



Canadian Institutes  
of Health Research

Instituts de recherche  
en santé du Canada

# Institute of Health Services and Policy Research Strategic Plan

April 1, 2005 – March 31, 2008

Health Services and Policy Research: Making the Best  
of Canadian Health Care



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

**Canada**

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© Her Majesty the Queen in Right of Canada (2005)  
Cat. No.: MR21-66/2005E-PDF  
ISBN 0-662-42030-6





# Institute of Health Services and Policy Research

## Strategic Plan

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## Message from the Scientific Director

Over a ten-month period beginning at the Institute's inaugural symposium in Montreal in 2003, IHSPR and five national partners canvassed policy-makers, managers, members of the public and researchers across the country to identify research priorities for the next two to five years. This process, *Listening for Direction II*, was intended to refresh a similar exercise undertaken shortly after the inception of the Institute, in early 2001. The changes and, equally, the lack of change, in the identified priorities, reflect the realities of the Canadian health care system. Periodically some new issue emerges, but for the most part, the major problems besetting Canada's health care system are soap opera-like—they remain the same, even if nuanced in slightly different ways.

Those priorities are now guiding investments in pursuit of the goals of the broad "Outstanding Research" component of our second Strategic Plan. Like the research priorities themselves, this Plan will look and sound familiar, yet has also undergone some changes. Most obviously, the major areas for investment and attention are now consistent with CIHR's own *Blueprint*. Other changes and consolidations reflect the experience of our early years, and the decisions taken by the Institute Advisory Board over that period.

This Strategic Plan is what guides the Advisory Board in making critical decisions about human and financial commitments, and with so many opportunities worthy of Institute support, and so many challenges and issues to attempt to respond to, to which it returns in moments of uncertainty. It provides the framework around which we organize our work, against which we evaluate ourselves, and against which others will evaluate the Institute's work over the coming year.

This also represents the Strategic Plan that we will hand to our successors. Both of our terms, as Scientific Director, and Advisory Board chair, end in 2006. While there is still much to be done in the coming year, we are confident that this document will provide important guidance to our successors and, equally important, will ensure continuity for the communities the Institute serves.

We continue to welcome feedback on our goals and objectives, as well as on the means we choose to achieve them.

A handwritten signature in black ink, appearing to read "M. Barer". The signature is fluid and cursive, written over a large, light green maple leaf graphic that is partially visible in the background.

Morris Barer  
Scientific Director

## Canadian Institutes of Health Research

The Canadian Institutes of Health Research (CIHR) is Canada's major federal funding agency for health research. Its objective is to excel, according to internationally accepted standards of scientific excellence, in the creation of new knowledge and its translation into improved health for Canadians, more effective health services and products and a strengthened Canadian health care system.

In July 2000, CIHR launched 13 institutes, each dedicated to a domain of research. These health research institutes were created to identify, coordinate, focus and integrate health research and translation priorities for Canada, based on:

- A growing understanding of the multi-factorial nature of health problems and opportunities for health enhancement;
- The involvement and recognition of, and respect for, the contributions of health researchers from all research disciplines and of researchers from outside the traditional health research 'realms';
- The involvement and cooperation of a wide range of partners from all relevant sectors, the provinces and other countries;
- The development, attraction and retention of the best possible health researchers for Canada.
- The creation of new knowledge based on research that meets the highest international standards of excellence; and
- The application of that knowledge to the development and implementation of innovative policy and practice.

All Institutes encourage interdisciplinary, integrative health research that includes bio-medical research, clinical research, research pertaining to health systems and services, and research on the health of populations, including social and cultural dimensions of health and environmental influences on health (i.e., four domains, themes or pillars). CIHR's Institute of Health Services and Policy Research is one of the 13 institutes.

## CIHR Institute of Health Services and Policy Research

### **Our Vision ~ Strengthening Canada's Health Care System through Health Services and Policy Research**

The vision of the Advisory Board of CIHR's Institute of Health Services and Policy Research is to enable 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 ~ Supporting Health Services and Policy Research and Its Timely Translation**

The mandate of CIHR's Institute of Health Services and Policy Research 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, delivered and used in the interest of improving the health and quality of life of all Canadians.

