

It's time
for research
on aging!



Strategic and Action Plan

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A NATIONAL TASK FORCE ON HEALTH RESEARCH, MADE UP OF REPRESENTATIVES FROM ACROSS THE ENTIRE HEALTH RESEARCH COMMUNITY, REPORTED IN 1998 THAT THERE WAS AN EXCITING OPPORTUNITY, WITH APPROPRIATE LEVELS OF GOVERNMENT SUPPORT, TO DEVELOP A COMPREHENSIVE AND INTERACTIVE APPROACH TO HEALTH RESEARCH. GUIDED BY THEIR RECOMMENDATIONS, THE FEDERAL GOVERNMENT ANNOUNCED THE CREATION OF THE CANADIAN INSTITUTES OF HEALTH RESEARCH (CIHR) IN ITS 1999 BUDGET. SUBSEQUENTLY, AN INTERIM GOVERNING COUNCIL COMPRISED OF 34 DISTINGUISHED SCIENTISTS, LEADING ACADEMICS, EDUCATORS, HEALTH PRACTITIONERS, SOCIAL SCIENTISTS AND REPRESENTATIVES OF BOTH THE VOLUNTARY AND PRIVATE SECTOR WAS CREATED TO PROVIDE ADVICE ON LEGISLATION AND ON THE GOVERNANCE OF CIHR. ON JUNE 7, 2000, CIHR OFFICIALLY OPENED ITS DOORS FOR BUSINESS.

P r e a m b l e

CIHR is Canada's premier federal funding agency for health research. As defined in the CIHR Parliamentary Act, its fundamental 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."

The CIHR concept and structure is organized through a framework of 13 "virtual" institutes, each dedicated to a specific domain of research (Appendix C). These Institutes were identified in July 2000; their Scientific Directors were appointed in December 2000; their Advisory Board members were named in early 2001. The Institute of Aging is one of the 13 institutes. Its initial mandate, as defined by the Governing Council of CIHR, is

to support research, to promote healthy aging and to address causes, prevention, screening, diagnosis, treatment, support systems, and palliation for a wide range of conditions associated with aging.

The 13 Institutes will engage the research community and encourage interdisciplinary, integrative health research. Through their Scientific Directors and Institute Advisory Boards, and under the guidance of the Governing Council of CIHR, they will work together to forge a health research agenda across disciplines, sectors, and regions that embraces scientific opportunity and reflects the emerging health needs of Canadians, the evolution of the health care system and the information needs of health policy decision-makers. They will facilitate partnerships and will accelerate the transfer of new knowledge into benefits for Canadians. The Act (C-13) creating CIHR clearly states that it

should encompass the four types of health research, namely: (1) biomedical research, (2) clinical research, (3) research respecting health systems and health services, and (4) research on the health of populations, including social and cultural dimensions of health and environmental influences on health.

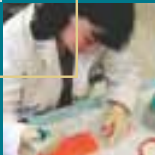
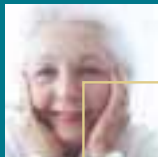
The IA's strategic planning is the result of a concerted and sustained effort by its Advisory Board and its management team (Appendix A). The plan was prepared over a period of eleven months (February to December 2001) with the assistance of an outside consultant in strategic planning (Jacques Larivière from Geomar International) and through a process that made optimal use of personal interviews, focus group discussions and internet-based consultations. Appendix B describes the methodology in more detail.



THE FUNDAMENTAL GOAL OF THE IA IS THE ADVANCEMENT OF KNOWLEDGE IN THE FIELD OF AGING TO IMPROVE THE QUALITY OF LIFE AND THE HEALTH OF OLDER CANADIANS.

Mission

To achieve this goal, the IA employs its resources to:



- >> Lead in the development and definition of strategic directions for Canadian research in the field of aging.
- >> Develop and/or support high-quality research programs and initiatives on:
 - Aging processes (biological, psychological, social and cultural)
 - Promotion of healthy and successful aging
 - Age-related diseases and disabilities (mechanisms, prevention, treatment, rehabilitation, care and support)
 - Health policies, systems and services for older people
 - Psychological, social, cultural and environmental factors impacting the life and health of older Canadians
 - Emerging needs of the older population.
- >> Build the research capacity in the field of aging.
- >> Foster the dissemination, transfer and translation of research findings into policies, interventions, services and products.

The ultimate beneficiaries of the IA's work are all Canadians.

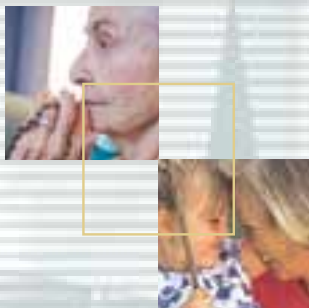
The immediate clients of the IA are:

- >> Researchers and researchers-in-training of all sectors and disciplines in the field of aging.
- >> Work organizations where these researchers and trainees are based.
- >> Relevant health-related organizations and associations in the field of research on aging.
- >> Public and private decision-makers.



