (including researchers representing the needs of vulnerable populations in more affluent countries), to explore novel ideas and observations and conduct pilot studies and/or gather evidence necessary to determine the viability of new global health research directions. It was anticipated that these grants would lead to subsequent proposals to the investigator-initiated

grant competition and/or to future Global Health Research Strategic Initiative funding opportunities for longer-term grants. In partnership with IPPH, ICRH, IGH, III, IAPH, and external partners Health Canada (HC), the Canadian International Development Agency, and the International Development Research Centre, IHSPR funded eight pilot projects.

See Appendix E for a list of titles and principal investigators.

Reducing Health Disparities and Promoting Equity for Vulnerable Populations

The goal of this strategic initiative, originally offered in the 2002/03 fiscal year, was to build research capacity that assesses and provides evidence and policy direction necessary to reduce health disparities and promote equity for vulnerable populations. These development grants were intended to enable interdisciplinary groups of researchers in health and other sectors to develop programs of research that describe, investigate and ultimately inform policies to reduce health disparities. In partnership with IGH, INMHA, IPPH, and the Institutes of Aging (IA) and Human Development, Child and Youth Health (IHDCYH), and external partners HC, the National Secretariat on Homelessness, and SSHRC, IHSPR funded five development grants. In addition, IHSPR continued to support four grantees from the 2002/03 competition.

See Appendix F for a list of titles and principal investigators from the 2003-04 competition.



Palliative and End of Life Care: Pilot Projects

The goal of this Institute of Cancer Research-led strategic initiative was to support innovative, pilot or feasibility research in the area of palliative and end of life care. These grants allow investigators with novel ideas and observations to conduct pilot studies and/or gather evidence necessary to determine the viability of new research directions. It is anticipated that applicants who validate their pilot hypotheses will then continue their research by applying to other funding opportunities. Funding partners for this initiative included IHSPR, IA, ICR, IGH, IG, IHDCYH, INMHA, HC – Canadian Breast Cancer Research Initiative, National Ovarian Cancer Association, and the Heart and Stroke Foundation (HSF).

See Appendix G for a list of titles and principal investigators.

Operating Grants Competitions

IHSPR invested funds during the 2003/04 fiscal year to support investigator-initiated projects that aligned with topics identified as research priorities in its Strategic Plan, through the priority announcement process. IHSPR funded six grants in the areas of financing health care, accountability, and primary health care. In addition, the Institute continues to support applicants to the 2001/02 and 2002/03 priority announcement competitions.

During the 2003/04 fiscal year, CIHR and IHSPR worked closely with CHSRF in preparation for the transfer of the projects component of CHSRF's Open Grants Competition to CIHR.





Outstanding Researchers in Innovative Environments

In order to address the current research capacity deficit, and the rapidly growing demand for outstanding health services and policy research, IHSPR is committed to working with key partners to build a community of excellent researchers. In addition to the supply of quality researchers, outstanding health services and policy research also requires continuous enhancement of theory, frameworks, data, and empirical methods, as well as measurement and evaluation tools. Accordingly, the Institute is committed to working with key partners to expand and enhance research tools and resources.

This section outlines the following types of strategic activities:

- Capacity building activities such as support of training programs;
- Career awards;
- Initiatives designed to influence the nature of research teams and their capacity for knowledge translation;
- Initiatives designed to build a community of researchers affiliated with the Institute;
- Initiatives aimed at enhancing research methods and tools; and
- Initiatives aimed at creating new transdisciplinary research teams and environments.

Goal 4: Increase the supply of excellent health services and policy researchers in Canada.



Capacity for Applied and Developmental Research and Evaluation in Health Services and Nursing (CADRE) – Training Centres

The CADRE program is a partnership between CHSRF and CIHR focused on developing increased capacity in applied health services and policy research, including nursing management and organization. There is a need not only for more health services and policy research capacity in Canada, but also for an increase in the orientation of the existing and developing stock of health services and policy researchers toward the application and use of research.

CADRE is composed of five initiatives designed to address these short- and long-term capacity needs on a regional basis. One such initiative is the development of regional and national training centres. These centres are designed as a primary means to ensure a flow of applied health services and nursing researchers at the graduate level over at least a five-year period. A regional approach has been taken to ensure the institutions within each region build training programs around existing strengths. There are currently five CADRE training centres operating across Canada. CIHR continued to support these training centres during this reporting period.

CADRE – Postdoctoral Awards

These two-year awards are designed to build capacity through focused development of new researchers. Emphasis is placed on working with managers and policy makers as well as on acquiring skills that maximize the dissemination and use of their future research. These awards

differ from traditional postdoctoral fellowships in two ways. First, in addition to having a research-oriented position, there is a requirement to learn about the decision-making world through a placement within a decision-making organization. Second, award holders are expected to acquire communication skills. 20 post-doctoral CADRE fellowships were awarded this year.

For a list of recipients and research institutions please see Appendix H.

Strategic Training Initiative in Health Research

The CIHR Strategic Training Initiative in Health Research (STIHR), funded by all thirteen CIHR Institutes, as well as external partners HSF, Alzheimer's Society of Canada (ASC), Michael Smith Foundation for Health Research (MSFHR), Fonds de la recherche en santé du Québec (FRSQ), the Alberta Heritage Foundation for Medical Research, and the Institut de la santé des femmes et en sécurité du travail, aims to provide leadership in building capacity within Canada's health research community by supporting training programs focused on multi-disciplinary teams of investigators in universities and affiliated organizations, institutions, agencies and hospitals. Partnering with government, voluntary and private sectors, this program supports the development of innovative and integrative training environments for the next generation of health researchers. IHSPR continued to support STIHRs initially funded in both the 2001/02 and 2002/03 fiscal years.

Career Awards

In addition to ongoing support of training programs and CADRE post-doctoral fellows, IHSPR made funding available to support a number of new trainees (Ph.D. students and post-doctoral fellows) who were highly rated in CIHR's 2003/04 open competitions and whose research projects fall within the Institute's mandate.

See Appendix I for a list of titles and successful applicants.

Goal 5: Increase capacity for expert training and mentoring of future researchers.

Capacity for Applied and Developmental Research and Evaluation in Health Services and Nursing – Chair Awards

As noted earlier, the CADRE program is a partnership between CHSRF and CIHR focused on developing increased capacity in applied health services and policy research, including nursing management and organization. An important component of the CADRE program is the CHSRF/CIHR Chair Awards. These grants are awarded to chairs who are leaders in health services and nursing research to provide funding for up to ten years to mentor and educate less experienced researchers, train graduate students, build national applied research networks, and conduct research. CIHR and CHSRF continue to support CADRE Chair Award recipients who initiated their programs in 2000 or 2001.



Summer Institute

IHSPR and IPPH, in collaboration with the Québec Public Health Research Network, sponsored the second annual *Summer Institute*, held in June of 2003. Summer Institutes were established to increase capacity in interdisciplinary and applied research. The events are specifically designed to:

- Increase participants' understanding of the theoretical and methodological approaches to interdisciplinary research;
- Enhance participants' ability to set up joint efforts between researchers from a variety of disciplines and users of research results; and
- Apply knowledge of interdisciplinary research to writing up proposals.