### **Our Values**

The following fundamental and core values are promoted by CIHR's Institute of Health Services and Policy Research, and influence its decision-making, strategic activities and operations:

- International excellence
- Ethically responsible research
- Scientific rigour
- Diversity in theoretical and methodological approaches
- Innovation
- Impartial, arms-length, peer and merit adjudication
- Involvement, recognition, and respect for, health researchers from all research disciplines
- Involvement and recognition of, and respect for, a wide range of partners from all relevant sectors, the provinces and other countries
- A transparent approach that facilitates accountability to all Canadians







## Our Guiding Principles

The Institute is guided in its strategic and operational activities by the following principles to which it is committed:

- Provide leadership through working collaboratively with key partners in identifying, coordinating, focusing and integrating health services and policy research and knowledge translation priorities for Canada.
  - Support superb research and researchers involved in addressing the problems confronting health care decision-makers of today and tomorrow.
  - Encourage productive collaboration amongst researchers who use diverse methods and offer varied types of expertise.
  - Uphold the principles of academic freedom, independence, and right to publish.
  - Address, wherever possible and practical, regional and other disparities in Canada's capacity to undertake outstanding research in the domain of the Institute mandate.
  - Support innovation in the development of tools, methods and partnerships in the domain of the Institute mandate.
  - Facilitate access to data that can be used to conduct health services and policy research, while at the same time working with partners to ensure that access protocols respect the privacy of information on individual patients, providers and organizations.
  - Support initiatives that will result in the timely translation of relevant research knowledge.
  - Provide timely responses to all those who communicate with staff of the Institute.
  - Interact with all individuals and organizations with integrity and respect.
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## Our World

In 2002, CIHR's Institute of Health Services and Policy Research (IHSPR) published its first strategic plan, following a national consultation process to define the most important issues likely to be facing the Canadian health care system over the subsequent two to five years. That plan, entitled *Health Services and Policy Research: Making the **BEST** of Canadian Health Care*, focused IHSPR's activities on four key areas: building a community of researchers, expanding and enhancing research resources, supporting strategic research, and translating knowledge.

At that time, we knew we needed to nurture a small, but increasingly in-demand community and, at the same time, increase the size and capability of that community in whatever ways we could. The establishment of CIHR in 2000 created a vastly expanded set of expectations for health services and policy researchers, with all 13 CIHR institutes encouraging interdisciplinary, integrative research relating to health systems and services. We recognized that to enable outstanding research, we needed to make investments in developing and improving access to quality health and health services data. We also had to build our capacity to supply policy and management decision makers with timely research evidence in priority areas. And we had to support initiatives to better translate research knowledge into improved systems and services.

Over the last few years, we have made significant progress on many of the specific goals within each of those four broad areas. At the same time, while the health policy landscape in Canada may appear to stand still on some issues, on others there have been dramatic changes. This has left us with a new mix of priorities and circumstances to respond to. Health care leaders have learned far more about Canadians' preferences and expectations for their health care system through the work of federal, provincial and territorial committees, review panels and commissions. The Senate Standing Committee on Social Affairs, Science and Technology (Kirby Committee) submitted recommendations on health care renewal in April 2002 and the Commission on the Future of Health Care in Canada (Romanow Commission) completed its work in November 2002.

As a result, there have been important movements to change the organization, funding, regulation, delivery and oversight of health care in Canada. The nation now has the Health Council, with an explicit public reporting mandate, and some jurisdictions have established health quality councils. Some provinces have restructured regional health authorities and provider networks. Options for private financing of facilities and services continue to be explored across the country, and there have been some notable shifts in

the organization and funding of primary health care. Public health and health system issues also came under intense scrutiny during the SARS crisis of 2003, which spurred the establishment of the Canadian Public Health Agency.

Of particular importance is the September 2003 Accord on Health Care Renewal, which gives expression to a Federal/Provincial/Territorial consensus on system reform. A ten-year plan to strengthen health care was agreed to by the First Ministers a year later, backed up by a long-term commitment to annual increases in funding from the federal government. Both the Accord and the Ten Year Plan stipulate strategic areas in which health system change is expected and recognize the vital role that applied research and knowledge translation must play in renewal efforts.