Vision

In the long-term, the IA will become and will be recognized, in the field of research on aging, as:



- >> A leading research organization with an excellent reputation, nationally and internationally.
- >> An innovative and creative organization.
- >> A leader in collaborative and inter-disciplinary initiatives, programs and projects.
- >> A Canadian research organization with which researchers of all sectors and disciplines concerned with or related to aging want to identify and affiliate.
- >> An organization that offers tangible benefits to researchers, and that attracts and sustains excellent young researchers, as well as established world-class investigators.
- >> An important organization in leveraging funding and strategic partnerships for research on aging.
- >> An influential organization informing public policy on aging.
- >> A leader in translating research findings into further useful research, new policies and services, and more effective interventions and products.



Values

The following fundamental and core values will be promoted by the IA and will influence its decision-making as well as its activities of a strategic and operational nature:

- >> International stature of excellence
- >> Creativity and innovation
- >> Leadership (i.e. ability to influence, mobilize and foster commitment)
- >> Balance across the four CIHR types of health research
- >> Integration of perspectives, disciplines, sectors and parties
- >> Transparency with all stakeholders and clients (i.e. visibility, accessibility and open communication)
- >> Building capacity
- >> Knowledge transfer of research findings
- >> Partnership-driven strategies and actions





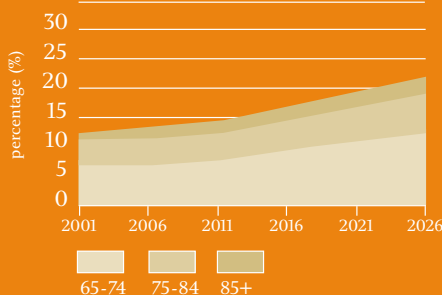
OVER THE NEXT 25 YEARS, THE AGING OF THE CANADIAN POPULATION WILL INCREASE DRAMATICALLY, AS BABY-BOOMERS ENTER LATE LIFE. THE PROPORTION OF THE POPULATION OVER THE AGE OF 65 WILL GROW FROM THE CURRENT 13% TO 21% BY THE YEAR 2026. THIS DEMOGRAPHIC TRANSFORMATION OF CANADIAN SOCIETY HAS PROFOUND CONSEQUENCES FOR ALL ASPECTS OF INDIVIDUAL, COMMUNITY, AND NATIONAL LIFE. IT ALSO REFLECTS THE IMPERATIVE THAT RESEARCH ON AGING BE AT THE FOREFRONT OF THE HEALTH RESEARCH AGENDA IN CANADA. THE INSTITUTE OF AGING IDENTIFIES FIVE PRIORITY AREAS FOR RESEARCH ON AGING AND HEALTH (IN NO PARTICULAR ORDER).

Priority Topics

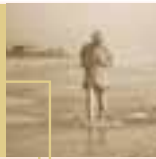
HEALTHY AND SUCCESSFUL AGING

The increase in the proportion of older Canadians creates an extraordinary opportunity to empower people to arrive at older ages in better health and closer to a state of fully realized well-being, to seek the full inclusion and participation of older people in society; to enable older people to contribute more effectively to their communities and to the development of society. Research is needed on the determinants of healthy and successful aging, including:

DEMOGRAPHIC AGING OF THE CANADIAN POPULATION (Statistics Canada, 2000)



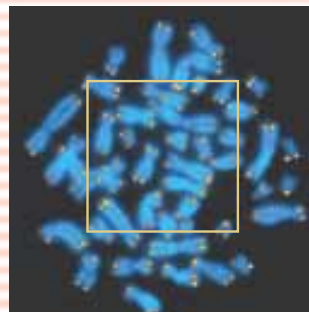
- >> Positive health behaviour and lifestyles, physical activity, nutrition
- >> Population health, population aging
- >> Aging in rural and remote areas
- >> Housing, transportation, living arrangements
- >> Social support, isolation, loneliness
- >> Life course transitions
- >> Participation of seniors in society
- >> Family and intergenerational relationships, family structure and processes
- >> Economic issues, retirement
- >> Leisure/recreation
- >> Quality of life
- >> Wisdom
- >> Resilience
- >> Mental health (prevention of depression, anxiety, and suicide)
- >> Maintenance of cognitive abilities
- >> Death and dying with dignity
- >> Prevention of substance abuse and addictions (tobacco, alcohol, gambling)
- >> Secure aging (prevention of elder abuse and violence)



BIOLOGICAL MECHANISMS OF AGING

The biological mechanisms of aging are not well understood. Most of the work in this area has focused on age-related diseases (e.g., cancer, atherosclerosis), rather than on aging itself. For centuries, people have dreamed of finding the Fountain of Youth and the secret of maintaining anatomical and physiological integrity with aging. With the progress in genetics, genomics and molecular biology, it is now possible to hope for major progress in understanding and influencing the mechanisms of aging. Research in this area needs to target:

- >> Cell and tissue senescence
- >> Apoptosis
- >> Stress and longevity genes
- >> Telomeres and telomerase
- >> Reproductive aging
- >> Neurobiology of aging
- >> DNA maintenance and repair
- >> Free radicals and antioxidants
- >> Genetic animal models of aging
- >> Age-related changes in tissue, systems and functions