Fifty doctoral and postdoctoral students in the fields of population and public health and health services and policy research participated in Summer Institute 2003. By all accounts, the event was a great success.

Goal 6: Encourage the emergence of new collaborations

Strengthening the Foundations

In November 2003, IHSPR hosted a national symposium in Montréal. *Strengthening the Foundations: Health Services and Policy Research <-> Canadian Health Care* brought together about 350 researchers, research users, students, fellows, and members of the public. The event provided an opportunity for networking and community and collaborative development, and showcased some of the innovative teams and



*Poster winners
Rebecca Sutherns and
Sarah Bowen*



*Poster judge and IAB
member Martha
MacLeod (left) standing
with poster winners
Dominique Tremblay,
James Kennedy, and
Whitney Berta
(left to right).*

research that have been supported by CIHR.

During this symposium:

- More than fifty students, post-doctoral fellows, and early-in-career researchers presented posters;
- The creation of a new Canadian Association for Health Services and Policy Research (CAHSPR) supported by IHSPR and others, was announced; and
- IHSPR and CHSRF hosted a consultation session involving all delegates, to kick off LfD II, our second partnered strategic priority-setting initiative described earlier.



Peter Coyte, the New CAHSPR president, with the past presidents of CHERA. From left to right: Murray Brown, John Boan, Bob Evans, Terry Albert (representing William Tholl), Raynald Pineault (representing André-Pierre Contandriopoulos) and Raisa Deber.

Canadian Association for Health Services and Policy Research (CAHSPR)

IHSPR encourages interdisciplinary collaborations and interactions between researchers and decision makers. To that end, IHSPR supported the Canadian Health Economics Research Association's (CHERA) transformation into a more broadly based, national health services and policy research association — CAHSPR. IHSPR and CHSRF provided financial support during this first fiscal year, in order to assist the newly formed Canadian Association as it develops the necessary infrastructure, management and operational systems to serve an expanding membership.

New and Emerging Teams (NET) Grants

The NET grants program is intended to promote the growth of small existing teams or the formation of new research teams, as well as to provide support for the creation or development of teams of independent investigators undertaking collaborative multidisciplinary research in Canadian research institutions. In 2003/04 IHSPR, in partnership with IA, III, and ICR, as well as external partners the Ontario Neurotrauma Foundation, HSF, ASC, OPGRC, the Canadian Bacterial Diseases Network and the National Society of Clinical Psychopharmacologists, funded four new NETs in the following areas:

- Healthy and Successful Aging;



- Cognitive Impairment in Aging;
- Anti-microbial Resistance, Health System Implications and Health Outcomes; and
- Palliative and End of Life Care.

See Appendix J for a list of titles and principal investigators.

Interdisciplinary Capacity Enhancement (ICE) Teams Grants

The ICE teams grant program, funded by the IHSPR, the CIHR Knowledge Translation branch, IMHA, IG, IPPH, III, IGH, INMHA, as well as external partners FRSQ, Health Canada's Natural Health Products Branch, the Ontario Ministry of Health and Long Term Care, the Canadian Medical Association, and Safe Kids Canada, aims to provide support for new or existing groups who can demonstrate that they are committed to engendering a trans-disciplinary research culture and to attracting into, engaging and mentoring junior researchers (faculty and post-doctoral fellows not otherwise funded) or established researchers who have not worked extensively in health research in the past, within teams or networks working on themes that align with the priorities identified by participating Institutes and partners. IHSPR continues to support ICE teams initially funded in the 2002/03 competition.

Workshops

IHSPR funded several workshops whose objectives included developing networks, interdisciplinary teams, or collaborative research projects. Examples of such funded workshops include:

- The *National Framework for Allied Health*

Human Resources workshop, which aimed to identify research gaps related to human resource research in occupational therapy, physiotherapy, speech language pathology and audiology. The primary objective of this event was to bring together major stakeholders and mobilize research in this area, and to plan for the development of the multidisciplinary capacity to conduct health services research in these areas.

- The *Listening to Each Other – Improving Linkages Between Researchers, Policy Makers and Users of Health Care Performance Measures* conference aimed to facilitate dialogue between health services decision makers and researchers. Conference themes included health human resources, financing and public expectations, governance and accountability, and improved access for marginalized groups.

See Appendix A for a complete list of funded workshops and dates.

Goal 7: Develop and improve researchers' access to data regarding health and health services.

Compelling Values: Privacy, Access to Data and Health Research

IHSPR, in collaboration with the other CIHR Institutes and its Ethics Office, as well as external partners (StatsCan, CIHI, Workers' Compensation Board of British Columbia, CHSRF, Privacy Commissioners (ON, AB, BC, QC), HSF, Health Canada's First Nations and Inuit Health Branch), developed and posted this new RFA. Its purpose was to provide operating

grant funds in support of initiatives that address issues related to collection, use and disclosure of personal information for health research intended to improve the health of Canadians and/or strengthen Canada's health care system on the one hand, while respecting and protecting Canadians' right to privacy and confidentiality of personal information, on the other. One application was funded this year.

See Appendix K for the title of the project and the name of the principal investigator.

Harmonizing Research Privacy: Standards for a Collaborative Future

Following the *Privacy in Health Research: Sharing Perspectives and Paving the Way Forward* workshop in December 2002, IHSPR played a key role in facilitating partnerships to fund a workshop series entitled *Harmonizing Research Privacy: Standards for a Collaborative Future*, which were held in October 2003 and February 2004.

The goals of these workshops were to identify and synthesize Canadian health services and policy researchers' needs and knowledge, and to develop recommendations for harmonized privacy standards, policies and best practices, for the protection of personal health information collected, used or disclosed in the context of conducting health services and policy research. These workshops were funded in collaboration with CIHI-CPHI, IPPH, INMHA, IAPH, IHDCYH, IG, IA, ICR, the Institute of Nutrition, Metabolism and Diabetes (INMD), and were planned by the

Institute for Clinical Evaluative Sciences (ICES), and the Manitoba Centre for Health Policy.

Upon completion of the Harmonizing Research Privacy workshops, a privacy toolkit was published and a final report was posted on the IHSPR website.

Joint Canada/United States Health Survey

In the 2002/03 fiscal year, IHSPR, IPPH, IA, INMD, IGH, and INMHA contributed funding to support the first-ever Joint Canada/United States Health Survey. Results from this survey have been posted and data from this survey are available for research purposes. The survey was conducted by the National Center for Health Statistics (NCHS) and StatsCan and funded by CIHR, StatsCan and the Robert Wood Johnson Foundation. It was designed to enable accurate comparisons between countries regarding population health status, risk factors, health disparities, access to health care, and quality of and satisfaction with health care services.

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

CIHR's IPPH and IHSPR issued a Request for Proposals in partnership with IAPH, IA, ICR, ICRH, IG, III, IMHA, INMD, INMHA, and CIHI-CPHI, Health Canada's Centre for Surveillance Coordination, and StatsCan. The purpose of this initiative was to engage the services of a team of



research consultants to describe the current status of population-based health and health services databases in Canada that are being used and show the potential for use in innovative and important health research, and provide recommendations to the partners on ways to improve the breadth, depth, range, and use-ability of these databases. In 2003/04 a team of researchers was funded to undertake this work. An advisory committee chaired by IHSPR is overseeing this work.