There is also heightened interest in Canada's global role in health research. In November 2004, health ministers from around the world took part in a joint summit on health research. The resulting Mexico Statement points to the crucial, but under-recognized, role that research has to play in strengthening health systems, and affirms the value of a global commitment to linking research to action in health services and policy.

How Canadians experience their health care system has remained relatively constant over the last number of years. Their major concern—timely access to high quality care—continues to dominate health services and policy debate in 2005. In a few areas there is evidence of deterioration in accessibility of services, and enhanced concern over quality. Relative to a few years ago, fewer Canadians are satisfied with access to care in the community and the timeliness of access.<sup>i</sup> While most Canadians (86 per cent) report having a family physician, some (16 per cent) report difficulty accessing first contact care, and others (13 per cent) report difficulty accessing routine care. Many (51 per cent) now rank improvements in the quality of care as a top priority for new health care investments.<sup>ii</sup> But Canadians continue to be open to a wide variety of initiatives to improve the health care system, and strongly support the notion that health research will contribute to the pace of innovation in health care and evidence-based decision-making.<sup>iii</sup>

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<sup>i</sup> Pollara Research. (2003). Health Care in Canada Survey: Retrospective 1998-2003.

<sup>ii</sup> Pollara Research. (2003). Health Care in Canada Survey: Retrospective 1998-2003.


<sup>iii</sup> Pollara Research. (2003). Health Care in Canada Survey: 2003.

IHSPR's overall goals and objectives remain the same, while some of the specifics have been modified to reflect this changing environment. The health services and policy research community remains small, as it was in 2000, but its growth has been expedited by investments from IHSPR and our partners. We now have a fully-fledged national association for our research and research-user community, the Canadian Association for Health Services and Policy Research (CAHSPR) to complement our community-building efforts. CIHR's (including IHSPR's) early investments in new training and team-building capacity are already beginning to bear fruit. Changes at CIHR will also create more opportunities for supporting capacity development for our community. At time of writing, a standing "Teams" competition had been added to CIHR's annual competitions, and work was underway toward developing a new "Emerging Teams" annual competition.

Over the last three years, despite our best efforts, the research landscape with respect to availability of, and access to, fundamental data resources, has remained difficult. IHSPR has backed a number of foundational initiatives to develop, and improve access to, health and health services data, including workshops designed to take the first steps towards harmonizing privacy standards for health services and policy research. We now need to put what we have learned into action, and will continue to work with key national partners to create supportive regulatory and policy environments for health systems and services research.

In 2004, we embarked on our second round of joint national consultations with users and producers of health services and policy research. The result, *Listening for Direction II*, outlines a revised set of national priorities for research and knowledge translation, many of which also reflect key areas of focus for the Accord and Ten Year Plan. Many of the themes identified in our 2001 consultations, *Listening for Direction I*, continue (not surprisingly) to be priorities, although some reformulation and consolidation were needed.

Areas for strategic research investment by IHSPR over the next few years will be informed by the *Listening for Direction II* agenda, but we will have additional tools for funding work in these areas at our disposal. Beginning in 2004, CIHR launched a new competition, Partnerships for Health System Improvement (PHSI), which provides expanded opportunities and eligible areas for support while retaining the basic architecture and objectives of the Canadian Health Services Research Foundation's (CHSRF) Open Grants Projects Competition (OGC).



The demand or “pull” for evidence and supply or “push” of research into decision making has, we hope, been increased by investments by IHSPR and its partners. In 2005 we are witnessing the launch of a new Canadian health services and policy research journal, *Healthcare Policy*, specifically designed with the system’s policy-makers and managers in mind. IHSPR will also publish its first know-ledge translation casebook dedicated to sharing best practices and demonstrating the potential impact of health services and policy research evidence in 2005. But the need for health services and policy research and expertise in knowledge translation is large and continues to grow at an astounding pace.