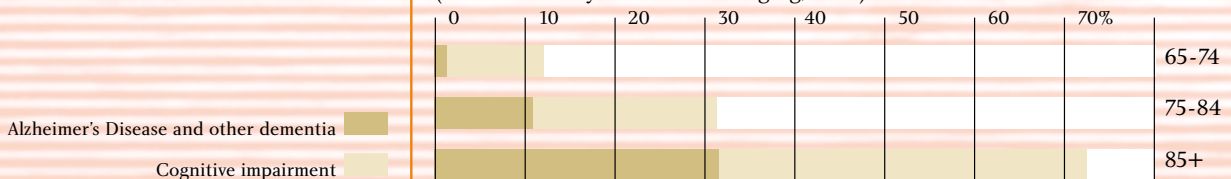
Courtesy of Dr. P.M. Lansdorp, Terry Fox Laboratory, B.C. Cancer Research Center, U.B.C., Vancouver Canada. In the image the ends of chromosomes (telomeres) in a normal human cell (a lymphocyte from the blood of a healthy donor) are visualized using fluorescence in situ hybridization. In the image the telomeres light up yellow, whereas the DNA of chromosomes is shown in blue.

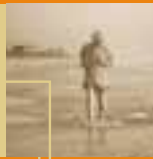
COGNITIVE IMPAIRMENT IN AGING

Aging is associated with a high prevalence of cognitive impairment. It is estimated that 16% of people over 65 suffer from cognitive impairment, in addition to 8% presenting a degenerative brain disease such as dementia. This prevalence increases exponentially with age to figures of 30% (cognitive impairment) and 35% (dementia), after age 85. These problems not only threaten the quality of life of older people but also have an impact on the family and caregivers, as well as representing challenges to health services. The Institute will lead the development of a National Research Strategy on Cognitive Impairment in Aging encompassing:

- >> Cognitive impairment as a continuum, including Alzheimer's Disease and other dementias such as vascular dementia
- >> Biomolecular basis
- >> Neuropsychological aspects
- >> Genetics and environmental influences
- >> Social, psychological and lifestyle influences
- >> Normal vs. abnormal changes in cognitive function
- >> Diagnosis
- >> Epidemiology
- >> Treatment and prevention (pharmacological and non-pharmacological)
- >> Caregiving
- >> Health services and rehabilitation
- >> Safety issues (driving, fire prevention, etc.)
- >> Ethics
- >> Quality of life

PREVALENCE OF COGNITIVE IMPAIRMENT (Canadian Study of Health and Aging, 1991)





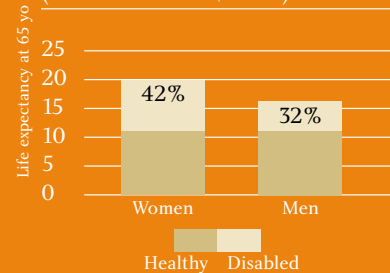
AGING AND MAINTENANCE OF FUNCTIONAL AUTONOMY

Over the last century, life expectancy has increased dramatically, contributing to the aging of the population. However, disability-free life expectancy has not increased proportionately. In 1996, Canadian women reaching the age of 65 could expect to live another 20 years but only 12 of these would be spent without disability. Canadian men at 65 could expect to live for 11 years without disability out of an expected total of 16 additional years of life. The challenge is to compress the period of disability and to improve the quality of life, instead of simply prolonging life. The focus of the Institute of Aging is primarily on the functional limitations as the consequences of diseases rather than on the diseases themselves, as these are addressed by other CIHR institutes:

- >> Frailty and functional decline
- >> Motor disabilities, gait and posture, falls
- >> Communication (speech, language) and sensory disabilities (hearing, vision)
- >> Incontinence
- >> Aids and adaptation
- >> Rehabilitation, geriatric services
- >> Home and institutional care and caregiving
- >> Major causes of disabilities (stroke, cardiovascular diseases, cancer, diabetes, osteoarthritis, respiratory diseases)

LIFE EXPECTANCY AT 65 YEARS OLD

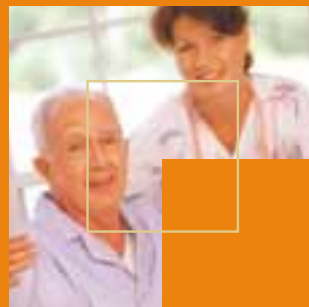
(Statistics Canada, 2000)



HEALTH SERVICES AND POLICY RELATING TO OLDER PEOPLE

The older population is a major user of health care and social services. This, together with the expected aging of the Canadian population, will create challenging pressures on health and social services, even though the health and social status of the older population may change positively over time with the addition of healthier new cohorts. Thus it is important to develop new and more effective services and to improve the quality of existing ones in order to guarantee accessibility to excellent health and social services by the older population. It is also necessary to strengthen existing policies and develop new ones to support these services and the access to them by the older population. The Institute of Aging will support research in these areas:

- >> Acute and long-term care
- >> Home care, community care
- >> Residential care (including assisted living, supportive housing and nursing homes)
- >> Caregiving
- >> Nutritional services, dental services
- >> Geriatric services, nursing services, medical services (care gap)
- >> Medication use
- >> End-of-life and palliative care
- >> Integrated delivery systems
- >> Health and social services related policy analysis





THE FIVE STRATEGIC ORIENTATIONS OF THE INSTITUTE COMBINE THE ULTIMATE GOALS PURSUED BY THE IA IN EACH ONE OF ITS MAIN WORK AREAS. FOR EACH ORIENTATION, THREE MAIN OBJECTIVES ARE IDENTIFIED.