See Appendix L for the title of the project, the specific objectives of the work, and the name of the principal investigator.

Canadian Longitudinal Study on Aging

The Institute of Aging, in collaboration with IHSPR, several other CIHR Institutes, and external partners Health Canada – Department of Aging and Seniors, the Canadian Association of Gerontology, and StatsCan, and on behalf of the Canadian Longitudinal Study on Aging (CLSA) Steering Committee, issued an RFP for the development of the protocol for the CLSA during late 2003. The objective of the CLSA is to develop a Canadian multi-centre study that could determine the genetic, immunologic and molecular determinants of aging; the effect of physical exercise, nutrition and other habits on the health of Canada's aging population; the evolution of physical, psychological, and cognitive abilities in aging; the role of psychological determinants of health; the role of social and

cultural variables on health; the health services utilisation of this population; and preventive strategies and health services that would promote healthy aging, and translate the findings into clinical practices, health services and policy. The grant was awarded in January of 2004.

See Appendix M for the project title and principal investigator.

Goal 8: Support the development and use of new tools, frameworks and methods for health service, health policy, and knowledge translation research.

Advancing Theories, Frameworks, Methods and Measurement in Health Services & Policy Research

This strategic initiative was launched by IHSPR in order to support research likely to lead to new breakthroughs in theory development, conceptual frameworks, research methods or measurement approaches (qualitative or quantitative) that have broad application to health services (including public health), systems and policy research and population health research, or to understanding the translation of research into a strengthened Canadian health care system and improved health for Canadians. In collaboration with IA, IPPH, and the INMD, as well as the CIHR Office of Ethics, 29 grants were funded.

See Appendix N for a list of titles and principal investigators.

Translating Health Research into Action

IHSPR is committed to enhancing the supply of researchers who engage in, or teach others how to engage in, best practices in the area of knowledge translation. In line with the goals outlined in the Institute's strategic plan, and with the mandate of CIHR, we continue to work with our partners to develop and sustain continuous, long-term interactions between health services and policy researchers and research users.

In this section of the annual report, we include the following types of activities:

- Activities that help build linkages within the research community and between researchers and research users (e.g., contacts database, involvement of research users in research agenda setting);
- Initiatives designed to influence the nature of research teams and their capacity for knowledge translation (e.g., ICE teams);
- RFAs in the knowledge translation area;
- Support of training in knowledge translation; and
- Examples of the application (or expected application) of new knowledge and impact stories.

Goal 9: Enhance the supply of researchers who engage in, or teach others how to engage in, best practices in the area of knowledge translation.

The Centre for Knowledge Transfer

One component of the CIHR-CHSRF CADRE partnership is the development of regional and national training centres, each of which consists of a consortium of universities. As noted earlier, there are currently five training centres operating across Canada. One of these is the Centre for Knowledge Transfer, a national training centre dedicated to knowledge utilization and policy implementation, led by scholars at the University of Alberta, in partnership with the University of Manitoba, University of Saskatchewan and Laval University. The mandate of the Centre for Knowledge Transfer is "to provide training to researchers and to students to do knowledge transfer in the health sector; to train scholars in the field of knowledge transfer with the aim of building capacity; to engage decision makers to maximize policy relevance of knowledge transfer training and scholarship; and to increase knowledge transfer skills among health care managers and professionals to promote research/evidence based decision-making." CIHR continued to support this Centre in 2003-04.

Knowledge Translation Strategies for Health Research

IHSPR collaborated with the other 12 CIHR Institutes to develop and fund the Knowledge Translation Strategies for Health Research RFA. The goals of this RFA were to strengthen the foundations of research that underpin knowledge translation; to encourage researchers in knowledge translation to focus their work increasingly on the thirteen CIHR Institutes and their health research priorities; and to promote research on how best to integrate knowledge





translation principles and practice into the training and continuing education of health professionals. IHSPR continues to support projects funded in the 2002/03 competition.

Goal 10: Support the development of environments involving, and tools for, sustained interactions between researchers and research users.

Health Services and Policy Research Journal

Building on the work of previous years, IHSPR made significant progress in 2003/04 toward development of a new peer-reviewed outlet for health services and policy research of direct relevance to Canadian health care system policy-makers and managers.

Early in 2003, IHSPR retained a consultant to conduct a survey to refresh its understanding of the level of perceived need for, and interest in, additional capacity for communicating peer-reviewed Canadian-relevant health services and policy research to interested researchers, policy-makers, and decision-makers. A survey and key informant interviews were conducted, and discussions with potential publishers and editors regarding the feasibility of, and their interest in, expanding publication capacity in this area were initiated.

Postscript: At the time of writing, IHSPR has just announced the creation of a new journal to be published by Longwoods Publishing Corporation. Key partners on this initiative are IHSPR and CAHSPR. IHSPR anticipates that the first issues

of this important new knowledge translation vehicle will appear during the 2005-06 fiscal year.

Goal 11: Support and promote the use of effective approaches to knowledge translation.

Knowledge Translation Casebook

The Scientific Director of IHSPR initiated, and began planning for, development of a health services and systems casebook to showcase knowledge translation success stories. Objectives include communicating CIHR's commitment to knowledge translation, providing a vehicle for researchers to share knowledge translation experience, providing concrete examples for training purposes, and demonstrating the potential impact of research evidence. A first version of the casebook is anticipated for the 2005/06 fiscal year.

Workshops

A number of workshops, funded in part by IHSPR in 2003/04, addressed knowledge translation in their objectives, for example:

- *The Listening to Each Other - Improving Linkages between Researchers, Policy Makers and Users of Health Care Performance Measures* workshop aimed to improve linkages between researchers, policy makers and health care users in the area of performance measurement.

Requests for Applications

All of IHSPR's RFAs have some knowledge translation component; however, in the 2003/04 fiscal year, IHSPR developed and posted two RFAs whose objectives specifically emphasized the translation of knowledge:

- *Advancing Theories, Frameworks, Methods and Measurement in Health Services & Policy, Population and Public Health Research and Knowledge Translation* (see a full description of this RFA under "Outstanding Research")
- *Staying Ahead of the Wave: Genetics, Health Services and Health Policy* (see a full description of this RFA under "Outstanding Research")

Effective Partnerships and Public Engagement

This section covers activities in the following areas:

- Strategies designed to develop and nurture partnerships;
- Examples of synergistic gains from partnering, consortia development, and interaction with other organizations;
- Communications and public outreach activities; and
- Initiatives designed to bring people and researchers together.

Maintaining and fostering partnerships with CIHR Institutes and external organizations to identify, focus, and support research priorities.

As detailed throughout this annual report, through RFAs, workshops, symposia, the development of collaborative agreements and other initiatives, IHSPR has developed many partnerships, within and outside CIHR. Indeed, partnership development, maintenance and growth pervades virtually all the Institute's activities. Partnerships have been identified for each of the initiatives described earlier in this report, and will not be repeated here. Please see Appendix O for a list of some of IHSPR's internal and external partners and the initiatives they supported.

In addition, IHSPR has also funded several workshops, symposia and other events, that have been collaborative ventures with key national,





provincial and territorial partners. Examples of funded workshops can be found throughout this report as well as in Appendix A.

