



Canadian Institutes  
of Health Research

Instituts de recherche  
en santé du Canada



Canadian Institutes  
of Health Research

Institute of Health Services  
and Policy Research

Annual Report  
2005-2006



CIHR IRSC

Canada 

Institute of Health Services and Policy Research  
Canadian Institutes of Health Research  
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## Message from the President of CIHR



CIHR, its 13 Institutes, and the communities they support across Canada represent an unrivalled wealth of health research expertise. One of CIHR's primary goals is to

ensure that expertise is effectively mobilized to meet the needs of decision makers responding to pressing public priorities.

In 2005-06, CIHR-IHSPR demonstrated just how effectively research can inform evidence-based decision making, through a unique partnership with Canada's Provincial and Territorial Ministries of Health that helped to establish Canada's first national benchmarks for wait times.

This would not have been possible without a community of outstanding researchers, ready and able to undertake such challenging research. Through innovative partnerships and programs, CIHR-IHSPR continues to encourage connections among researchers, decision makers and the community, while at the same time supporting valuable new interdisciplinary research teams and cutting-edge research.

It is by virtue of an increasingly extensive and complex web of partner connections that knowledge translation continues to be an area of excellence for CIHR-IHSPR. In 2005-06, CIHR-

IHSPR initiated funding programs to promote syntheses of health services and policy research evidence in a number of priority areas and supported and provided leadership to other initiatives, such as a nascent collaboration to strengthen Canada's capacity in the area of post-market drug surveillance. Through all of these initiatives, CIHR-IHSPR has continued to facilitate evidence-based decision making at the highest levels.

I would like to extend my thanks to the members of CIHR-IHSPR's Institute Advisory Board, Institute staff and Canada's dedicated health services and policy research community. I would also particularly like to acknowledge the extraordinary leadership and vision of Dr Morris Barer, whose term as Scientific Director ended in August 2006, shortly after the period covered by this report. He has ably guided the Institute through its first five years, and created a remarkable foundation to build on. Looking forward, I would like to welcome, and encourage you to support, the new Scientific Director for CIHR-IHSPR, Dr Colleen M. Flood of the University of Toronto.

A handwritten signature in black ink, which appears to read "Alan Bernstein". The signature is fluid and cursive, with a long horizontal stroke extending to the right.

Dr Alan Bernstein, O.C., FRSC  
President  
Canadian Institutes of Health Research

## Message from the Scientific Director



This annual report highlights CIHR-IHSPR's broad areas of activity and specific achievements in 2005-06 in the five key areas dictated by our strategic plan and CIHR's *Blueprint*.

With a continuing focus on responding to pressing policy and practice needs and the growing interest in evidence-informed decision making, CIHR-IHSPR collaborated across CIHR and with external partners to support outstanding new research and syntheses of research evidence in priority health services and policy areas.

The Institute invested significant new funding in interdisciplinary teams working in the areas of sustainable financing, funding and resource allocation in health care; reducing health disparities and promoting equity for vulnerable populations; and injury prevention, response and rehabilitation.

During this year, the Institute supported numerous events designed to build a collaborative, interdisciplinary health services and policy community. These included the International Conference on the Scientific Basis of Health Services, the annual Canadian Association for Health Services and Policy Research conference and a forum for teams funded under CIHR's Strategic Training Initiative

in Health Research. Through our Research Community Development Funding program, we were also proud to support a variety of important events, such as two timely workshops on the landmark *Chaoulli* Supreme Court decision.

In this annual report we also highlight the growing reach of our partnership network. In 2005-06, we built more extensive links with voluntary health organizations, as well as expanding our international network to support global health research initiatives. We also took part in new partnerships to support evidence-informed decision making on topics ranging from mental health to post-market drug surveillance.

While this report highlights particular activities from, and investments made over, the past year, the Institute also continues to play an active role in supporting many longer-term, ongoing initiatives funded in previous years. These include the CADRE program, in partnership with the Canadian Health Services Research Foundation; the Partnerships for Health System Improvement initiative; and the *Listening for Direction* consultation process, which will begin its third cycle in 2006-07.

The Institute's Advisory Board continued to be a pillar of strength, generously donating time and expertise to guide CIHR-IHSPR's strategic directions over 2005-06. Four new members joined the IAB this year: Peter Norton from the



University of Calgary, Robert Reid from Seattle's Group Health Cooperative, Robert Shearer from Health Canada and Robyn Tamblyn from McGill University. We bade farewell, and gave thanks, to Martha MacLeod, Anne McFarlane and Arthur Slutsky, three members who had been with the Board since the Institute's inception.

My term as CIHR-IHSPR's inaugural Scientific Director will officially end on August 31<sup>st</sup>, 2006, making this annual report the last under my leadership. As of September 2006, Dr Colleen M. Flood, from the University of Toronto, will assume the responsibilities of the Scientific Director for CIHR-IHSPR. I am delighted that the work of the Institute is passing into such capable and committed hands and fully expect that Colleen will bring new energy, perspectives and ideas to help CIHR-IHSPR move from strength to strength.

In closing, I want to take this opportunity to thank all who have contributed to the successes of CIHR-IHSPR's first five years. Health services and policy research, and researchers, continue to be critical to the evolution of our health-care system. I know that my successor can count on the continuing support of this rapidly growing and ever-more-important community, which I have been privileged to serve.

A handwritten signature in black ink, appearing to read 'M Barer'.

Morris Barer  
Scientific Director



## Who we are

### Institute Advisory Board 2005-06

**François Champagne** (Chair)

Professor, Interdisciplinary Health Research Group  
University of Montreal

**Jean-François Boivin**

Professor, Department of Epidemiology and Biostatistics  
McGill University

**Heather Boon**

Assistant Professor, Faculty of Pharmacy  
University of Toronto

**Neena Chappell**

Professor and Canada Research Chair in Social Gerontology, Centre on Aging  
University of Victoria

**Naomi Fulop**

Chair of Health and Health Policy  
Kings College, London

**Elaine Gibson**

Associate Director, Health Law Institute  
Dalhousie University

**Paula Goering**

Director, Health Systems Research and Consulting Unit  
Centre for Addiction and Mental Health

**Jeremy Grimshaw**

Director, Clinical Epidemiology Program  
Ottawa Health Research Institute

**David Kelly**

Principal  
David Kelly Associates Inc.