Strategic Orientations and Main Objectives

IV

STRATEGIC ORIENTATION 1

LEADERSHIP IN SETTING STRATEGIC RESEARCH DIRECTIONS IN THE FIELD OF AGING IN CANADA



The first strategic orientation of the IA refers to one of their primary *raison d'être*: the need for a definition of strategic directions and the challenge to achieve consensus among researchers on such strategic directions and their contribution to the creation of new related knowledge. Aging is a multidimensional process and, as such, should be studied from a variety of disciplinary perspectives. There is a strong tradition in the field of aging for multidisciplinary research in Canada, and future directions should build on such a strength. The IA wants to be recognized as a multi-dimensional organization catering to the scientific community with a tradition of integration and promotion of inter-sectoral and inter-disciplinary collaborations.

The main objectives under this orientation are:

- 1.1 Invite all organizations, individuals, teams, programs and on-going projects in the field of research on aging in Canada to share information and create opportunities for interaction.
- 1.2 Establish and maintain continuous contacts with the research organizations and individual researchers in the field of aging in Canada.
- 1.3 Achieve consensus amongst the diverse types of research and disciplines for a definition of strategic directions in the field of research on aging in Canada.



STRATEGIC ORIENTATION 2

DEVELOPMENT AND SUPPORT OF CAPACITY-BUILDING RESEARCH INITIATIVES AND PROGRAMS IN THE FIELD OF AGING



The public recognizes that the rapid growth in the population of older persons presents considerable challenges. There are strong expectations that research in aging will help meet these challenges. However, the field of aging research is comparatively underdeveloped. There is consensus about the urgent need to train more researchers in aging. It is also necessary to build infrastructure to assist new investigators to start their careers, as well as to attract world-class investigators.

The main objectives under this orientation are:

- 2.1 Attract a diverse workforce of new, mid-career and senior researchers necessary for the continuation and growth of research on aging in Canada.
- 2.2 Support research training in the field of aging
- 2.3 Build and support the research infrastructures in aging (teams, groups, centres)

STRATEGIC ORIENTATION 3

DEVELOPMENT AND SUPPORT OF STRATEGIC RESEARCH INITIATIVES, PROGRAMS AND PROJECTS ON AGING



Canada has a community of excellent scientists, research centres and teams dedicated to aging in all types of research. There are very good well organized professional and sectoral associations and societies in Canada that offer partnership and strategic alliance opportunities. However, the financial resources from these partners are limited. The business/private sector identification with aging could be reinforced, given the growing recognition of the importance of older people and aging issues in this sector. The IA will develop new initiatives in partnership with charities, professional organizations, governments and private sector.

The main objectives under this orientation are:

- 3.1 Select and support new areas, themes, subjects and questions in the field of research on aging.
- 3.2 Identify, select and support existing and ongoing research initiatives, programs and projects which are in line with the IA's mission, values and strategic orientations.
- 3.3 Monitor and review the progress and results of research initiatives, programs and projects selected in 3.1 and 3.2.



STRATEGIC ORIENTATION 4

PROMOTION OF THE IMPORTANCE OF RESEARCH ON AGING AND OF THE NEEDS OF THE RESEARCH COMMUNITY IN AGING



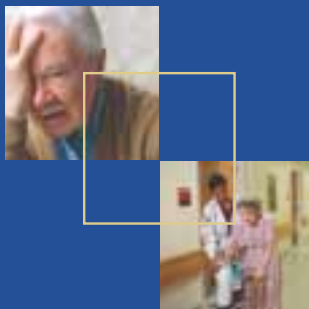
Many researchers involved in research relevant to aging do not identify themselves primarily with the IA. Furthermore, the success rate of proposals on aging is relatively low. The traditional means of funding and developing research is more disciplinary than interdisciplinary, which is far less appropriate for research on aging. In this context, aging is disadvantaged within traditional peer review systems. The consensus is quite strong among researchers of all disciplines and types of research that the Institute should promote the creation of aging-specific peer review committees. As well, it should actively recommend members with expertise on aging to sit on other relevant committees to ensure the review process for proposals in aging is really performed by peers.

The main objectives under this orientation are:

- 4.1 Position the IA as the recognised leader in the field of aging in Canada for researchers from the four types of health research.
- 4.2 Integrate research on aging into the CIHR Peer Review System.
- 4.3 Increase the proportion of funds from CIHR core programs for research on aging.

STRATEGIC ORIENTATION 5

FACILITATING THE DISSEMINATION, TRANSFER AND TRANSLATION OF KNOWLEDGE FROM RESEARCH FINDINGS INTO POTENTIAL APPLICATIONS THROUGH POLICIES, INTERVENTIONS, SERVICES AND PRODUCTS.