IHSPR, like CIHR more generally, is entering a second stage of evolution. The next three years will mark a shift in the way that we achieve our institutional goals, as we transition from development to a more action-oriented phase. Our portfolio will move above and beyond the focus on capacity building of our first three years to include a greater ability to respond to pressing policy and practice issues. Three early signs of this change came in 2004, with our leadership in moving CHSRF’s OGC across to CIHR to create the PHSI, and with the launch of our first “synthesis” request for application (RFA), and in early 2005, when IHSPR led the development of a rapid response RFA to support the First Ministers’ commitment to establish wait time benchmarks in five clinical areas.

Partnerships and public engagement have also been recognized as a key area in which IHSPR has had some key successes, but where more needs to be done. Partnerships are integral to the vision of CIHR, and in the domains supported by IHSPR, are crucial for both conducting research, and ensuring its relevance, applicability and translation into more effective health services and systems. We have introduced a number of new objectives into this strategic plan to develop and maintain relations with organizations on both domestic and international fronts.

The next three years promise to be full of new challenges for IHSPR and the community we support. CIHR is embarking on its first organization-wide comprehensive evaluation, and is itself entering a new phase of growth designed to accelerate the pace of discovery and its application to health. Over the next three years, the terms of CIHR’s first cohort of Scientific Directors will come to an end: this will bring the organization both interesting transition challenges and new opportunities. IHSPR’s first Scientific Director will hand over to his successor at the end of August 2006, signaling the beginning of a new phase in the life of the Institute. As always, we welcome your comments on our activities and progress, and how we can best continue to serve the health services and policy research and research-user communities in Canada.

## Our Goals

The strategic goals of CIHR's Institute of Health Services and Policy Research are built around a commitment to five key areas, corresponding to the CIHR Planning, Reporting and Accountability Structure:

- Creation and synthesis of **Outstanding Research**
- Building a community of **Outstanding Researchers in Innovative Environments**
- **Translating Health Research into Action**
- Developing and nurturing **Effective Partnerships and Public Engagement**
- Promoting and facilitating **Organizational Excellence** in all Institute activities, and within CIHR more generally.

## Outstanding Research

A decision-maker is an individual who makes decisions or influences policies that have a direct influence on the organization, delivery, financing, management, regulation or delivery of health systems or services. Health care decision-makers carry the challenge, on behalf of all Canadians, of developing and implementing constructive change in health services and systems in Canada. The best available research evidence provided in a timely fashion should inform their decisions. The creation and synthesis of research evidence requires time, but the knowledge derived from these activities must be available and accessible when decisions requiring 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 health care decision-makers, we will continue to work with stakeholders and partner communities to identify gaps in knowledge, and to support strategic initiatives that address those gaps.

Accordingly, this Institute is committed to working with key partners to:

### Goal 1

Identify and prioritize current and emerging information needs of health care decision-makers and the public.

**Objectives:**

- 1.1 Periodically undertake a national consultation process in collaboration with key partners to identify the most important current and emerging issues facing health care decision-makers policy makers and managers in the healthcare system over the subsequent two to five years.

**Goal 2**

Support the creation and synthesis of health services and policy research in strategic areas.

**Objectives:**


- 2.1 Develop, implement and evaluate funding mechanisms for strategic health services and policy research
- 2.2 Assist in the development and implementation of, funding tools designed to support research pertaining to health systems and services within the domain of other CIHR Institutes or national or provincial funding agencies, and partner with them where appropriate through the use of strategic and development funding.
- 2.3 Implement initiatives that assist health services and policy researchers in developing proposals for, and successfully obtaining, operation and/or infrastructure grant funding that addresses Institute-identified priorities.

## Outstanding Researchers in Innovative Environments

Even before the establishment of CIHR, Canada was faced with a shortage of individuals with the requisite skills and experience to conduct outstanding health services and policy research. With mounting pressures facing the health care system, members of this small research community are increasingly approached to undertake work of direct and immediate relevance to health care decision-makers and the public.

The establishment of CIHR has brought new challenges and new opportunities to this small community of health services and policy researchers:

- All 13 CIHR institutes encourage interdisciplinary, integrative health research that includes research pertaining to health systems and services. This creates a vastly



expanded set of expectations for health services and policy researchers to lead projects, and/or to contribute to projects led by researchers whose primary affiliations are with other CIHR institutes.