**Suzanne Lawson**

Principal  
Suzanne Lawson and Associates

**John Lavis**

Associate Professor and Canada Research Chair in Knowledge Transfer and Uptake  
McMaster University

**Peter Norton**

Professor and Head of Family Medicine  
University of Calgary

**Robert Reid**

Associate Director for Translational Research, Department of Preventative Care  
Group Health Cooperative

**Robert Shearer**

Director, Health Human Resource Strategies Division  
Health Canada





**Ingrid Sketris**

Professor, College of Pharmacy  
Dalhousie University

**Robyn Tamblyn**

Professor, Department of Epidemiology and  
Biostatistics  
McGill University

**Laurence Thompson**

Principal  
Laurence Thompson Strategic Consulting Inc.

**Institute staff 2005-06**

**Vancouver**

**Morris Barer**

Scientific Director

**Diane Watson** (until December 2005)

Associate Director

**Craig Larsen**

Institute Manager

**Heidi Matkovich**

Associate, Communications and Knowledge  
Translation

**Shareen Khan**

Finance and Projects Officer

**Lindsay Hedden**

Special Projects Officer

**Ottawa**

**Michelle Gagnon**

Assistant Director, Partnerships and Knowledge  
Translation

**Michèle O'Rourke** (on leave)

Associate, Strategic Initiatives

**Kim Gaudreau**

Associate, Strategic Initiatives

**Danièle St-Jean**

Project Officer



## Introduction to CIHR-IHSPR

### Our Vision

The vision of the CIHR Institute of Health Services and Policy Research (CIHR-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 CIHR-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

CIHR-IHSPR's strategic goals are built around a commitment to five key areas:

#### 1. Creation and synthesis of **Outstanding Research**

- Goal 1: Identify and prioritize current and emerging information needs of health care decision makers and the public.
- Goal 2: Support the creation and synthesis of health services and policy research in strategic areas.

#### 2. Building a community of **Outstanding Researchers in Innovative Environments**

- 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.
- 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.
- 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.
- 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 (KT) research.



**3. Translating Health Research into Action**

- Goal 7: Support the identification of, promote the use of and engage in effective approaches to translating knowledge.

**4. Developing and nurturing Effective Partnerships and Public Engagement**

- 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.

**5. Promoting and facilitating Organizational Excellence in all Institute activities and within CIHR more generally.**

- Goal 9: Encourage innovation and effectiveness in all Institute programs, initiatives, activities and structures.

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



## Outstanding Research

CIHR-IHSPR supports the creation and synthesis of health services and policy research in strategic areas and is dedicated to identifying and prioritizing the information needs of stakeholder and partner communities.

### Funding outstanding research

- Funding for more than 40 new health services and policy research-themed projects was announced in 2005-06 through the two annual competitions of CIHR's Operating Grants program.
- CIHR-IHSPR also supported one project through the International Collaborative Indigenous Health Research Partnership on Resilience, a funding initiative of the Tripartite Cooperation Agreement between CIHR, the Health Research Council of New Zealand and the National Health and Medical Research Council of Australia. This trilateral partnership supports research with the goal of improving the health of Indigenous peoples in each of the three countries.

This project, led by **Judith Bartlett** from the University of Manitoba, will explore the roles of networks for the Indigenous health workforce in addressing health disparities and advancing opportunities for Indigenous communities. Such networks may provide valuable support and protection, but often struggle due to the small number of Indigenous health workers and a lack of consistent support within the health system. This study will involve collaboration with members of the Indigenous health workforce to develop a framework for the optimum intersect between the Indigenous health workforce and its networks during key work-life transitions.

- CIHR-IHSPR also partnered on many other initiatives (highlighted throughout this report) to support outstanding research, including the Partnerships for Health System Improvement competition, a Request for Applications (RFA) to support team grants relating to injury prevention, and an RFA for syntheses of health services and systems research.

### Setting research priorities in Atlantic Canada

CIHR-IHSPR Research Community Development funding enabled the first face-to-face meeting of an inter-professional group of public health researchers, practitioners and policy makers from the four Atlantic provinces in October 2005. This highly successful event resulted in the identification of research priorities for public health infrastructure in Atlantic Canada, and the establishment of teams to develop research proposals aimed at linking public health with the traditional health care system.

## Partnerships for Health System Improvement

The annual CIHR Partnerships for Health System Improvement (PHSI) competition supports teams of researchers and decision makers interested in conducting applied health services research useful to health-system managers and/or policy makers. Funded teams conduct projects of up to three years in length, in thematic areas identified as high priority through the *Listening for Direction II* national consultations. CIHR-IHSPR is one of many partners in the initiative, which also involves provincial governments and research funding agencies.

Funding for the twenty-one teams funded in the inaugural competition commenced in October 2005. A second round of the program was launched in September 2005.

One PHSI team, led by **Maureen Markle-Reid**, a researcher at McMaster University and the Ontario Ministry of Health and Long-Term Care, is developing and testing the effects of a collaborative and specialized team approach to stroke rehabilitation by health professionals, in a home-care setting.

Approximately 80% of the 40,000 to 50,000 Canadians who experience a stroke each year survive. But many individuals are left with significant disabilities and require home-care services for rehabilitation. The team's goal is to improve the quality of life and function of stroke survivors and their caregivers, as well as to prevent future strokes.

The team approach was developed and implemented through a collaborative process with decision makers, managers and practitioners from participating organizations. According to Dr Markle-Reid, "This process has strengthened the links between researchers and decision makers with an interest in stroke care in the community. Member organizations are enthusiastic about its potential for enhancing client care and building better relationships among home-care professionals."