Public Engagement

IHSPR continues to focus its attention on research that is important to Canadians. All of the Institute's newly developed RFAs, funded workshops, and other initiatives, reflect the Institute's commitment to supporting important research in areas of concern to the Canadian public.

Through Institute staff and IAB member interaction with the media and federal and provincial commissions and committees, IHSPR has worked to engage the public by increasing their understanding of health services, systems and policy. In April of 2003, the Scientific Director, in collaboration with Dr. Robert Evans (from the University of British Columbia Centre for Health Services and Policy Research) authored an article in the Winnipeg Free Press, entitled "W(h)ither National Pharmacare?". This article addresses the issue of the feasibility of a national pharmacare program, based on the results of the National Forum on Health, and the Romanow and First Ministers' Reports. In addition, the Institute's Scientific and Assistant Directors are frequently called upon to speak with the media, on studies supported by CIHR or its partners, or more generally regarding pressing health services/policy issues of the day.

Organizational Excellence

IHSPR is committed to assuming a key national role of leadership and coordination with regard to identifying and focusing health services and policy research and translation priorities in Canada, through the development of innovative institute programs, initiatives, activities and structures, the effective management and operation of those programs, the creation of mutually beneficial partnerships, and the creation and maintenance of a work environment that encourages excellence in all aspects of the Institute's mandate.

This section reports on activities and events in the following areas:

- Developing the Institute's staff, leadership, management, and operations;
- Profiling of new members of the IAB;
- Performance measurement systems, establishing mechanisms for feedback, and continuous improvement and innovation; and
- Establishing a communications strategy with the researcher and research user community.

Goal 12: Assume a leadership and coordination role in identifying and focusing health services and policy research and knowledge translation priorities for Canada.



Members of the IHSPR Institute Advisory Board at the Strengthening the Foundations: Health Services and Policy Research <—> Canadian Health Care symposium. From left to right: Naomi Fulop, Jonathan Lomas, Jeremiah Hurley, Martha MacLeod, Laurence Thompson, Suzanne Lawson, Ingrid Sketris and Réjean Landry.

Institute Advisory Board

The 2003/04 IHSPR IAB was chaired by Dr. Paul Lamarche, University of Montreal, with the able assistance of its vice-chair, Dr. Martha MacLeod, University of Northern British Columbia. It included fifteen other members, from Canada and abroad. The IAB continues to represent an impressive diversity of expertise, geography, areas of research, and sectors. Board meetings are an essential focal point for discussion and deliberation regarding IHSPR priorities, activities and investments, and members are heavily engaged between formal meetings through a working group structure. The IAB met four times in the 2003/04 fiscal year (three face-to-face meetings and one teleconference).

For a complete list of 2003/04 IAB members, please see Appendix P.

The Advisory Board has evolved a number of

working groups designed to monitor, report on, advise regarding priorities and actions, and participate in evaluation of, IHSPR goals and objectives related to each of the major areas articulated in the strategic plan (Building Capacity/Community, Enhancing Research Resources, Strategic Research, and Knowledge Translation). In addition, the Advisory Board has structured working groups focusing on the development of Partnerships, on Evaluation, and on Communications. The Evaluation working group is involved in planning, overseeing and reporting on IHSPR's 5-year evaluation as well as the Institute's efforts at designing and implementing performance measurement and management, while the Communications working group provides assistance to staff in developing and enacting IHSPR's communication strategy.

During the reporting period, Dave Clements from CHSRF served on the Knowledge Translation



working group. The Advisory Board extends its gratitude to these individuals for their contributions to the achievement of the Institute's goals.

Official Language Minority Communities (OLMC) Research Agenda

CIHR is committed to supporting health research related to issues facing official language minority communities. CIHR has appointed the Scientific Director of IHSPR as the research champion to advance work in this area. An invitational workshop, "Needs, Gaps & Opportunities: Improving Access to Health Services for French and English Speaking Minorities", was held in March 2004. Over 40 stakeholders from across Canada convened to discuss pertinent issues and to define a health research agenda. Eight themes/priorities and suggested mechanisms to address them emerged from the workshop. These will guide CIHR's multi-year action plan to respond to the needs of minority language communities in Canada.

Goal 13: Encourage innovation and effectiveness in IHSPR, CIHR programs, initiatives and structures.

CIHR Programs, Initiatives and Structures

The ability of CIHR to identify and support strategic research in Canada is made possible through a complex organizational and governance structure and an extensive and interconnected set of committees, working groups, and less formal

staff interactions. IHSPR is committed to furthering the excellence of the organization as a whole; in 2003/04, IHSPR's Scientific Director, Assistant Director, and staff served on several internal CIHR committees and working groups, including:

- Governing Council's Standing Committee on Performance Measurement, Evaluation and Audit;
- CIHR task force to develop and evaluate programs that facilitate commercialization of health service and products;
- Committees to develop an evaluation framework for scientific directors and a common evaluation framework for Institutes;
- CIHR Communications Team to share information and to develop and implement marketing and communication strategies for the organization;
- CIHR Governing Council Knowledge Translation (KT) Working Group, which provides advice and recommendations to the CIHR Governing Council, and through Governing Council to the KT Branch of CIHR, on approaches, strategies and context for knowledge translation in Canada, in KT Research, KT Networks, strengthening and expanding KT at CIHR, and supporting and recognizing KT excellence;
- Web Content Management Working Group to provide leadership, advice and recommendations to CIHR's Web Service Centre on various web-related activities and projects;



- Web Steering Committee to oversee the development and implementation of CIHR's new information architecture;
- RFA Knowledge Network to provide advice and guidance on RFA related policies and procedures;
- Relevance Review Working Group to develop a policy and implement a consistent process for relevance review;
- CIHR Job Evaluation Committee that meets as needed to review and evaluate new and revised CIHR positions using the customized CIHR Job Evaluation tool;
- CIHR Partnerships Guidelines and Resources Working Group tasked with developing partnership guidelines, resources and policies for CIHR in accordance with overall organizational values, processes and policies;
- Committee on the Privacy, Confidentiality and Conflict of Interest Issues of Peer and Relevance Review at CIHR;
- A CIHR committee established to develop a strategy for ensuring that agreements between faculty, Universities, and funding agencies, particularly in clinical research, protect patients and researchers and are of the highest ethical standards;
- CIHR Governing Council's Standing Committee on Ethics (SCE) Sub-Committee on the Promotion of Research Integrity to establish policies and procedures for responding to allegations of research misconduct; and
- Standing Subcommittee on Monitoring and Innovation in Peer Review, formally the Fairness in Ratings and Rankings

Committee, a sub-committee of SCOGAC, which aims to determine what might be done to address any equity issues in CIHR's peer review and resource allocation processes.

Communications and Relationship Building

The Scientific Director, members of the IAB, and IHSPR staff, have continued to establish and strengthen relationships with a number of individuals and organizations external to CIHR, which have a broad range of roles and interests in the provision and funding of health research, or health care services for Canadians. These relationships are central to effective communications and knowledge translation.