Knowledge translation and dissemination activities are still not well established within many fields of research. However, some interesting efforts have been made in aging. A multidisciplinary Canadian journal is already in existence and various professional, governmental and non-governmental organizations are involved in the field. The IA will work in partnership with these organizations to ensure that new research findings are applied to develop strategies that promote health through the best policies, innovative programs, practices and products.

The main objectives under this orientation are:

- 5.1 Establish and maintain ongoing communications with researchers in aging, health professionals, public and private decision-makers, and representatives of various professional, scientific and community organizations (including NGOs and charities) associated with the field of aging.
- 5.2 Facilitate the transfer and translation of knowledge from research to the research community, health care professionals, private and public decision makers, and industry.
- 5.3 Promote the dissemination of information to the general public and interested groups on research on aging : what is going on, what are the findings, what are their potential applications.



Action Plan

EACH ONE OF THE MAIN ACTIONS AND PROGRAMS OF THE IA IS DIRECTLY LINKED TO ONE OR MORE THAN ONE OBJECTIVE; MOST OF THESE MAIN ACTIONS HAVE ALREADY BEEN INITIATED OR WILL BE INITIATED IN 2002. SOME ARE ONE-TIME ACTIONS WITH A FINAL COMPLETION DATE AND OTHERS ARE TO BE REPEATED AT VARIOUS TIME INTERVALS. THIS ACTION PLAN DEALS PRIMARILY WITH MAJOR ACTIONS BUT NOT ALL DETAILED SUB-ACTIONS AND ACTIVITIES. IT WILL BE REVIEWED BY THE IA ON AN ANNUAL BASIS.

It is also important to remember that most of the objectives should be associated with each strategic orientation, and that the main actions linked to each objective are interrelated. Thus, the achievement of a given objective will contribute to the achievement of another. A given action will often be linked to more than one objective. For example, if we achieve objective 1.1, then this will contribute to the achievement of 1.2, which in turn will be a means to help realize objective 1.3.

Another document addresses the questions of timetables, performance indicators and cost estimates (Action Plan Timeline, Performance Indicators and Cost Estimates). In terms of performance, six general indicators will, in time, contribute to assess the overall achievement of the IA's strategic and action plan.

- I THREE OUTPUT INDICATORS:
 - Number of research papers and patents on aging published from Canada
 - Number of researchers in aging based in Canada
 - Level of Canadian research funding in aging
- II TWO PROCESS INDICATORS:
 - Total amount of funds disbursed by the IA on initiatives, programs and projects in research on aging
 - Level of financial leverage generated by the IA
- III ONE INTERNATIONAL PERFORMANCE INDICATOR:
 - Number of indexed papers on aging originating from Canada in relation to comparable indexed papers originating from other countries around the world



STRATEGIC ORIENTATION 1

LEADERSHIP IN SETTING STRATEGIC RESEARCH DIRECTIONS IN THE FIELD OF AGING IN CANADA

OBJECTIVE 1.1

Invite all organizations, individuals, teams, programs and ongoing projects in the field of research on aging in Canada to share information and create opportunities for interaction.

Main actions:

- 1.1.A To define and implement a comprehensive information system on research on aging in Canada.
- 1.1.B To inform the Canadian research community about the IA's comprehensive system to coordinate research on aging.

OBJECTIVE 1.2

Establish and maintain continuous contacts with the research organizations and individual researchers in the field of aging in Canada.

Main actions:

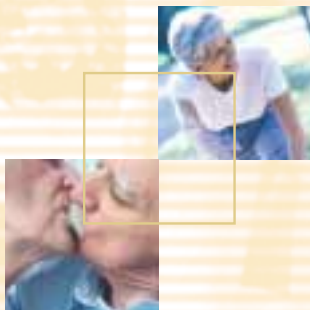
- 1.2.A To send regular messages and announcements to researchers in the field of aging (on the IA's actions, initiatives, decisions, etc.), coupled with a continuous updates and active maintenance of the IA's web site.
- 1.2.B To advertise and publicize the IA's goals and activities in various publications and media related to the field of aging.
- 1.2.C To conduct multi-sectoral and multi-disciplinary direct consultations with researchers, health professionals and other stakeholders (including other CIHR Institutes) on various issues, questions, initiatives and actions related to the field of aging and the work of the IA (such consultations will be carried out electronically, through face-to-face meetings, workshops and various other means).
- 1.2.D To participate in workshops, conferences, exhibits and other events in the field of aging-related health services and research in Canada.

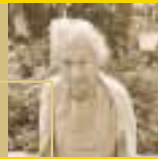
OBJECTIVE 1.3

Achieve consensus among the diverse types of research and disciplines for a definition of strategic directions in the field of research on aging in Canada.

Main actions:

- 1.3.A To conduct consultations with older Canadians through their representative organizations on their views, opinions and needs vis-à-vis research on aging and other aging-related issues.
- 1.3.B To publish a document on Canada's research agenda and strategic directions in the field of aging.
- 1.3.C To organize and/or support workshops designed to define research directions within the Priority Topics of the IA.





STRATEGIC ORIENTATION 2

DEVELOPMENT AND SUPPORT OF CAPACITY-BUILDING RESEARCH INITIATIVES AND PROGRAMS IN THE FIELD OF AGING



OBJECTIVE 2.1

Attract a diverse workforce of new, mid-career and senior researchers necessary for the continuation and growth of research on aging in Canada.