## Outstanding Researchers in Innovative Environments

CIHR-IHSPR is dedicated to increasing the number of excellent health services and policy researchers in Canada, building a collaborative interdisciplinary community of researchers focusing on priority policy issues and supporting the development, enhancement and use of innovative research methods, tools and data for health services research and knowledge translation.

### Building a collaborative community

- CIHR-IHSPR sponsored a one-day forum in November 2005 for Strategic Training Initiative in Health Research (STIHR) teams with connections to the Institute. As part of the overall CIHR evaluation of the STIHR program, this forum was designed to share STIHR successes and concerns; identify key issues from a health services and policy research perspective for communication to CIHR and CIHR-IHSPR's Advisory Board (IAB); and strengthen connections among the STIHR programs.
- CIHR-IHSPR supported a number of major conferences held in September 2005, including the annual Canadian Public Health Association conference in Ottawa, the biennial International Conference on the Scientific Basis of Health Services (ICSBHS) in Montreal and the annual Canadian Association for Health Services and Policy Research (CAHSPR) conference in Montreal. CIHR-IHSPR provided funding for students to attend the ICSBHS and CAHSPR conferences, as well as sponsoring, in partnership with the Canadian Health Services Research Foundation (CHSRF), the first CAHSPR/CIHR-IHSPR Poster Forum, which included awards for the best student posters (see Box 1).



*CIHR-IHSPR staff member Lindsay Hedden at the International Conference on the Scientific Basis of Health Services in Montreal, September 2005.*



*Anton Hart - Longwoods Publishing, Jonathan Lomas - Canadian Health Services Research Foundation, and Morris Barer - CIHR-IHSPR, at the Canadian Association for Health Services and Policy Research conference in Montreal, September 2005.*





*Penny Ballem, Barbara Mintzes, Anne Martin-Matthews and Morris Barer at a CIHR-IHSPR-IA community reception in Vancouver, February 2006.*

- In conjunction with the February 2006 IAB meeting, CIHR-IHSPR co-hosted, with CIHR's Institute of Aging (CIHR-IA), a community reception for local researchers and decision makers in Vancouver. Speakers included Dr Penny Ballem, then British Columbia's Deputy Minister of Health, and Dr Barbara Mintzes, a CIHR-funded researcher at the University of British Columbia focusing on pharmaceutical policy.
- CIHR-IHSPR continued to provide financial, strategic and in-kind support to CAHSPR during 2005-06.
- CIHR-IHSPR also funded numerous workshops and other events in support of community development through the Research Community Development Funding Program in 2005-06 (see Box 2). Initiatives funded through this program are highlighted throughout this report.

**BOX 1: CAHSPR/CIHR-IHSPR Poster Forum Award Winners****Student Award Winners:**

<b>First Prize:</b>	Truc Huynh – <i>Collaboration in wound care</i>
<b>Second Prize:</b>	Alice Chen – <i>Utilization of medical specialists by recent immigrants in British Columbia</i>
<b>Third Prize:</b>	Mylène Kosseim – <i>The Montérégie Regional Health Project: Identifying targets for improving the health system's impact on population health</i>

**Non-Student Award Winners:**

<b>First Prize:</b>	Maria Mathews – <i>Retention of the Memorial University of Newfoundland medical graduates from Newfoundland</i>
<b>Second Prize:</b>	Sarah Hayward – <i>Evaluation of the Swift Efficient Application of Research in Community Health (SEARCH) program</i>

**BOX 2: Research Community Development Funding Program**

<b>Principal Investigator</b>	<b>Event</b>
Richard Doll	Maximizing knowledge translation capacity in palliative and end-of-life care: New and emerging teams
Dorothy Lander	An appreciative inquiry workshop: Creating a sustainable future through best practices of formal and informal hospice palliative caregivers
Dr Renée Lyons	Research priorities for public health infrastructure in Atlantic Canada (A workshop of the Public Health Research and Knowledge Translation Network of Atlantic Canada)
Dr Tony Rupar	Optimal delivery of medical genetic services to the Amish and Mennonite communities in Canada
Dr Ingrid Sketris	Facilitators and barriers of conducting scientifically rigorous research in drug policy and medication management in the real world
Dr Angela Todd	Developing the pharmacy practice research community
Dr Donna Wilson	Increasing the range of options and improving the quality of health care provision for seniors
Dr Richard V. Birtwhistle	Building a national research network for primary care research: A workshop and research community building exercise toward a national practice-based research network
Dr Malcolm Doupe	Strengthening the translation of evidence into policies (STEPS): Collaborative workshops and working groups between decision makers and researchers
Dr Lise Fillion	Life after cancer: Toward development and integration of services and systems to support the readaption needs of survivors

Continued on page 16



Principal Investigator	Event
Bartha Maria Knoppers	4th International DNA Sampling Conference: Genomics and Public Health
Kieran M. Moore	Syndromic Surveillance Research Community: 1st National Conference
Dr Samuel B. Sheps	Governance and patient safety: How to make health care a high-reliability service
Dr AJ Cave	Primary care networks environmental scan
Dr Anita Gagnon	Migration and reproductive health research (MiRHR) program symposium
Maureen Heaman	Timely access to quality prenatal care for Canadian women: Implementing a research agenda in prenatal care
Janusz Kaczorowski	Linking public health to health services: Designing, implementing and evaluating new models of community-based cardiovascular disease prevention integrated with primary care
Pascale Lehoux	Shaping the future of health innovation research in Canada: A workshop bringing together researchers, designers and users of health technology
Alex Levin	Child Abuse Research Ethics Consensus Symposium
Paul Masotti and Jackie Redmond	Workshop on the occurrence of adverse events experiences by patients as they transition into and out of homecare and acute care settings
Colleen Jane Metge	Towards a strategy for pharmaceutical use in Manitoba
Ridde Valery	Community programs and evaluative innovations: Knowledge sharing and dissemination workshop
Stephen Mark Sagar	Development of natural health products for cancer patients: from laboratory through clinical trials and government regulations
Moira Stewart	TUTOR-PHA Alumni Knowledge Translation and Networking Symposium
Ali Tawfik	Benchmarking health system performance in the Netherlands with Ontario, Canada: A feasibility study
David Wiljer	Access Forum: From Populous to Policy

