CHSRF AT THE CROSSROADS: CAPITALIZING ON SUCCESS

Report of the
International Review Panel
To the Board of Trustees
of the
Canadian Health Services Research Foundation

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Acknowledgments: The Panel thanks the persons who contributed their views on CHSRF by accepting to be interviewed or by sending comments. All were very open and direct in their assessment and this has been very helpful to the shaping of our own views on CHSRF's work in the past five years and on the challenges which it now faces. We are also very grateful to CHSRF staff that prepared the information on CHSRF activities and helped with the logistics of our work. Thanks go to Laura McAuley and especially to Michael McKeown who supported us all along.

Key Messages

This report is based on our interpretation of the data provided to us by CHSRF and on interviews with stakeholders and with staff members. The Panel sees its report as a catalyst for debate at a strategic moment in the life of the Foundation, rather than a set of prescriptions.

CHSRF and its Mission

- In meeting its mission to support evidence-informed decision-making CHSRF has made a remarkable and highly praised contribution to health services research and to healthcare in general in Canada.
- CHSRF has become a national and international reference for those working on improving the use of research in decision-making in the health sector.
- The Panel is convinced that there is still a pressing need for an organization with the mission of CHSRF. Its mission to promote and support evidence-informed decision-making is a long term one and there is still much to do, capitalizing on the success of the last 10 years.
- The partnership with the Institute of Health Services and Policy Research in the Canadian Institutes of Health Research has been mutually beneficial and should continue to produce synergy serving the needs of the health services and research communities.
- CHSRF has done remarkably well in developing research capacity in health services in general and in nursing services in particular where it has made a critical difference, with the result that nursing research capacity is now strong and thriving in Canada.
- Support to the research community should be maintained in ways that contribute to the finality of producing evidence which will inform decisions in the sector. Meeting the needs of decision makers is the primary focus of the work of CHSRF, a message which needs to be expressed clearly to both communities, and reflected in the Foundation’s activities.

Future Role of CHSRF

- CHSRF's role as an innovation incubator should remain central to its identity and adequate resources should be devoted to supporting the design, development and dissemination of innovative strategies leading to evidence-informed decisions.
- CHSRF can now go beyond being a broker and become more of an enabler, and support health organizations in implementing the results from research to improve health services delivery performance.
- CHSRF should consider broadening the decision-making audience for its work to include clinical leaders, middle managers, and policy makers outside healthcare who have an impact on health.
- CHSRF should continue to develop partnerships and alliances, particularly with the professional associations which can be useful intermediaries to more effectively reach its target audiences.
- While not neglecting its obligation to be accountable to the general public, CHSRF should be cautious about the public as an audience for its dissemination work because of the extensive resources needed to effectively do this type of communication.
- CHSRF should approach international involvement with low- and middle-income countries with caution and involve itself only if it does not divert it from its mission.

CHSRF could benefit from …

- better communication of the uniqueness of its mission to serve Canada's policy and decision makers in healthcare by giving them access to valid and relevant knowledge.
- routine external evaluation of its programs and more resources given internally to organizational and program evaluation.
- the employment in advisory roles of accomplished decision makers and researchers to link as peers with their senior colleagues in the health system and the academic world.

1. **Introduction**

From the time of its creation in 1997, CHSRF has been a unique funding agency in the complex world of health research in Canada. After a first evaluation in 2002, a second International Panel (see composition in Annex 2) was asked by the Board of Trustees of the Foundation to review the progress of the last five years and to give its views on future directions (see Mandate in BOX 1). The timing of the review is important for a number of reasons:

- Although the impact of the work of the Foundation on managerial culture and decision-making in the health sector will be felt over a long period of time, a review every five years can help asses if the direction is right.
- The Foundation now operates in a vastly transformed landscape, with the Canadian Institutes of Health Research (CIHR) and more particularly the Institute of Health Services and Policy Research (IHSPR) well established, and now giving increased attention to knowledge transfer.
- Provincial organizations have taken aim at promoting health services research and evidence-informed decision-making, and in some areas, like health technology assessment or occupational health and safety, there are strong organizations supporting applied research and knowledge transfer;
- The political environment has also changed and more pressure is put on the research world to be more accountable and inclusive in terms of value for money of its work;

BOX 1: Panel Mandate

To evaluate and report on the following:

1. The foundation's progress in achieving its mission of supporting evidence-informed decision-making in the health sector through its 2003-2007 strategic objectives:
   A. To create high quality new research that is useful for health service managers and policy makers (especially in the foundation's priority theme areas);
   B. To increase the number and nature of applied health services and nursing researchers;
   C. To get needed research into the hands of health system managers and policy makers in the right format, at the right time, through the right channels; and
   D. To help health system managers, policy makers and their organizations to routinely acquire, appraise, adapt and apply relevant research in their work.
2. In view of the above, how well the foundation has:
   A. Adapted its programming to the evolving environment of evidence-informed decision-making organizations in the health sector;
   B. Balanced initiatives between its target audiences, namely health services and nursing decision makers and researchers;
   C. Balanced the risks of innovation with the controls of accountability; and
   D. Created appropriate investment and programming yields from its endowment.
3. Ways in which the foundation's portfolio of programs and the effectiveness of its program delivery can be improved for the future.

- And finally, because it is a time of leadership change at corporate level,[1] as the founding CEO is leaving and a new one has been appointed.

With that context in mind, the Panel chose to concentrate its analysis and reflections on issues of strategy and on their organizational implications.

Method of work

The Panel reviewed documents prepared by the CHSRF (Annex 3). While these cannot be described as a self-evaluation report, they provided the panel with a detailed factual overview of the work of the Foundation in the years covered by the review. One component of the material provided was the results of a commissioned survey of opinions of stakeholders produced by EKOS Research Associates based on nearly 500 responses. In addition, over 1,000 persons responded to a survey conducted by the Foundation to assess the impact of its programs and activities. Finally, a sample of 149 stakeholders were invited to speak with the Panel and, in spite of the short notice at end of the year holiday time, 33 responded, either declining or indicating interest. Twenty interviews were conducted by phone and in person with the latter; written comments have been received from two organizations as a result of the invitation to speak with the Panel. The Panel also interviewed members of the Senior Management Team and had "courtesy" conversations with the Chair and Vice-chair of the Board of Trustees, and with the incoming CEO.

Discussions among Panel members took place during one two-and-a-half day face-to-face meeting (9-11 January 2007) in Ottawa and through teleconferences and email exchanges. The work of the Panel was supported all along by a staff member who provided additional information and data, and managed the logistics of the work of the Panel. A draft report was presented to a sub-committee of the board and to senior CHSRF staff. Commentaries from these two sources were discussed by Panel members before this final version was submitted.
The panel recognizes that its information was a mix of hard data and perceptions, which it reviewed in a fairly short period of time. This is why it would like its recommendations to be seen as ideas for debate by the Board, rather than as prescriptions.

[1] The Board of Trustees' decision to extend the mandate of the (current) Chair to 2009 will ensure continuity at the policy formulation level.

Structure of the report

We begin by reviewing and commenting on what we see as the assumptions which underlie the creation of CHSRF and which have guided its work over the years (part 1 - "Assumptions"). This will provide us with a framework to give a rapid assessment of the last five years (part 2 - "Observations") and then to draw lessons from which ideas about future directions can be derived (part 3 - "Conclusion").

Part 1

Assumptions

On the basis of its analysis of the information received and of the conversations with interviewees, the Panel found it useful to organize its reflections around what appeared to be the assumptions that lay behind the work of CHSRF.

1. **At the heart of the "raison d'être" of CHSRF is the conviction that the production and dissemination of valid evidence corresponds to an unmet need of decision makers and managers in the health services delivery system. It is also assumed that needs are changing as the broader environment (epidemiological profile, behaviour and expectations of users of services, technology advances, accountability pressures) changes.**
2. **The academic community has a critical contribution to make to organizational change in health services as producers of knowledge.**
3. **CHSRF is uniquely positioned to be an "innovation incubator" and a core component of its mission is to promote and support innovative research knowledge translation innovations.**
4. **CHSRF, as an independent actor in the sector, has a role to play as a broker of knowledge in bringing together the communities of research and of policy/management.**
5. **CHSRF needs to build alliances and partnerships to achieve its mission and to have a greater impact and multiplying effect.**
6. **The Foundation would achieve greater impact by focusing on a limited number of key topics and activities.**

7. **The financing structure of the Foundation defines a limited life expectancy, which raises the issue of whether it should plan in function of its extinction in eight-10 years or envisage ways to ensure its continuation.**

Part 2

The Panel's Observations

Below, we expand on these statements and discuss their organizational implications.