In addition, IHSPR produced three newsletters in the 2003/04 fiscal year, each of which communicated important activities and funding opportunities. The newsletters were circulated to more than 7000 readers in the health services and policy research community. Past newsletters are available on the Institute's website at <http://www.cihr-irsc.gc.ca/e/13931.html>. IHSPR continues to strive to improve communications with its key stakeholder groups.

Financial Statements

Institute of Health Services and Policy Research Institute Support Grant

For the fiscal year ending March 31, 2004.

AVAILABLE FUNDS	\$ 1,906,058.10
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EXPENDITURES INCURRED FOR CURRENT YEAR

Institute Development

Conference, symposia and workshops	\$ 394,621.40	
Institute Advisory Board expenditures	43,242.69	
Professional Services	37,995.40	
Travel Expenditures	11,486.27	
Other costs	<u>40,700.00</u>	
		\$ 528,045.76

Institute Operations

Employee salaries and benefits	\$ 421,837.55	
Office accommodations	22,913.00	
Telephone and communication services	12,754.64	
Supplies, material and other services	34,752.63	
Computer equipment and IT support	2,144.44	
Professional services	26,542.74	
Travel expenditures	51,453.27	
Other expenditures	<u>2,893.17</u>	
		\$ 575,291.44

TOTAL EXPENSES	\$ 1,103,337.20
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UNSPENT BALANCE	\$ 802,720.90
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CIHR INSTITUTE OF HEALTH SERVICES AND POLICY RESEARCH STRATEGIC INITIATIVES EXPENDITURES

For the fiscal year ending March 31, 2004,
and Forward Commitments

Strategic Initiatives	Number	CONTRIBUTIONS THROUGH GRANTS AND AWARDS				Total
		2003/04	2004-05	2005-06	2006-07 and beyond	
Canadian community health survey: mental health and health services	4	\$ 140,000	\$ –	\$ –	\$ –	\$ 140,000
Staying ahead of the wave: Genetics, health services, and health policy	3	112,089	–	–	–	112,089
Advancing theories, methods and measurement	25	215,280	786,855	755,395	459,742	2,217,272
Reducing health disparities and promoting the health of vulnerable populations	4	75,870	19,110	–	–	94,980
Interdisciplinary Capacity Enhancement (ICE) Teams	11	1,504,117	1,655,304	1,643,852	2,922,299	7,725,572
Healthy and successful aging (New Emerging Team)	1	25,000	25,000	25,000	50,000	125,000
Cognitive impairment in aging (New Emerging Team)	1	25,000	25,000	25,000	50,000	125,000
Global health and health system research	5	247,429	–	–	–	247,429
Anti-microbial resistance, health system implications and health outcomes (New Emerging Team)	1	50,000	50,000	50,000	100,000	250,000

Strategic Initiatives	Number	CONTRIBUTIONS THROUGH GRANTS AND AWARDS				Total
		2003/04	2004-05	2005-06	2006-07 and beyond	
Operating grants to open competition	1	16,711	—	—	—	16,711
Knowledge Translation Applications	15	41,615	49,995	\$ —	\$ —	91,610
Financing health care and changing public expectations	2	235,920	196,908	—	—	432,828
Access to health care for marginalized groups	9	295,157	207,213	94,353	—	596,723
Training awards to open competition	22	573,549	539,084	343,999	559,832	2,016,464
Adverse events in Canadian hospitals	1	19,989	—	—	—	19,989
Capacity and Developmental Research Environments (CADRE)	3	198,750	91,250	25,000	—	315,000
Health Research Partnership Program	1	25,500	17,812	—	—	43,312
CIHR training program grants	16	1,485,579	1,506,187	1,511,939	3,607,494	8,111,199
SARS - Evaluation and lessons learned	0	—	392,157	140,507	—	532,664
Compelling values - privacy, access to data and health research	0	—	86,753	—	—	86,753
Palliative and end of life care (New Emerging Team)	1	50,000	—	—	—	50,000
TOTALS	126	\$ 5,337,555	\$ 5,648,628	\$ 4,615,045	\$ 7,749,367	\$ 23,350,595

Appendices

Appendix A

IHSPR Funded Workshops 2003-2004 - Various Dates

Workshop Title	Date
Health Law Conference - 2004: Who gets it? Who decides?	Apr-03
Natural Health Products Conference	Apr-03
National Framework to Guide Research Related to Human Resources in 3 Allied Health Professions	Apr-03
Genomics in the Public Arena	Apr-03
Child and Youth Health 2003-3rd World Congress & Exposition	May-03
Listening to Each Other - Improving Linkages between Researchers, Policy Makers and Users of Health Care Performance Measures	Jun-03
Financing Health Care in an Era of Changing Public Expectations	Sep-03
Health Services for Genetic Diseases	Oct-03
Hamonizing Research and Privacy: Standards for a Collaborative Future	Sept-03/Feb-04

Appendix B

Analysis of the Canadian Community Mental Health Survey - October 2003

Principal Investigator	Institution	Research Project Title
D'ARCY, Carl	University of Saskatchewan	A mental health divide? Rural-urban and intra-rural differences in mental health and use of mental health services.
LESAGE, Alain D	Centre de recherche Fernand-Seguin	Utilization of services for mental health reasons- cross provincial differences in rates and determinants.
RUSH, Brian R	The Centre for Addiction and Mental Health	Concurrent substance use and mental disorders in Canada: prevalence and impact on service utilization.
TEMPIER, Raymond	Montreal General Hospital	General practice and mental health care: a Canadian-Australian comparative study.

Appendix C

Staying Ahead of the Wave: Genetics, Health Services and Health Policy - January 2004

Principal Investigator	Institution	Research Project Title
AVARD, Denise	Université de Montréal	Storage of dried blood spots: Genetic, health service and research policy implications.
CAPPELLI, Mario	Children's Hospital of Eastern Ontario	Psychosocial health service implications for genetic testing: a clinical and training.
MILLER, Fiona	McMaster University	Evaluation and priority setting for genetic services: a case study.

Appendix D

Public Health and Health Care System Preparedness and Response to Severe Acute Respiratory Syndrome (SARS): Evaluation and Lessons Learned - March 2004

Principal Investigator	Institution	Research Project Title
CAULFIELD, Timothy A	University of Alberta	Legal foundations for a national disease control and surveillance agency in Canada.
HWANG, Stephen W	St. Michael's Hospital	The effect of the Ontario severe acute respiratory syndrome (SARS) outbreak on population mortality.
KHAN, Kamran	St. Michael's Hospital	Optimizing clinical and public health management of influenza-like-illnesses of undetermined etiology in a world changed by SARS.
MAUNDER, Robert G	Mount Sinai Hospital	Psychological and occupational impact of the SARS outbreak on healthcare workers.
MITTMANN, Nicole	Sunnybrook and Women's College Health Sciences Center	Economic evaluation of direct medical and non medical costs associated with a severe acute respiratory syndrome (SARS) outbreak.
NICHOLAS, David B	Hospital for Sick Children	Exploring the psychosocial and health service consequences of SARS on children and their families: lessons learned for pediatric health care practice and policy.
POURBOHLOUL, Babak	University of British Columbia	The spread and evolution of SARS coronaviruses through contact networks: Prediction, recognition, and control.