## Building a collaborative community

CIHR-IHSPR and CIHR's Institute of Population and Public Health (CIHR-IPPH) are partners on a number of strategic capacity-building activities that aim to contribute to the evolution of an interdisciplinary network of health services and policy and population and public health researchers and research users across the country. The annual Summer Institute provides a training opportunity for students by bringing

## Developing the pharmacy practice research community

The Canadian Pharmacists Association used CIHR-IHSPR Research Community Development funding to bring together Canada's leaders in pharmacy practice in November 2005. The workshop set the direction for creating better linkages between practitioners, policy makers and researchers across Canada.



*Nicole Power, Michèle O'Rourke, Judy Guernsey, and Nasser Ahmed at the 2005 Summer Institute, in Rocky Harbour, Newfoundland.*

together researchers, decision makers and community learners across Canada, from a variety of disciplines, sectors and institutions.

The 2005 Summer Institute was held in Rocky Harbour, Newfoundland, and jointly hosted by SafetyNet and the Eastern Canada Consortium on Workplace Health and Safety, the RURAL Centre for Research Development, the Atlantic Network for Prevention Researchers, the Atlantic Regional Training Centre and the Newfoundland and Labrador Centre for Applied Health Research. The theme was "Rural and Remote Research: Rhetoric and Reality", and more than 50 students and community learners in population and public health and health services and policy research and other social science disciplines participated in a very successful event.

## Supporting research teams

CIHR-IHSPR encourages and facilitates new collaborations and teams dedicated to innovative, interdisciplinary research programs in high-priority areas of health services and policy research.

### Sustainable Financing in Health Care

New Emerging Team (NET) grants support new or recently established teams of independent investigators and decision makers undertaking collaborative research intended to bring new insights and added value to policy makers and system managers.

In May 2005, CIHR-IHSPR announced the two successful NETs funded for five years under the *Sustainable Financing, Funding and Resource Allocation in Health Care: Options, Impacts and Public Expectations* competition. This funding opportunity, which was also supported by CIHR-IA and CIHR's Institute of Aboriginal Peoples' Health (CIHR-IAPH), enables teams to undertake research and knowledge translation related to financing, funding and ethical resource allocation in health care.

**Jeremiah Hurley**, from McMaster University, will lead a team using novel methods from experimental economics and ethics to investigate equity and efficiency issues in health care financing and funding. The overall goal is to create evidence that can guide the development of financing and funding policies that reflect the values and expectations of Canadians with regard to the public health care system.

**Andreas Laupacis** and **Douglas K. Martin**, from the Sunnybrook Health Sciences Centre, will lead a research program focusing on public involvement in health-system priority setting in two cases of high-profile resource allocation: the Common Drug Review and the Ontario Waiting List Initiative. The information from the case studies, as well as other research into public involvement in resource allocation, will be shared with decision makers and the public.



## Injury Prevention, Care and Control

In June 2005, CIHR-IHSPR partnered with CIHR's Institutes of Musculoskeletal Health and Arthritis (CIHR-IMHA), Gender and Health (CIHR-IGH), and Human Development, Child and Youth Health (CIHR-IHDCYH), as well as the Ontario Neurotrauma Foundation, SMARTRISK and Sport Canada, to provide opportunities for planning and development activities of multidisciplinary research teams in injury prevention, acute care for injury and rehabilitation. Eight projects were approved for funding.

One project supported by CIHR-IHSPR funding is led by **Ian Pike** from the British Columbia Injury Research and Prevention Unit and **Alison MacPherson** from York University. Recognizing the need for injury surveillance and capacity building in the field, Drs. Pike and MacPherson will develop a multidisciplinary, cross-pillar research team to identify and develop national injury indicators that reflect and monitor identified prevention priorities.

## Reducing Health Disparities

CIHR-IHSPR was also proud to be a partner in CIHR's *Reducing Health Disparities* initiative, which offered multi-year funding through Interdisciplinary Capacity Enhancement (ICE) grants in 2005-06. The ICE grant program enables multidisciplinary research teams to build capacity and add expertise to their core capacities and develop strategies for knowledge translation. It is expected that this targeted investment will increase understanding of and address health disparities and improve the health status of vulnerable populations. Twenty teams were approved for funding under this competition.

One team supported by CIHR-IHSPR funding aims to improve the quality of palliative and end-of-life care for rural Canadians. Led by **Allison Williams** from McMaster University and **Donna Wilson** from the University of Alberta, this ICE team will assist rural communities to build capacity in palliative and end-of-life care and help rural residents better navigate the health system.



## Translating Health Research into Action

CIHR-IHSPR works with stakeholder and partner communities to identify and prioritize the current and emerging information needs of health care decision makers and the public, and to support the creation and synthesis of health services and policy research in strategic areas.

### Funding syntheses of research evidence

For decision making in health care, the best available research evidence often includes results from more than one study or project. CIHR-IHSPR supports syntheses of health services and policy research evidence in priority areas, and the use of such syntheses by policy makers.