The importance of evidence for decision-making in health services policy and management: Over the years, the Foundation moved from a view that policies and decisions should be based on evidence to that they should be informed by evidence. This reflects a less ambitious but much more realistic view of the contribution of research to the design and implementation of interventions in healthcare. This evolution reflects a growing understanding of the complexity of the policy- and decision-making processes, which are determined by a number of factors, among which research results play an important but far from exclusive role.

Since 2002, the Foundation has built on the success of the first five years in supporting the production of knowledge. The Chairs funded by the Foundation have created the right incentives to stimulate research on topics and issues which are perceived as relevant by decision and policy makers. The Chairs have now matured and they already have contributed significantly to the production of relevant health services research and to the training of a new generation of researchers.[2] Many Chair holders are playing a strong leadership role in national-level organizations and networks. Most hold appointments outside their own academic unit and are engaged in collaborative work with other research teams. Publications and dissemination activities indicate a strong concern for reaching out to decision makers, at least in their immediate environment. The Chair program has had a major effect in nursing in augmenting the research capacity and the production of high-quality research on the delivery of nursing services. It has made possible the training of a pool of young researchers who now

[2] The Chairs have been evaluated individually for renewal of funding purposes. Each Chair was reviewed by an independent three-member panel, and included document review and a site visit. The review panel assessed progress, considering research, training and infrastructure aspects, and made a recommendation to the partners regarding continuation of the program, conditional renewal for one year, or non-renewal of the award. The fourth-year review process was finished as of October 2006, and 11 of the 12 Chairs were renewed.

constitute a critical mass on which the nursing community can count to develop its research agenda.

The *Research, Exchange, and Impact for System Support* (REISS) strategy is a sound one as it permits a greater focus on research priorities as defined in the triennial consultation (*Listening for Direction*). The requirement that researchers embed collaboration with health services decision makers and their organization is critical. It is a way to ensure that researchers are in tune with decision makers' needs, and that the latter pay attention to research results. The Regional Training Centres have also been evaluated positively in 2006.

The Panel agrees that supporting the production of sound knowledge to inform decisions is a core function and should remain so. This is done through providing access to research funds and support to research capacity-building. The goal however is to produce knowledge which has an impact on decisions, and this implies that research be closely aligned to the needs which the stakeholders perceive as priorities. Some interviewees (mainly practitioners) stressed that the cycle of needs identification (three years) is probably too long in a context of rapid change. Also, as the impact of CHSRF and other organizations' promotion of applied research on health services is being felt, a new management culture is developing and better trained and informed managers become more demanding in terms of support from research. CHSRF already has strategies that permit it to respond rapidly to demands from the field. These are the *policy synthesis* and *commissioned research*, which can be made more visible to researchers and particularly to managers to stimulate demand. These programs receive approximately $600,000 per year, which may be increased as demand grows. What would be needed is a mechanism to keep track of new needs and to decide whether responding falls within the Foundation's mission.

The Panel also agrees that the definition of evidence should include various degrees of validity, from solid scientifically demonstrated generalizable evidence, which is fairly rare in applied research, to what the Foundation has termed "colloquial evidence." Decision makers need access to the best knowledge currently available ("best guess"), even if it is imperfect. CHSRF should not shy away from disseminating knowledge which still contains a degree of uncertainty (evaluation of organizational changes still in progress, case studies with limited external validity). It should also help to "train" the decision makers in how to assess the limits of this knowledge and how to use it with caution.

Importance of academic contribution

Considerable efforts have been made through the *Capacity for Applied and Developmental Research and Evaluation* (CADRE) program to create a critical mass of researchers dedicating themselves to health services research with a "support for decisions" approach. The holders of the chairs have developed teams and programs which appear strong enough to carry on by themselves when CHSRF funding comes to an end. Chairs have the capacity to mobilize substantial funds from other sources and to continue their development on their own. One question for the Board is whether one wave of chairs is enough to produce the impact on the policy and management culture in health it is aiming at.

The institution-based consumers of health services research are more difficult to reach. Identifying and engaging them is not simple and their needs are somewhat unique. Who are the key targets? What are the incentives for them to pay attention to health services research and to demand it, to engage in it?

Some EXTRA (*Executive Training for Research Application*) decision makers are formally associated with a CADRE Chair and have direct access to their work, but this is not true for all. The EXTRA program, which was praised by all our informants, admits up to 24 participants per year to its two-year training program. These are important efforts, but they reach only a minute fraction of decision makers who might benefit from such efforts. The focus of EXTRA thus far has been on individuals rather than on organizations or the institutional environment in which decision makers operate. CHSRF might consider helping organizations to create approaches to integrate research in their own decision-making processes (which will make them less dependent on individuals who are convinced that this should be done). The Foundation might provide some assistance during implementation of change, and advocate for inclusion of use of evidence in accountability processes.