Appendix D (continued)

Principal Investigator	Institution	Research Project Title
SCHULL, Michael J	Sunnybrook and Women's College Health Sciences Center	Determining the population health impact of the healthcare system response to the SARS outbreak.
UPSHUR, Ross E	Sunnybrook and Women's College Health Sciences Center	Ethical challenges in the preparedness and response for SARS: An interdisciplinary research study.
YASSI, Annalee	University of British Columbia	Barriers and facilitators to implementing protective measures against SARS for healthcare workers: a collaborative interdisciplinary study.

Appendix E

Global Health Research Pilot Project Grants - January 2004

Principal Investigator	Institution	Research Project Title
LABONTE, Ronald	University of Saskatchewan	Equity and health human resources: Canada and The 'Brain Drain' from Sub-Saharan Africa.
SMYLIE, Janet K	University of Ottawa	Action oriented indicators of health and health systems development for Indigenous peoples in Canada, Australia, and New Zealand.
TUGWELL, Peter S	Universidad catolica de Chile	Development of a telephone-mediated decision support program as an innovative component of a primary health care delivery model in Chile.
TUGWELL, Peter S	Instituto Nacional de Salud Publica	Developing an evidence-based nurse training curriculum in Mexico.
FRASER, William D	Hôpital Sainte-Justine	Bed rest prescription for pregnant women with threatened preterm labor: Preliminary research for the design of a multicenter pragmatic trial.
BEVERIDGE, Massey	University of Toronto	The ptolemy project: Evaluation of electronic health information for surgical capacity building in East Africa.
HOWARD, Andrew W	Makerere University	Child pedestrian injuries in Kampala, Uganda: Data sources and determinants.
CAMERON, Brenda L	Universidad de Concepcion	Palliative care and "Cuidados Paliativos" in resource-constrained settings: Developing a collaborative global health research initiative.

Appendix F

Reducing Health Disparities and Promoting the Health of Vulnerable Populations - January 2004

Principal Investigator	Institution	Research Project Title
BOUCHARD, Louise	University of Ottawa	Les déterminants de la santé des minorités francophones : une analyse secondaire de l'Enquête sur la santé dans les collectivités canadiennes.
OXMAN-MARTINEX, Jacqueline	McGill University	Intersecting barriers to health for immigrants with precarious status.
GAGNON, Anita	McGill University	Responses of childbearing newcomers to referrals for care.
NEWMAN, Peter	University of Toronto	Promoting equity in access to post-trial HIV vaccines for Black women in Canada: An exploration of perceived risks, barriers and adoption intentions.
PALEPU, Anita	University of British Columbia	Development of a quality of life instrument for homeless persons and street youth.

Appendix G

Palliative and End of Life Care - Pilot Projects RFA - January 2004

Principal Investigator	Institution	Research Project Title
WARD-GRIFFIN, Mary	University of Western Ontario	Exploring client-family-nurse relationships in home-based palliative care for seniors.

Appendix H

CHSRF CIHR Postdoctoral Fellowships - Various Award Dates

Principal Investigator	Institution
BENZIES, Karen M	University of Calgary
BERNIER, Nicole F	Université de Montréal
BROEMELING, Anne Marie	University of British Columbia
BRYANT-LUKOSIUS, Denise E	McMaster University
CARSON, Arlene	University of Victoria
CAZALE, Linda	Université de Montréal
DALY, Tamara	York University
DUBOIS, Carl Ardy	London School of Hygiene and Tropical Medicine
HALL, Ruth	University of Toronto
HOWELL, Doris M	McMaster University
KOEHN, Sharon	Simon Fraser University
KOTHARI, Anita	University of Ottawa
LAVOIE-TREMBLAY, Mélanie	University of Toronto
MACDONALD, Mary Ellen	McGill University Health Centre
MACINTOSH-MURRAY, Anu	University of Toronto
MRAZEK, Monique	London School of Economics and Political Science
PROFETTO-McGRATH	University of Alberta
TAIT, Caroline L	Université de Montréal
TEDFORD, Sara	McMaster University
TREGUNNO, Deborah J	University of Toronto

Appendix I

CIHR Career Awards

CIHR Doctoral Research Awards supported by IHSPR- October 2003

Principal Investigator	Institution	Research Project Title
LILLY, Meredith	University of Toronto	Labour force participation and employment earnings by unpaid caregivers providing in-home care to family and friends across Canada: A quantitative study.

CIHR IHSPR Fellowship Award Recipients - October 2003

Principal Investigator	Institution	Research Project Title
CAMERON, Jill	Toronto Rehab Institute	Living with the Effects of Stroke: Stroke Survivor and Informal Caregiver Adaptation.

CIHR IHSPR New Investigator Awards - September 2003

Principal Investigator	Institution	Research Project Title
SHAW, Nicola T	University of British Columbia	Informatics: Enhancing the clinical experience.

Appendix J

New and Emerging Teams Programs

Anti-microbial Resistance, Health System Implications and Health Outcomes - April 2003

Principal Investigator	Institution	Research Project Title
LOEB, Mark	McMaster University	Antimicrobial Use and Resistance in Seniors.

Healthy and Successful Aging - April 2003

Principal Investigator	Institution	Research Project Title
ALLARD, Pierre	University of Ottawa	Optimizing end of life care for seniors.

Cognitive Impairment in Aging - April 2003

Principal Investigator	Institution	Research Project Title
MORGAN, Debra	University of Saskatchewan	Strategies to Improve the Care of Persons with Dementia in Rural and Remote Areas.

Appendix J (continued)

Palliative and End of Life Care - February 2004

Principal Investigator	Institution	Research Project Title
CHOCHINOV, Harvey M	University of Manitoba	End of life care and vulnerable populations.
GAGNON, Pierre R	Université Laval	Developing, evaluating and implementing new interventions in palliative care.
STAJDUHAR, Kelli I	University of Victoria (British Columbia)	Family caregiving in palliative and end-of-life care: A new emerging team.

Appendix K

Compelling Values: Privacy, Access of Data and Health Research - February 2004

Principal Investigator	Institution	Research Project Title
WILLISON, Donald	McMaster University	Understanding Canadians' attitudes & expectations re: privacy, access to data, and health research - a comparison of survey & citizens' dialogue methods.

Appendix L

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

Database RFP - July 2003

Principal Investigator	Institution	Research Project Title
FOOKS, Cathy	Health Network, Canadian Policy Research Networks; The Centre for Health Services and Policy Research - UBC	Population-based Health and Health Services Data in Canada: Current Status, Improved Research Potential and Future Investments

IHSPR, IPPH, CIHI-CPHI, StatsCan and Health Canada's Centre for Surveillance Coordination, in collaboration with their Partners, contracted a small team of consultants to deliver the following elements of a coordinated report concerning the current status of population-based health and health services databases in Canada that are being used and show the potential for use in innovative and important health research:

Part 1: A conceptual framework and taxonomy of population-based health and health service research databases, registries and repositories in Canada

Part 2: Key issues and challenges to enhancing access and use of population-based health and health service research databases, registries and repositories in Canada

Part 3: Classifying and building capacity for an ongoing inventory of population-based health and health services research databases, registries and repositories in Canada

Part 4: Planning for strategic investments in population-based health and health service research databases, registries and repositories in Canada