- CIHR-IHSPR launched a new competition in 2005-06, *Strategic Training Modules: Building Capacity to Conduct Research Synthesis Regarding Health Services and Policy Research*, which will support training initiatives designed to educate health services and policy researchers in methods of conducting syntheses.
- The successful applicants to CIHR-IHSPR's 2004-05 *Scoping Reviews and Research Syntheses: Priority Health Services and System Issues* RFA were announced (see Box 3).
- CIHR-IHSPR also partnered with CIHR's Knowledge Translation (KT) Branch, CIHR-IPPH and CIHR's Institute of Genetics (CIHR-IG) on the *Research Syntheses* RFA to support syntheses of health services and systems research in key areas. This RFA was launched in July 2005.
- In late 2005, CIHR-IHSPR, CHSRF and the United Kingdom's National Health Service (NHS) Service Delivery and Organisation R&D Programme hosted a joint invitational meeting on methods of funding and conducting scoping and systematic reviews for health care decision makers and policy makers. The workshop brought together researchers and funding organizations to share lessons on the science of synthesis.
- CIHR-IHSPR is also a partner in a CIHR and Canadian Agency for Drugs and Technologies in Health (CADTH) initiative to support the Canadian activities of the Cochrane Collaboration. The Cochrane Collaboration, which conducts systematic reviews of thousands of international clinical trials, plays a crucial role in presenting clear information to health professionals, patients and researchers.



CIHR is providing more than \$7 million in funding over five years to support the Canadian Cochrane Centre, eight Cochrane groups working in specific research areas, and 18 local network sites supporting researchers in every province and territory across Canada.

## Encouraging knowledge translation and exchange

CIHR-IHSPR supports a number of initiatives to encourage effective KT and knowledge exchange among health services and policy researchers.

- CIHR-IHSPR's first knowledge translation casebook – *Evidence in Action, Acting on Evidence: A casebook of health services and policy research knowledge translation stories* – was published in early 2006. The casebook highlights original submissions from across Canada that focus on lessons learned from both successful and less-than-successful KT activities. Designed to allow researchers and decision makers to share and recognize their experiences, the casebook also demonstrates the impact that such research can have in shaping policy, program and practice changes. Cases from the casebook are now being regularly reprinted in Longwood's quarterly *Healthcare Policy*, as "linkage and exchange" examples.
- In collaboration with CIHR's KT Branch, CHSRF, the Netherlands Organisation for Health Research and Development (ZonMw), and the NHS Service Delivery and Organisation R&D Programme, CIHR-IHSPR is part of an advisory group for a project designed to develop and evaluate a tool for promoting and assessing KT strategies in research grant proposals. This project is due for completion in early 2007.
- In 2005-06, CIHR-IHSPR, in partnership with CIHR's Institute of Neurosciences, Mental Health and Addiction (CIHR-INMHA), also provided support for the development of a position paper by leading mental health researchers Paula Goering, Elliot Goldner and Alain Lesage on a national mental health knowledge exchange centre. This paper was presented to the Kirby Commission on Mental Illness, Mental Health and Addiction, which recommended the establishment of such a centre in its final report, tabled in spring 2006.
- In Canada, there is a recognized lack of evidence on post-market drug safety and effectiveness. In 2005-06, CIHR, the Canadian Drug Policy Development Coalition (CDPDC) and a federal/provincial/territorial working group collaborated to establish a model for a network of pharmaceutical research centres operating in a coordinated and synergistic manner across Canada to help address identified information gaps. This network points towards a new model of research, involving close collaboration with the provinces and Health Canada around priority setting and funding, with CIHR playing a major role in organizing and accrediting the researchers and centres. This work will continue into 2006-07.
- CIHR-IHSPR staff made a poster presentation at CHSRF's annual invitational workshop in March 2006 to share lessons learned from the wait time benchmarks experience in late 2005.

## Enabling and enhancing communication between researchers and decision makers

*Healthcare Policy*, Canada's new health services and policy research journal, celebrated its first two successful issues in 2005-06. The product of a partnership between CIHR-IHSPR, CAHSPR and Longwoods Publishing, *Healthcare Policy* is designed to be a key KT vehicle to stimulate communication and cross-fertilization between researchers and health care decision makers. It has a strong focus on KT and features a wide variety of interdisciplinary research, as well as policy analysis articles, commentaries, editorials and interviews with key members of the research and health care communities.

*Healthcare Policy* was officially launched at the second annual CAHSPR conference in September 2005. The journal can be viewed online at <http://www.longwoods.com>.



*Dianne Foster Kent and Anton Hart of Longwoods Publishing with Morris Barer - CIHR-IHSPR.*



**BOX 3: Scoping Reviews and Research Syntheses: Priority Health Services and System Issues**

**Jean-Louis Denis, University of Montreal**

*In search of performance: Governance and accountability models and strategies for new organizational forms and innovative mandates in health care settings*

**Marie-Pierre Gagnon, Laval University**

*Effective interventions for optimizing the integration of information and communications technologies into the practices of health professionals: Knowledge synthesis*

**William A. Ghali, University of Calgary**

*A scoping review of methodological and applied issues relating to health system report cards*

**Jean C. Grenier, University of Ottawa**

*Integrating psychology into medicine and primary care*

**Michael I. Macentee, University of British Columbia**

*A scoping review and research synthesis on the organization and delivery of oral health services in long-term care facilities*

**Douglas K. Martin, University of Toronto**

*Toward a framework for resource allocation: A review of the state of knowledge*

**Elizabeth A. McGibbon, St. Francis Xavier University**

*Inequities in access to health services for rural African Canadian and Aboriginal populations in Canada: A scoping review*

**Craig R. Mitton, University of British Columbia**

*Public involvement in health care priority setting: A scoping review*

**Steven G. Morgan, University of British Columbia**

*Best practices in drug coverage policy: International approaches to balancing evidence, ethics, and economics*

**Sharon E. Straus, University of Toronto**

*Mapping interventions for care co-ordination*

**Esther Suter, University of Calgary**

*Health services integration definitions, processes and impact: A research synthesis*

## Wait times


Canadians consistently identify timely access to quality health care as their top priority for health-care-system improvement. In 2005-06, national dialogue about health care was dominated by the issue of wait times, particularly because of the commitment of Canada's First Ministers to establishing evidence-based benchmarks for wait times in five clinical areas by December 31, 2005.