- The CIHR legislation explicitly recognizes that many of the important future health research breakthroughs are likely to emerge from the continuous collaborative interaction of researchers from different disciplines and communities, and most of the new initiatives supported by CIHR have, and will continue to, explicitly encourage such collaboration.
- CIHR and its 13 institutes are all committed to supporting the translation of knowledge into improved health, health services and products and a strengthened Canadian health care system. Because of the nature of much of the research undertaken by the health services and policy research community, members of this community have a tremendous amount of experience working with health care decision-makers and the public. This small community is, then, a rather natural source of expertise for all CIHR Institutes, as they strive to understand the 'critical success factors' for effective knowledge translation.

To address the current research capacity deficit, and the rapidly growing demand for outstanding health services and policy research, the Institute is committed to working with key partners to build a community of outstanding researchers by setting the following goals:

### Goal 3

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

#### **Objectives:**

- 3.1** Provide scholarships, fellowships, career awards and other types of support to students, post-doctoral fellows, and young investigators, who demonstrate a commitment to conducting outstanding health services and policy research
- 3.2** Promote the value of investing in health services and policy research capacity development (e.g. with provincial and other potential partners).
- 3.3** Provide support for innovative training programs that provide health services and policy research graduate students and post-doctoral fellows with exposure to



interdisciplinary research environments and knowledge translation skills development and experience.

- 3.4** Support mentorship initiatives for health services and policy researchers and trainees, within and between institutions, networks, groups and centres, to maximize capacity development.

#### **Goal 4**

Encourage and facilitate the emergence of new collaborations by increasing connectivity among health services and policy researchers and with biomedical, clinical and population health researchers who engage in health services and policy research projects.

##### ***Objectives:***

- 4.1** Support initiatives that enhance connectivity among researchers who affiliate with this Institute, in particular the Canadian Association for Health Services and Policy Research and the Healthcare Policy journal.
- 4.2** Support teams, networks and centres that create enabling environments for innovative interdisciplinary programs of research across the four domains of CIHR.

In order to conduct outstanding research, investigators must work within innovative, supportive research environments, and have access to the best available resources. For health services and policy researchers, this means ready access to the best available research data, whether these data are collected through survey instruments or interview approaches, located in administrative databases, or developed from other sources.

Canada is home to many internationally recognized health services and policy researchers who have generated new knowledge about health care services and system dynamics, through the use of data that are routinely collected for other purposes. Many have used this information in combination with high quality data collected specifically for the purposes of a research project. However, researchers' experiences in accessing



the best available data are quite variable, and there is still no single national strategy to guide investments in data infrastructure to support scholarly health services and policy research.

Accordingly, IHSPR is committed to working with key partners to expand and enhance research resources by addressing the following goals:

### **Goal 5**

**Support the development of, and improve access to, health and health service data in Canada to enable researchers to undertake outstanding health services and policy research.**

#### ***Objectives:***

- 5.1** Identify and reduce barriers to access to existing data repositories for scholarly health research.
- 5.2** Make strategic investments to enhance data infrastructure in Canada.
- 5.3** Work with other CIHR institutes and branches (e.g. ethics) and key external partners towards legislative and regulatory environments in Canada that are supportive of the use of health information for scholarly health services and policy research
- 5.4** Provide briefings to policymakers about how to balance the benefits of, and privacy concerns surrounding, health information for scholarly health services and policy research.
- 5.5** Continually work toward identifying, communicating, and encouraging best practices in the area of data stewardship.

Outstanding health services and policy research requires continuous enhancement of theory, frameworks, and empirical methods, as well as measurement and evaluation tools. The best available data are only useful to the extent that they correspond to constructs, variables, or instruments that have been developed, tested and validated



through innovative research. Such enhancements often involve collaborative, trans-disciplinary initiatives. Health services and policy researchers have much to gain from the methodological and content expertise of academics, policy-makers and practitioners from disciplines such as mathematics, law, ethics, the humanities, and a wide range of social sciences.

### Goal 6

Support the development, enhancement, and use of theories, frameworks, research methods, measurement tools, and evaluation techniques, for health services, health policy and knowledge translation research.