Main actions:

- 2.1.A To participate in the Training Program Grants competition.
- 2.1.B To develop a Mid-Career Award Program in aging.
- 2.1.C To develop an Early Career Grant Program in aging.

OBJECTIVE 2.2

Support research training in the field of aging.

Main actions:

- 2.2.A To fund Ph.D., post-doctoral fellowship, senior research fellowship, clinical scientist and new investigator awards in the field of aging through selection from within the fundable, but not funded candidate proposals in the CIHR competitions.
- 2.2.B To develop new kinds of activities and competitions in research on aging (such as IA Special Fellowships, Special IA Recognition Awards, etc.).

OBJECTIVE 2.3

Build and support research infrastructures in aging (teams, groups, centres).

Main actions:

- 2.3.A To set up and launch a New Emerging Teams program (NET).
- 2.3.B To study the opportunity and explore the feasibility of setting up a new Research Centre Program in the field of aging.



STRATEGIC ORIENTATION 3

DEVELOPMENT AND SUPPORT OF STRATEGIC RESEARCH INITIATIVES, PROGRAMS AND PROJECTS ON AGING



OBJECTIVE 3.1

Select and support new areas, themes, issues and questions in the field of research on aging.

Main actions:

- 3.1.A To help organize and set-up a Canadian Longitudinal Study on Aging in collaboration with selected partners.
- 3.1.B To develop a National Research Strategy on Cognitive Impairment in Aging, in collaboration with other CIHR Institutes, NGOs, foundations and the private sector.
- 3.1.C To develop and launch other Research Strategies, Requests For Applications (RFA), Requests For Proposals (RFP) and Pilot-Project Programs, as derived from the results of workshops and other consultations.
- 3.1.D To establish, announce and maintain a list of Priority Topics for research in aging.
- 3.1.E To fund selected "fundable but not funded" CIHR grant applications in aging in general or responsive to the Priority Topics.

OBJECTIVE 3.2

Identify, select and support existing and on-going research initiatives, programs and projects which are in line with the IA's mission, values and strategic orientations.

Main action:

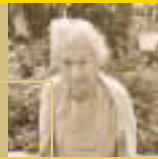
- 3.2.A To structure, negotiate and implement formal arrangements (e.g., partnerships) for the funding of research infrastructures, initiatives, programs and projects.

OBJECTIVE 3.3

Monitor and review the progress and results of research initiatives, programs and projects selected in (3.1) and (3.2).

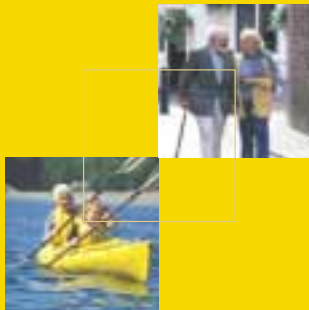
Main action:

- 3.3.A To organize and implement a monitoring and review process of the funded activities.



STRATEGIC ORIENTATION 4

PROMOTION OF THE IMPORTANCE OF RESEARCH ON AGING AND OF THE NEEDS OF THE RESEARCH COMMUNITY IN AGING



OBJECTIVE 4.1

Position the IA as the recognized leader in the field of aging in Canada for researchers from the four types of health research.

Main actions:

All of the IA's actions related to the various objectives of the Action Plan contribute in various degrees to the attainment of objective 4.1.

OBJECTIVE 4.2

Integrate research on aging into the CIHR Peer Review System.

Main actions:

4.2.A To promote the creation of aging-specific peer review committees within CIHR, and to ensure adequate representation of expertise on aging to other committees.

4.2.B To set up and update a list of potential reviewers in the field of aging (from all types of research and disciplines) to be recommended to CIHR for peer review work.

4.2.C To monitor applications on aging to CIHR peer review committees.

OBJECTIVE 4.3

Increase the proportion of funds from CIHR core programs for research on aging.

Main actions:

4.3.A To develop, implement and monitor an information sub-system on CIHR's monies allocated to aging.

4.3.B To encourage researchers in the field of aging to apply more often to the regular CIHR investigator-initiated competitions.

4.3.C To make representations to the relevant organizations and individuals to add aging as a component to other research programs and projects.



STRATEGIC ORIENTATION 5

FACILITATING THE DISSEMINATION, TRANSFER AND TRANSLATION OF KNOWLEDGE FROM RESEARCH FINDINGS INTO POTENTIAL APPLICATIONS THROUGH POLICIES, INTERVENTIONS, SERVICES AND PRODUCTS



OBJECTIVE 5.1

Establish and maintain ongoing communications with researchers in aging, health professionals, public and private decision-makers, and representatives of various professional, scientific and community organizations (including NGOs and charities) associated with the field of aging.

Main actions:

- 5.1.A To develop and implement a communications strategy.
- 5.1.B To respond directly and rapidly to requests for information and other messages received from researchers.
- 5.1.C To respond to requests for information received from non-researchers.