In February 2005, following a request from the provincial and territorial Ministries of Health, CIHR-IHSPR, CIHR-IMHA and CIHR's Institute of Cancer Research (ICR) launched a "rapid response" funding competition to support research to inform the establishment of evidence-based benchmarks for medically acceptable wait times in five clinical priority areas.

In May 2005, eight research teams were chosen to conduct research syntheses in sight restoration, joint replacement and cancer (see Box 4). Over the next five months, the teams delivered two reports to the provincial and territorial Ministries of Health detailing the wait-time benchmarks currently in use and synthesizing evidence on the relationships between clinical condition, wait times and health outcomes or quality of life.

After the second reports were completed in October 2005, CIHR-IHSPR provided briefings to the provincial, territorial and federal Ministers of Health and facilitated opportunities for real-time KT, bringing researchers and policy makers together to discuss the findings in more details. CIHR-IHSPR also led the development of plain language documents summarizing the key findings of the reports and CIHR-IHSPR's Scientific Director (SD) participated in discussions with provincial and territorial ministry officials during the development of the benchmarks. These syntheses ultimately proved to be a





critical form of input into the first set of national wait-time benchmarks, which were announced in December 2005.

In December 2005, CIHR-IHSPR issued a second call for research in specified clinical areas not funded in the February 2005 funding competition. The eight research teams funded in February 2005 also continued to investigate priority questions for future research over 2005-06.

### **Beyond benchmarks**

In 2005-06, CIHR also supported initiatives designed to address the broader access-to-care agenda. In December 2005, CIHR and Health Canada co-hosted an invitational workshop to inform strategic research and KT on timely access to quality health care. This event was co-chaired by Morris Barer, CIHR-IHSPR's SD and Brian Postl, Federal Advisor on Wait Times, and involved researchers and federal and provincial policy makers from across Canada.

In March 2006, CIHR-IHSPR also supported the third Taming of the Queue: Wait Time Measurement, Monitoring and Management national invitational conference. Drawing on the success of the first two events, in 2004 and 2005, this conference took stock of current activities and lessons learned in wait-time-management strategies across Canada and examined key issues that have the potential to transform how access to health services is managed in Canada.



**BOX 4: Toward Canadian Benchmarks for Health Services Wait Times – Evidence, Application and Research Priorities (Feb 2005)**

**Thomas W. Noseworthy, University of Calgary**

*Towards Establishing Evidence-Based Benchmarks for Acceptable Waiting Times for Joint Replacement Surgery*

**William G. Hodge, Ottawa Health Research Institute**

*A Systematic Review of Waiting Times and Outcomes for Sight Restoration*

**William J. Mackillop, Queen's University**

*Toward Canadian Benchmarks for Waiting Times for Radiotherapy for Cancer: Synthesizing the Evidence and Establishing Research Priorities*

**Clive P. Duncan, University of British Columbia**

*Priority Criteria for Hip/Knee Replacement: Addressing Health Service Wait Times for Surgery*

**Thomas W. Noseworthy, University of Calgary**

*Sight Restoration: Benchmark Waiting Times for Cataract Removal and Corneal Transplantation*

**Marcy D. Winget, Alberta Cancer Board**

*Moving Evidence to Application: A Three Province Cancer Collaborative*

**Paul Moayyedi, McMaster University**

*An Evidence Based Assessment of Appropriate Waiting Times for Suspected Gastrointestinal Cancers*

**Mark C. Taylor, Cancer Care Manitoba**

*Determining Acceptable Waiting Times for the Surgical Treatment of Solid Organ Malignancies - A Systematic Review*



## Responding to the Chaoulli decision

The Supreme Court of Canada's June 2005 *Chaoulli* decision was a dramatic departure from the Court's usual avoidance of intervention in health policy matters and renewed heated debate in Canada over the merits of universal health care and private insurance.

In September 2005, professors **Colleen M. Flood**, **Lorne Sossin** and **Kent Roach** from the Faculty of Law at the University of Toronto convened a high-profile conference to discuss the implications of the *Chaoulli* decision. CIHR-IHSPR and CIHR were proud to support this timely event, which brought together leading scholars in health law and policy and policy makers from all levels of government to exchange ideas and to chart the potential legal course for Canada. Morris Barer, CIHR-IHSPR's SD, presented a session on "Experts and Evidence: New Challenges in Knowledge Translation" at the event.

Within weeks of the conference, the University of Toronto published "Access to Care, Access to Justice: The Legal Debate Over Private Health Insurance in Canada", a collection of papers from the conference that explores the role that courts may begin to play in health care and how this new role is of crucial importance to the Canadian public and their governments.

In February 2006, CIHR-IHSPR was pleased to support a second event focusing particularly on the Quebec response to the *Chaoulli* decision. Led by **Gilles Paradis** from the Réseau du recherche en santé des populations du Québec, this one-day conference for decision makers and the general public presented the best available evidence on the various policy options being considered for Quebec as a result of the decision. A supplement summarizing these issues was published in the Quebec daily newspaper, *Le Devoir*, and a partnership with l'Institut du Nouveau Monde, a not-for-profit organization dedicated to stimulating public discussion and debate around important policy and innovative societal ideas, ensured the involvement of Quebec citizens in an informed debate on the role of private health care in Quebec's health system.

## Effective Partnerships and Public Engagement



CIHR-IHSPR develops and maintains innovative partnerships with national and international organizations to leverage funds and enhance the relevance, applicability and use of research results. The Institute's partners include other CIHR institutes, provincial, federal and international government departments and agencies, independent organizations and voluntary health organizations. CIHR-IHSPR also works with CIHR and other partners to engage the Canadian public in key health services and policy research issues.