Appendix M

Canadian Longitudinal Study on Aging - January 2004

Principal Investigator	Research Project Title
WOLFSON, Christina	Canadian Longitudinal Study on Aging

Appendix N

Advancing Theories, Frameworks, Methods and Measurement in Health Services & Policy Research - January 2004

Principal Investigator	Institution	Research Project Title
ABDOUS, Belkacem	Université Laval	Outils modernes pour construire et valider des questionnaires et instruments de mesure dans le secteur de la santé.
ABRAHAMOWICZ, Michal M	Montreal General Hospital	Development and validation of new statistical methods for modeling intermediate events in survival analysis.
CONTANDRIOPOULOS, André-Pierre	Université de Montréal	Intégration des approches et des perspectives sur le concept de santé.
COTE, Pierre	Institute for Work & Health	The relationship between impairment, activity limitations, participation restriction and markers of recovery in individuals with musculoskeletal disorders: A validation study of two conceptual frameworks.
CUSIMANO, Michael D	St. Michael's Hospital	Using geographic information system (GIS) technology for injury prevention research and control.
DEMERS, Louise	Institut universitaire de gériatrie de Montréal	Évaluation multicentrique d'une batterie d'instruments de mesure des activités et de la participation sociales des aînés après leur congé de programmes de réadaptation offerts en milieu hospitalier.
GAGNON, Éric	CLSC-CHSLD Haute-Ville-Des-Rivières	Populations, politiques et services de santé : l'examen des théories portant sur l'exclusion.
JOHNSON, Jeffrey	University of Alberta	Economic evaluation of population based diabetes prevention programs.

Appendix N (continued)

Principal Investigator	Institution	Research Project Title
KENNY, Nuala P	Dalhousie University	Ethical frameworks for health policy: Appraisal, appraisal and applications.
LANDRY, Réjean	Université Laval	Advancing theories, measurement and tools in knowledge transfer.
LAZAR, Harvey	Queen's University	Developing a framework for studying intergovernmental relations in public health.
LE BLANC, Marc	Université de Montréal	Construction et validation d'une batterie d'instruments pour évaluer la qualité de l'intervention en internat auprès d'adolescents qui manifestent des troubles de la conduite.
LOCKER, David	University of Toronto	Further development and evaluation of the child oral health quality of life questionnaires.
MARTIN, Douglas K	University of Toronto	Evaluating interventions to improve priority setting.
MAYO, Nancy E	McGill University	Integration of the international classification of functioning (ICF) into electronic health records and administrative data bases: Methodology to create a standard, coded list of problem-indicators common to four disease groups.
MCNENEY, William Bradley	Simon Fraser University	Improved methods for haplotype risk estimation in association studies, with specific application to cancer and diabetes.
MISHARA, Brian L	Université du Québec à Montréal	Réseau intégré d'application des connaissances en suicidologie.
NICHOLAS, David B	Hospital for Sick Children	An evaluation of the relevance, feasibility and validity of web-based data collection for children.
PILOTE, Louise	McGill University	Modern statistical methods to analyze administrative databases.
POTVIN, Louise	Université de Montréal	Programmation et évaluation des interventions de santé publique en milieu communautaire.

Appendix N (continued)

Principal Investigator	Institution	Research Project Title
SCHUURMAN, Nadine C	Simon Fraser University	Creation of an extensible mark-up language (XML), web-based extended metadata format for population health data in Canada based on ethnographies of databases.
SHRIER, Ian	Sir Mortimer B. Davis Jewish General Hospital	Are systematic reviews that use only RCT studies sometimes misleading?
SICOTTE, Claude	Université de Montréal	Technologies de l'information, transformation des pratiques médicales et performance.
SIDANI, Souraya	University of Toronto	Alternative approaches to assessing outcomes in health services research.
SOBOLEV, Boris G	University of British Columbia	Developing a computer simulation model for patient flow in health care system: Access to coronary revascularization.
ST-PIERRE, Michèle	Université Laval	Cadre de structuration de l'implantation d'une interface entre services de santé publique et services curatifs.
UNGAR, Wendy J	Hospital for Sick Children	A conceptual framework for outcome measurement in children: Consequences for health economic evaluation and decision-making.
UNGER, Bernard	Sir Mortimer B. Davis Jewish General Hospital	Development of a standardized diagnostic list for use in Canadian emergency departments.
VANDAL, Alain C	Lady Davis Institute for Medical Research	Economically and statistically efficient design of prevalence and incidence studies using capture-recapture methods, with an application to multiple sclerosis prevalence estimation in Québec.

Appendix O

IHSPR Partners

IHSPR Internal and External Partners - 2003/04

Project Title	CIHR Partners	External Partners
Advancing Theories, Frameworks, Methods and Measurement in Health Services & Policy, Population and Public Health Research and Knowledge Translation*	IPPH, IA, INMD, Ethics Office	
Analysis of Canadian Community Health Survey on Mental Health and Well Being*	INMHA, IGH, RNHRI	StatsCan, OPGRC
Building Healthy Communities through Rural and Northern Health Research	IGH, IPPH, IAPH, IA, ICR, IG, ICRH, IHDCYH, III, IMHA, INMD, INMHA	AAFC, The Rural Secretariat, CHSRF, CIHI-CPHI, CANARIE Inc., HC-ORH, NSERC, SSHRC, StatsCan
Canadian Association for Health Services and Policy Research*		CHERA, CHSRF
Canadian Longitudinal Study on Aging	IA, ICRH, IGH, IG, III, IMHA, INMHA, INMD, IPPH	HC-DAS, CAG, StatsCan
Canada/US Health Survey	IPPH, IA, INMD, IGH, INMHA	NCHS, StatsCan
Capacity for Applied and Developmental Research and Evaluation in Health Services and Nursing*		CHSRF
Compelling Values: Privacy, Access to Data and Health Research*	Ethics Office, IG, IAPH, IA, IPPH, IGH	StatsCan, CIHI, WCB - BC, CHSRF, Privacy Commissioners (ON, AB, BC, QC), HSF, HC- FNIHB
Financing Health Care in the Face of Changing Public Expectations*	ICR	
Global Health Research Pilot Project Grants	IPPH, IAPH, ICRH, IGH, III	CIDA, HC, IDRC
Global Health Research Program Development and Planning Grants	IPPH, IAPH, ICRH, IGH, III, INMHA, INMD	CIDA, HC, IDRC
Harmonizing Research Privacy: Standards for a Collaborative Future*	IPPH, INMHA, IAPH, IHDCYH, IG, IA, INMD, ICR	CIHI-CPHI, ICES
Improving Access to Appropriate Health Services for Marginalized Groups	IAPH, IGH, IPPH	
Improving the Quality of Health Care in Canadian Hospitals*	IPPH	CIHI
Interdisciplinary Capacity Enhancement Teams Grant *	IMHA, IG, IPPH, III, IGH, INMHA, CIHR KT	OMH, FRSQ, CMA, HC-NHPD, SKC

Appendix O (continued)