OBJECTIVE 5.2

Facilitate the transfer and translation of knowledge from research to the research community, health care professionals, private and public decision-makers, and industry.

Main actions:

- 5.2.A To financially support the Canadian Journal on Aging
- 5.2.B To set up and support financially a new Annual Canadian Research Forum on Aging as part of already existing events of other organizations.
- 5.2.C To foster technology transfer initiatives and actions related to the field of aging.

OBJECTIVE 5.3

Promote the dissemination of information resulting from research on aging to the general public and interested groups: what is happening, new findings, and potential applications of these developments.

Main actions:

- 5.3.A To develop creative means of disseminating research findings and their implications to Canadians (e.g., partnerships with NGOs).
- 5.3.B To prepare and distribute summaries, both text-based and using other popular forms of media, of aging-related research findings and main actions.

Institute Management



Institute Advisory Board Members

- >> **Neena Chappell, PhD**
Director
Centre on Aging
University of Victoria
- >> **Pierre Durand, MD, MSc, CSPQ, FRCPC, CMFC**
Directeur du département
de médecine
Unité de recherche en gériatrie
Université Laval
- >> **Marg Eisner, RN**
Director, Family Support
and Education
Alzheimer Society of
Ottawa-Carleton
- >> **Geoffrey Fergie, PhD, Peng**
Director, Centre for Studies in Aging
Sunnybrook and Women's
College Health Sciences, Toronto
- >> **Betty Havens, DLitt**
Professor and Senior Scholar
Department of Community
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- >> **Yves Joannette, PhD**
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- >> **Louise Plouffe, PhD**
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- >> **Dorothy Pringle, RN, PhD (Chair)**
Professor, Faculty of Nursing
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- >> **Karl T. Riabowol, PhD**
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Division of Geriatric Medicine,
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Centre for Health Care of
the Elderly, Halifax
- >> **Donald T. Stuss, PhD, C Psych, ABPP, ABCN**
Vice-President of Research
Baycrest Centre for Geriatric
Care, Toronto

Strategic Planning Methodology

01 PROJECT WAS LAUNCHED IN EARLY FEBRUARY 2001	COMPLETION DATES
02 MAJOR WORK ACTIVITIES AND TIMETABLE FOR THE PREPARATION OF THE STRATEGIC PLAN	
02-1 Gathering and analyses of available data published on CIHR, IA, other public and governmental organizations, plus other pertinent data on aging issues, research, organizational initiatives, etc. (mainly web - based search).	MID-MARCH 2001
02-2 Preparation and validation of interview guide for personal interviews.	MID-MARCH 2001
02-3 Conduct of 42 individual face-to-face interviews with a diverse group of privileged informants and stakeholders (across Canada with representatives from the four types of research: biomedical, clinical sciences, health systems and services, social, cultural, psychological and other sciences), as well as with representatives from governments and other stakeholders.	EARLY MAY 2001
02-4 Preparation of preliminary Strategic Plan (SP) and other related documents for review with the Institute Advisory Board (IAB).	MID-MAY 2001
02-5 Conduct of four focus group discussions with 38 participants (in Halifax, Montreal, Toronto, Vancouver) to review some features of the preliminary SP and other key issues and questions related to research on aging, CIHR and IA actions and activities.	JUNE 2001
02-6 Further gathering and analyses of primary and secondary data on research on aging issues, strategies, organizational models, etc. (e.g., visit to the National Institute on Aging (NIA) and the National Institute of Health (NIH) in Washington).	AUGUST 2001
02-7 Preparation of second draft of SP.	AUGUST 2001
02-8 Review, modification and approval of the IA's Strategic Plan by the IAB (on September 25, in Winnipeg).	END OF SEPTEMBER 2001

03 STRATEGIC PLANNING PROCESS & STRATEGIC PLAN DOCUMENT

The management of IA and the IAB (through a Steering Committee composed of the Chairperson of IAB, another member of IAB and the CIHR / IA Institute liaison) have been directly and closely involved in the strategic planning process and the build up of the strategic plan document:

- | | | |
|------|---|------------------------------|
| 03-1 | Work sessions (and many direct communications) were held between IA management and the Strategic Planning Consultant (Geomar International) from the beginning (in February) to the end of the project (in November). | FEBRUARY TO
NOVEMBER 2001 |
| 03-2 | Four steering committee meetings were held from March to September. | SEPTEMBER 2001 |

04 MAJOR WORK ACTIVITIES AND TIMETABLE FOR THE PREPARATION OF THE ACTION PLAN

04-1 The work on the Action Plan dovetailed with the overall strategic planning process, and was thus gradually initiated in June and July.

04-2 Work activities on the preparation of the Action Plan:

- | | |
|--|----------------------------|
| >> First draft of the AP document prepared by the consultant for review with management; | JULY 2001 |
| >> Second draft for next review with management; | AUGUST 2001 |
| >> Third draft for review with Steering Committee; | SEPTEMBER 2001 |
| >> Fourth draft for review with IAB (Winnipeg meeting); | SEPTEMBER 2001 |
| >> Internet-based consultation with a large targeted group of researchers and other stakeholders in research on aging in Canada. | OCTOBER &
NOVEMBER 2001 |

05 PRESENTATION & REVIEW WITH GOVERNING COUNCIL OF CIHR

The "final-for approval" Strategic Plan and the "Preliminary" Action Plan were summarized in a two-page document for presentation and review by the Governing Council of CIHR.