### CIHR partnerships

In 2005-06, CIHR-IHSPR supported a number of CIHR initiatives, as well as RFAs led by other CIHR Institutes to fund research and knowledge translation programs. These included:

- CIHR's Partnerships for Health System Improvement competition
- CIHR's *Reducing Health Disparities* initiative
- CIHR's Operating Grants Competition
- *Research Syntheses* RFA (led by CIHR's KT Branch)
- Team Grant: *Access to Quality Cancer Care* RFA (led by CIHR-ICR)
- *Population and Public Health Research Methods and Tools* RFA (led by CIHR-IPPH)
- Team Planning and Development Grants: *Toward Enhanced Quality of Life through Injury Prevention, Acute Response and Rehabilitation* (co-led with CIHR-IMHA)

### National partnerships

- In 2005-06, one of the most significant partnerships for CIHR-IHSPR was with Canada's provincial and territorial Ministries of Health, as well as with CIHR-ICR and CIHR-IMHA, to fund research designed to inform the establishment of evidence-based benchmarks for medically acceptable wait times in select clinical areas. (See "Translating Health Research into Action" for more information on this initiative.)
- The relationship between CIHR-IHSPR and CHSRF has been a key feature of both organizations since CIHR-IHSPR's inception. Among many joint activities in 2005-06, CIHR-IHSPR and CHSRF continued to support capacity building through the CADRE program and student attendance at events such as the annual CAHSPR and the biennial ICSBHS conferences.

- In 2005-06, CIHR-IHSPR, in collaboration with CHSRF, the Health Charities Coalition of Canada, the Heart and Stroke Foundation of Canada, the Nova Scotia Health Research Foundation and Safe Kids Canada, began to explore and build stronger links with voluntary health organizations (VHOs). This resulted in a successful workshop, *A Productive Conversation*, in April 2006, which brought together leaders of VHOs, researchers in health services and policy research and representatives from organizations that support health research, KT and capacity building.

## International partnerships

In 2005-06, CIHR-IHSPR continued to develop an International Partnership Strategy to guide its international and global efforts. This strategy is closely aligned with CIHR's mission to lead, stimulate and facilitate effective Canadian international involvement in health research that benefits both Canadians and the global community. CIHR-IHSPR contributes to the development of initiatives to support health services and policy research in priority areas of high international and global relevance, such as health human resources, and continues to strengthen relationships with national and international partners with mutual interests and priorities. CIHR-IHSPR also supports and participates in CIHR's efforts to promote, expand or build international components into existing initiatives, and is contributing its expertise to relevant initiatives that are already underway.

## Supporting global health research

Addressing internationally-recognized priorities in global health research is one of the key elements of CIHR-IHSPR's International Partnership Strategy.

- CIHR-IHSPR participated in the World Health Organization (WHO)-Canada Dialogue on Global Health Research in November 2005. This meeting brought together approximately 40 national and international participants, including health researchers, health research funders, policy makers and KT experts, to discuss Canada's role in advancing the resolutions from the Ministerial Summit on Health Research, held in Mexico City in November 2004. An 18-month action plan aimed at synergizing the efforts of the participating organizations in two key areas — strengthening health policy and systems research and addressing the "know-do" gap — has since been launched and is now being coordinated by the Canadian Coalition for Global Health Research.

## Day on the Hill

In October 2005, CIHR hosted Day on the Hill, an opportunity for CIHR's SDs and a number of CIHR-supported researchers to meet with MPs from all of Canada's major political parties. Morris Barer, CIHR-IHSPR's SD, was accompanied by researchers Dr Robyn Tamblyn and Dr Shoo Lee. In addition to a special reception hosted by then-Health Minister Ujjal Dosanjh, participants attended Question Period and received an acknowledgement from the Speaker of the House of Commons and rousing applause from the assembled MPs.



- CIHR-IHSPR supported a March 2006 meeting to discuss the creation of EVIPNet Africa, a network of countries that will work to improve health and reduce health inequities by increasing policy makers' and health system managers' access to and use of high-quality research evidence. The meeting in Brazzaville, Democratic Republic of Congo, was attended by CIHR-IHSPR IAB member John Lavis, who acted as a key resource person with experience in research-to-policy issues.

## Communications and public engagement

- The CIHR-IHSPR-led wait time benchmarks work was featured prominently in the media in 2005-06. Morris Barer also received significant media attention for his commentary on the Supreme Court of Canada's *Chaoulli* ruling that upheld private health care in Quebec.
- CIHR-IHSPR participated in CIHR's fifth anniversary event for the general public in November 2005 at the University of British Columbia. In conjunction with the three other British Columbia-based CIHR Institutes, CIHR-IHSPR staffed a well-attended CIHR stand and disseminated materials describing CIHR and CIHR-IHSPR activities.



CIHR-IHSPR staff members Heidi Matkovich and Craig Larsen at CIHR's fifth anniversary event at the University of British Columbia, November 2005.

- The inaugural CIHR-IHSPR and CIHR-IPPH Knowledge Translation casebooks, which were released in March 2006, were the subject of a CIHR media release and a CIHR editorial in *Healthcare Quarterly*. Cases from the CIHR-IHSPR casebook were also re-printed in issues of *Healthcare Policy* in 2005-06.
- CIHR-IHSPR produced three newsletters in 2005-06, as well as two *Research Spotlights* highlighting CIHR-funded research in topical thematic areas: health human resources and wait times.



## Organizational Excellence

CIHR-IHSPR 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.

In 2005-06, CIHR-IHSPR launched its second strategic plan, which reflects the lessons and experiences of the first five years and maps the Institute's priorities over the next five. The strategic plan was developed by and guides the Institute's Advisory Board in making critical decisions about human and financial commitments and provides the framework for evaluating the Institute's success.

CIHR-IHSPR staff also worked closely with CIHR staff to ensure that corporate programs and peer-review processes remain responsive to the unique needs of the health services and policy research community. In 2005-06, CIHR-IHSPR's SD served on several CIHR committees, including the CIHR Governing Council's Standing Committee on Performance Measurement, Evaluation and Audit and the Standing Subcommittee on Monitoring and Innovation in Peer Review. CIHR-IHSPR staff were also involved in various corporate activities related to funding, peer review, KT, communications and Institute affairs.