#### **Objectives:**

- 6.1** Support initiatives that are intended to develop, expand and/or refine approaches and methodological tools for health services, health policy and related knowledge translation research.
- 6.2** Through funding tools and other mechanisms, bring together researchers from diverse professional backgrounds to create new health services, health policy and knowledge translation methodological tools.

## Translating Health Research in Action

Where there is a consistent body of research evidence to inform decisions, this knowledge can improve the effectiveness of health services, policies and products, improve equity in access and use of health care, and strengthen the Canadian health care system in other ways. And, when the research process is guided by the information needs of the users of research, findings are more likely to be translated into usable knowledge. The process of translating knowledge into improved services and systems, however, is not always a straightforward chain of events where knowledge is produced, distributed, received and used.

People, who could take advantage of research evidence to implement positive change, may often not know of its existence. Conversely, those generating that evidence have often taken little interest in, or do not have the skills or experience necessary for getting research findings 'into play'. Effective knowledge translation requires continuous long-term interaction between researchers and users of research, effective synthesis and

communication skills for researchers, and a commitment to using relevant research results in decision-making. Yet, more research about the process of effective knowledge translation is required.

In addition to supporting researchers who will provide new understandings of best practices in knowledge translation (goal 3 above), and the development of new approaches, methods and tools to assist research on effective knowledge translation (goal 6 above), this Institute is committed to working with key partners to:

### **Goal 7**

**Support the identification of, promote the use of, and engage in, effective approaches to translating knowledge.**

#### ***Objectives:***

- 7.1** Support processes that can be used to enhance the commitment and involvement of health services and policy researchers in effective knowledge translation and exchange initiatives, such as requiring timely knowledge translation initiatives as a part of strategic research initiatives financially supported by IHSPR
- 7.2** Develop, implement and evaluate funding mechanisms to support syntheses of health services and policy research evidence in priority areas, and the use of such syntheses by end-users.
- 7.3** Develop and support mechanisms, processes and tools that enable and enhance communications among and between researchers and health care decision-makers so that more relevant research occurs and more informed decisions in health services are made.
- 7.4** Support innovative training opportunities for researchers and research users, in the areas of knowledge translation and exchange.



## Effective Partnerships and Public Engagement

Partnerships are increasingly important for a) the creation of new knowledge and its translation, b) the development of more effective health services and products, and c) the strengthening of the Canadian health care system. This is particularly relevant for IHSPR because so much of the research within its domain is multi-disciplinary. Partnerships are essential not only for the leveraging of funds and the conduct of research, but also for enhancing the relevance, applicability and use of research products.

### Goal 8

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

#### **Objectives:**

- 8.1** Maintain collaborative relationships with key national, provincial and territorial government partners to meet Institute goals.
- 8.2** Maintain and sustain partnerships with other organizations that have an interest in identifying and ranking health services and policy research and knowledge translation priorities.
- 8.3** Build stronger links with voluntary health organizations, with a particular focus on collaboration in the area of knowledge translation.
- 8.4** Develop and implement a cohesive international partnership strategy in collaboration with key domestic partners to advance health services and policy research and knowledge translation.
- 8.5** Work with and through CIHR Corporate Communications, voluntary organizations and other partners to effectively engage the Canadian public in understanding the importance of health services and policy research to their health, and the strength of their health care system.

## Organizational Excellence

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

### Goal 9

Encourage innovation and effectiveness in all Institute programs, initiatives, activities and structures.

#### **Objectives:**

- 9.1 Continue to support an actively and meaningfully involved Institute Advisory Board.
- 9.2 Develop and implement a performance measurement framework to measure and report on ongoing performance.
- 9.3 Use efficient organizational processes to ensure that the Institute's strategic and operational activities reflect its values and guiding principles.
- 9.4 Work closely with the CIHR president, senior executive and staff to ensure harmony between corporate and institute affairs.
- 9.5 Work closely with CIHR senior staff to ensure that corporate programs and peer review processes remain responsive to the unique needs and issues of the health services and policy research community.
- 9.6 Plan for a seamless transition of the Institute during Scientific Director succession, to ensure continued excellence in operations, and a fair and respectful treatment of current staff.