Project Title	CIHR Partners	External Partners
Knowledge Translation Strategies for Health Research	CIHR - KT 13 Institutes	
Listening for Direction II*		CIHI, CCOHTA, HC-HSD, GA-FTPCDMH, CHSRF
Listening for Direction on Injury*	13 Institutes	CIRN, SMARTRISK, IBC
New Emerging Team Grant Program - Anti-microbial Resistance, Health System Implications and Health Outcomes	IAPH, IA, ICR, ICRH, IGH, IG, IHDCYH, III, INMHA, INMD, IPPH	ONF, HSF, NSCP, ASC, OPGRC, CBDN
Palliative and End of Life Care - Pilot Projects	IA, ICR, IGH, IG, IHDCYH, INMHA	HC-CBCRI, HSF, NOCA
Palliative and End of Life Care NETs: 1) Healthy and Successful Aging; 2) Cognitive Impairment in Aging	IA, ICR, IGH, IG, IHDCYH, INMHA	HC-CBCRI, HSF, NOCA
Population-based Health and Health Services Data in Canada: Current Status and Future Health Research Potential*	IPPH, IAPH, IA, ICRH, IG, IMHA, INMD, ICR, III, IGH, INMHA	StatsCan, CIHI - CPHI, HC-CSC
Public Health and Health Care System Preparedness and Response to Severe Acute Respiratory Syndrome (SARS): Evaluation and Lessons Learned*	IPPH, III, ICRH	CLA
Reducing Health Disparities and Promoting the Health of Vulnerable Populations	IGH, IPPH, IAPH, IA, IHDCYH, III, IMHA, INMD, INMHA	HC, NSH, SSHRC
Rural and Northern Health Research - NETS	RNHI, IAPH, IPPH, III, IGH, IHDCYH, ICRH	NSERC
Rural and Northern Health Research - Operating Grants with Community Involvement	RNHI, IAPH, IPPH, III, IGH, IHDCYH, ICRH	NSERC
Staying Ahead of the Wave: Genetics, Health Services and Health Policy*	IG	F/P/T Coordinating Committee on Genetics and Health
Strategic Training Initiative in Health Research	13 Institutes	HSF, ASC, MSFHR, FRSQ, AHFMR, IRRST
Strategies for Knowledge Translation in Health	IG, INMHA, CIHR-KT	
Summer Institute*	IPPH	QPHRN

* Initiatives led or co-led by IHSPR

Appendix O (continued)

CIHR Partners

CIHR – KT	CIHR Knowledge Translation Branch
IA	Institute of Aging
IAPH	Institute of Aboriginal Peoples' Health
ICR	Institute of Cancer Research
ICRH	Institute of Circulatory and Respiratory Health
IG	Institute of Genetics
IGH	Institute of Gender and Health
IHDCYH	Institute of Human Development, Child and Youth Health
III	Institute of Infection and Immunity
IMHA	Institute of Musculoskeletal Health and Arthritis
INMD	Institute of Nutrition, Metabolism and Diabetes
INMHA	Institute of Neurosciences, Mental Health and Addiction
IPPH	Institute of Population and Public Health
RNHRI	Rural and Northern Health Research Initiative

External Partners

AAFC	Agriculture and Agri-Food Canada
AHFMR	Alberta Heritage Foundation for Medical Research
ASC	Alzheimer Society of Canada
CAG	Canadian Association of Gerontology
CBDN	Canadian Bacterial Diseases Network
CCOHTA	Canadian Coordinating Office for Health Technology Assessment
CHERA	Canadian Health Economics Research Association
CHSRF	Canadian Health Services Research Foundation
CIDA	Canadian International Development Agency
CIHI	Canadian Institute for Health Information
CIHI-CPHI	CIHI Canadian Population Health Initiative
CIRN	Canadian Injury Research Network
CLA	Canadian Lung Association
CMA	Canadian Medical Association

FRSQ	Fonds de la recherche en santé du Québec
GA-FTPCDMH	Advisory Committee on Governance and Accountability of the Federal/Provincial/Territorial Conference of Deputy Ministers of Health
HC	Health Canada
HC-CBCRI	HC Canadian Breast Cancer Research Initiative
HC-CSC	HC Centre for Surveillance Coordination
HC-DAS	HC Division of Aging and Seniors
HC-FNIHB	HC First Nations and Inuit Health Branch
HC-HSD	HC Health Statistics Division
HC-NHPD	Natural Health Products Department
HC-ORH	HC Office of Rural Health
HSF	Heart and Stroke Foundation of Canada
IBC	Insurance Bureau of Canada
ICES	Institute for Clinical Evaluative Studies
IDRC	International Development Research Centre
IRRSC	Institut de la santé des femmes et en sécurité du travail
MSFHR	Michael Smith Foundation for Health Research
NCHS	National Centre for Health Statistics
NFCP	NeuroScience Canada Partnership
NOCA	National Ovarian Cancer Association
NSCP	National Society of Clinical Psychopharmacologists
NSERC	Natural Sciences and Engineering Research Council
NSH	National Secretariat on Homelessness
OMH	Ontario Ministry of Health and Long Term Care
ONF	Ontario Neurotrauma Foundation
OPGRC	Ontario Problem Gambling Research Centre
SKC	Safe Kids Canada
SSHRC	Social Sciences and Humanities Research Council
StatsCan	Statistics Canada
WCB-BC	Workers' Compensation Board of British Columbia

Appendix P

IHSPR Institute Advisory Board

Name	Coordinates	Membership Status
Boon, Heather	Assistant Professor, Faculty of Pharmacy, University of Toronto	Continuing
Caulfield, Tim	Associate Professor, University of Alberta	Exiting
Champagne, François	Professeur titulaire, Université de Montréal	Continuing
Chappell, Neena	Canada Research Chair in Social Gerontology, University of Victoria Centre on Aging	New
Fulop, Naomi	Senior Lecturer/Director, National Coordinating Centre for NHS Service Delivery and Organization, London School of Hygiene and Tropical Medicine	New
Goel, Vivek	Professor/Vice President, Department of Health Policy, Faculty of Medicine, University of Toronto	Exiting
Goering, Paula	Director, Health Systems Research and Consulting Unit, Centre for Addiction and Mental Health – Clarke Site	Continuing
Lamarche, Paul (Chair)	Director, GRIS, Faculty of Medicine, University of Montreal	Exiting
Landry, Réjean	Chair, CHSRF/CIHR Chair of Knowledge Transfer and Innovation, Department of Management, Faculty of Administrative Sciences	Exiting
Lawson, Suzanne	Director of Volunteer Resources, The Hospital for Sick Children	New
Lomas, Jonathan	Executive Director, Canadian Health Services Research Foundation	Exiting
MacLeod, Martha	Associate Professor, Nursing Program, University of Northern BC	Continuing
McFarlane, Anne	Executive Director, Western Canada, Canadian Institute for Health Information	Continuing
Maheu, Chantal	Director, Health Care System Division, Health Canada	New
Sketris, Ingrid	Professor, College of Pharmacy, Dalhousie University	New
Slutsky, Arthur	Vice-President, Research, St. Michael's Hospital	Continuing
Thompson, Laurence	Health Policy Consultant	Continuing

Appendix Q

IHSPR Staff

IHSPR Staff at the 2003-04 Retreat in Wakfield, Quebec. From front to back: Michèle O'Rourke, Kim Gaudreau, Diane Watson, Michelle Gagnon, Craig Larsen, Morris Barer and Frederick Garrow.



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