*CIHR-IHSPR staff at the IAB meeting in Vancouver, February 2006.*



## CIHR-IHSPR Advisory Board

The 17-member IAB represents a valuable diversity of sectors, research interests, expertise and geography and is ably chaired by Dr François Champagne. Four new members joined the IAB in 2005-06: Peter Norton from the University of Calgary, Robert Reid from Seattle's Group Health Cooperative, Robert Shearer from Health Canada and Robyn Tamblyn from McGill University.

The IAB provided indispensable guidance and advice to CIHR-IHSPR throughout 2005-06, particularly in the search for the Institute's next SD. Three face-to-face IAB meetings in 2005-06 were complemented through the engagement of IAB members in various working groups designed to monitor, report, advise on and evaluate CIHR-IHSPR's strategic goals and objectives.

### CIHR/Institute evaluation

In 2005-06, a distinguished international panel completed the first independent external review of CIHR. Under the leadership of Dr John Bell, the panel of 27 distinguished review panel members had the opportunity to meet with and hear the views of more than 125 health researchers and stakeholders from across Canada. The panel also reviewed some 270 written submissions from individuals and organizations from across Canada. Members of the panel visited CIHR during February 2006.

As part of this external review, CIHR-IHSPR prepared an evaluation documenting CIHR-IHSPR's activities, outputs and outcomes during its first five years. Morris Barer also served on an advisory committee overseeing the development of review material, and participated in the site visit for the International Review Panel. The panel's advice and recommendations to CIHR, as well as all Institute evaluations, are now publicly available on the CIHR website at <http://www.cihr-irsc.gc.ca/e/31680.html>.



*CIHR-IHSPR staff member Lindsay Hedden and IAB member Elaine Gibson at the CIHR-IHSPR IAB meeting in Montreal, September 2005.*

## Financial Statements

### CIHR-IHSPR Investments in Strategic Initiatives

For the year ended March 31, 2006

	Investments through Grants and Awards					Total
	Number	2005-06	2006-07	2007-08	2008 and beyond*	
<b>STRATEGIC INITIATIVES</b>						
Advancing theories, framework	26	\$ 749,395	\$ 465,742	-	-	<b>\$ 1,215,137</b>
ICE Teams	12	1,561,106	1,858,611	1,478,998	-	<b>4,898,715</b>
Healthy and successful aging	1	25,000	25,000	25,000	-	<b>75,000</b>
Cognitive impairment in aging	1	25,000	25,000	25,000	-	<b>75,000</b>
Anti-microbial resistance, health system implications and health outcomes	1	50,000	50,000	50,000	-	<b>150,000</b>
Operating grants to open competition	2	141,350	224,622	158,958	80,985	<b>605,915</b>
Rural health	1	100,000	100,000	100,000	100,000	<b>400,000</b>
Access for marginalized groups	3	94,353	-	-	-	<b>94,353</b>
Training awards to open competition	21	579,962	592,250	492,000	362,083	<b>2,026,295</b>
Capacity for Applied and Developmental Research and Evaluation (CADRE)	1	25,000	-	-	-	<b>25,000</b>
CIHR strategic training initiative program grants	16	1,641,009	1,884,740	1,772,538	553,333	<b>5,851,620</b>
Palliative and end of life care	3	70,000	70,000	70,000	91,000	<b>301,000</b>
SARS - Evaluation and lessons learned	4	87,524	-	-	-	<b>87,524</b>
Addressing health care and health policy challenges of new genetic opportunities	2	203,538	192,606	122,772	-	<b>518,916</b>
International collaborative indigenous health research partnership on resilience	1	50,000	50,000	50,000	150,000	<b>300,000</b>
Pilot project grants in strategic health services and policy research theme areas	2	62,232	-	-	-	<b>62,232</b>
Sustainable financing, funding and resource allocation in health care - NETs	2	333,431	350,134	370,722	696,203	<b>1,750,490</b>
Partnerships for health system improvement	14	177,161	359,460	280,189	93,286	<b>910,096</b>
Scoping reviews and research syntheses: Priority health services and system issues	6	349,953	94,861	-	-	<b>444,814</b>
Pilot project grants - Population and public health research methods and tools	5	406,614	-	-	-	<b>406,614</b>
Enhanced quality of life through injury prevention, acute response and rehabilitation	2	188,352	-	-	-	<b>188,352</b>
Cochrane collaboration in Canada	1	50,000	100,000	100,000	250,000	<b>500,000</b>
	<b>127</b>	<b>\$ 6,970,980</b>	<b>\$ 6,443,026</b>	<b>\$ 5,096,177</b>	<b>\$ 2,376,890</b>	<b>\$ 20,887,073</b>

\* Note: Grants and awards in respect to these programs are approved for 1 to 6 years. Figures displayed represent financial commitments for these programs in 2005-06 and subsequent years. Availability of these funds in future years is subject to funding appropriations by Parliament.

## CIHR-IHSPR Institute Support Grant

For the year ended March 31, 2006

<b>Available Funds</b>		<b>\$ 1,873,041</b>
<b>Expenses</b>		
Institute Development		
Conference, symposia and workshops	\$ 319,302	
Institute Advisory Board	75,326	
Professional services	19,968	
Travel expenditures	57,627	
Other costs (CAHSPR Support)	106,378	\$ 578,601
Institute Operations		
Salaries and benefits	\$ 497,811	
Office accommodations	24,136	
Telephone and communication services	11,184	
Supplies, material and other services	33,088	
Office furniture and fixtures	393	
Computer equipment and IT support	4,756	
Professional services	17,350	
Travel expenditures	31,826	
Translation costs	86	
Other expenditures	830	\$ 621,460
<b>Total Expenses</b>		<b>\$ 1,200,061</b>
<b>Unspent Balance*</b>		<b>\$ 672,980</b>

\* Note : The balance as at March 31, 2006 is carried forward to the subsequent fiscal year