NOVEMBER 8, 2001

06 PRESENTATION & REVIEW TO THE INSTITUTE ADVISORY BOARD

Based on the results of the November 8 presentation to CIHR, the Targeted Internet Consultation, and the review by IA management and the IAB Steering Committee, the Strategic and Action Plan were presented to the IAB for discussions, decisions and final approval in February 2002 (Vancouver meeting).

FEBRUARY 18, 2002

List and short description of CIHR Institutes

INSTITUTE OF ABORIGINAL PEOPLE'S HEALTH

>> **Dr. Jeff Reading,**
Scientific Director

The Institute of Aboriginal People's Health supports research to address the special health needs of Canada's Aboriginal people.

INSTITUTE OF AGING

>> **Dr. Réjean Hébert,**
Scientific Director

The Institute of Aging supports research to promote healthy aging and to address causes, prevention, screening, diagnosis, treatment, support systems, and palliation for a wide range of conditions associated with aging.

INSTITUTE OF CANCER RESEARCH

>> **Dr. Philip Branton,**
Scientific Director

The Institute of Cancer Research supports research to reduce the burden of cancer on individuals and families through prevention strategies, screening, diagnosis, effective treatment, psycho-social support systems, and palliation.

INSTITUTE OF CIRCULATORY AND RESPIRATORY HEALTH

>> **Dr. Bruce McManus,**
Scientific Director

The Institute of Circulatory and Respiratory Health supports research into causes, prevention, screening, diagnosis, treatment, support systems, and palliation for a wide range of conditions associated with the heart, lung, brain, blood and blood vessels.

INSTITUTE OF GENDER AND HEALTH

>> **Dr. Miriam Stewart,**
Scientific Director

The Institute of Gender and Health supports research to address how sex (biological factors) and gender (socio-cultural experiences) interact with other factors that influence health to create conditions and problems that are unique, more prevalent, more serious or different with respect to risk factors or effective interventions for women and men.

INSTITUTE OF GENETICS

>> **Dr. Roderick McInnes,**
Scientific Director

The Institute of Genetics supports research on the human genome and all aspects of genetics related to human health and disease, including interactions of genes with physical and social environments.

INSTITUTE OF HEALTH SERVICES AND POLICY RESEARCH

>> **Dr. Morris Barer,**
Scientific Director

The Institute of Health Services and Policy Research supports research to address the need for health systems, technologies and tools to promote health, prevent disease and deliver health care effectively for all sectors of the Canadian population.

INSTITUTE OF HUMAN DEVELOPMENT, CHILD AND YOUTH HEALTH

>> **Dr. John R.G. Challis,**
Scientific Director

The Institute of Human Development, Child and Youth Health supports research to enhance maternal, child, and youth health and to address causes, prevention, screening, diagnosis, treatment, short- and long-term support needs, and palliation for a wide range of health concerns associated with reproduction, early development, childhood, and adolescence.

INSTITUTE OF INFECTION AND IMMUNITY

>> **Dr. Bhagirath Singh,**
Scientific Director

The Institute of Infection and Immunity supports research to enhance immune-mediated health and to reduce the burden of infectious disease, immune-mediated disease, and allergy through prevention strategies, screening, diagnosis, treatment, support systems, and palliation.

INSTITUTE OF NEUROSCIENCES, MENTAL HEALTH AND ADDICTION

>> **Dr. Rémi Quirion,**
Scientific Director

The Institute of Neurosciences, Mental Health and Addiction supports research to enhance mental health, neurological health, vision, hearing, and cognitive functioning and to reduce the burden of related disorders through prevention strategies, screening, diagnosis, treatment, support systems, and palliation. Associated research will advance our understanding of human thought, emotion, behaviour, sensation (sight, hearing, touch, taste, smell), perception, learning and memory.

INSTITUTE OF MUSCULOSKELETAL HEALTH AND ARTHRITIS

>> **Dr. Cyril B. Frank,**
Scientific Director

The Institute of Musculoskeletal Health and Arthritis supports research to enhance active living, mobility and movement, and dental health; and to address causes, prevention, screening, diagnosis, treatment, support systems, and palliation for a wide range of conditions related to bones, joints, muscles, connective tissue, skin and teeth.

INSTITUTE OF NUTRITION, METABOLISM AND DIABETES

>> **Dr. Diane T. Finegood,**
Scientific Director

The Institute of Nutrition, Metabolism and Diabetes supports research to enhance health in relation to diet, digestion, excretion, and metabolism; and to address causes, prevention, screening, diagnosis, treatment, support systems, and palliation for a wide range of conditions and problems associated with hormone, digestive system, kidney and liver function.

INSTITUTE OF POPULATION AND PUBLIC HEALTH

>> **Dr. John Frank,**
Scientific Director

The Institute of Population and Public Health supports research into the complex interactions (biological, social, cultural, environmental) that determine the health of individuals, communities, and global populations and how that knowledge can be applied to improve the health of both populations and individuals.