While pursuing its current work to develop the capacity of decision makers in using health services research, the Foundation needs to become more visible to these public and private decision makers and send the message that they are its main clients. The Panel suggests that the Foundation hire a high-level advisor with a mandate to maintain open communications with the different decision-making bodies and organizations. If resources permit, it would be

good to also recruit a seasoned advisor who would target the research community to ensure that it remains committed to the objective of serving the needs of decision makers.

CHSRF as an innovation incubator

Thanks to its status and to its mandate, the Foundation has unique flexibility to take risks, to adapt to new needs, and to focus on "clients" of research as well as on producers of research. It has used this flexibility effectively to create and develop various programs and activities which have been innovative in the health sector. ***The Panel considers that this function of incubator should remain central to the identity and work of CHSRF***. Innovations include: support to research on new topics, new methods of transferring knowledge to different audiences, new partnerships, and support for the development of new training strategies of researchers and decision makers. This role can be played by the Foundation itself, or through its various partners. Funds should be allocated specifically to that purpose.

CHSRF as an independent broker

The Foundation has taken on numerous initiatives: the periodical needs assessment process, regional meetings, formalization of the role of broker and identification of distinguished professionals to play it. Is this effort sufficient? Many of those who spoke with the Panel noted that it is important to be informed about and to participate in the research process, but that the critical missing piece is the role of the Foundation in helping to implement the changes suggested by the new knowledge.

Can CHSRF add to its role of broker that of enabler? We think that it should. This does not mean that CHSRF should engage in consulting relationships with health-sector agencies and institutions. Rather, we see the Foundation's role as that of a repository and organizer of knowledge on which decision makers can draw for rapid advice when they need it, and especially that information and knowledge related to systematic efforts to change the organization and management of care to improve quality and performance. Decision makers not only need information, but also rapid access to someone who can interpret and analyse it with them. The Chairs are doing some of this by publishing syntheses, newsletters referring researchers and managers to new publications and tools, but there is a need for a more comprehensive, strategic and systematic approach.

CHSRF has carefully preserved its neutrality in relation to academia and the policy community. This is both a valuable asset and a significant responsibility. The Foundation can build on that neutrality and become the organization that serves the information needs of individuals and organizations that manage the health services system. This would require approaches to consolidate the support of the Chairs while increasing efforts to retrieve, organize and make available relevant knowledge, including from the grey literature, produced by other organizations in Canada and elsewhere. This can be done easily for published information, but it would need more work to track ongoing research and experiments.

Beyond its role of broker of knowledge, CHSRF should also foster ongoing collaboration among foundation-affiliated researchers and decision makers, recipients of scholarships, and graduates of EXTRA, and support them to form networks of practice. There is interest for that among these groups, but the level of effort needed from them to initiate this kind of activity is considerable in terms of time and resources. This is a function which the Foundation could include in its mandate.

The Panel believes that to remain an independent and credible source of knowledge, CHSRF needs to be a model organization in using evidence to inform its own strategic decisions. We noticed that self-evaluation (which we distinguish from the evaluation of programs which the Foundation has conducted) is not a high priority in budgetary terms at CHSRF, as illustrated by the small budget dedicated to internal evaluation. More specificity is needed in terms of measures of success, of alignment of outputs with objectives and mission, of evidence of a "customer service culture," and of results of partnerships and alliances.

We recognize that the assessment of impact will always be diluted because of the time frame of efforts and the secular trends and shifts in environments in which the Foundation is active. However, CHSRF is not the first organization to need to adapt the tools of research to the exigencies of the real world. We are confident that the Foundation has the methodological sophistication and institutional commitment to serve as a model for making strategic and programmatic decisions based on the best available evidence.

Leverage/partnerships

The Foundation's most significant partnership is the one with IHSPR, which has proven mutually satisfactory. The Panel heard expressions of willingness from both organizations to

maintain a strong partnership with IHSPR, but this will need to be supported by CIHR's leadership, particularly by the new Vice-President of "Knowledge Translation" (a position occupied by a health services researcher). CHSRF must keep explaining its unique role and approach to its stakeholders and particularly to those who decide on research funding.

With limited financial[3] and human resources, CHSRF is permanently confronted with the problem of deciding what can be delegated to others. It has been shown that delegating part of its granting function is feasible. With regard to its capacity-building function, which we regard as deserving greater focus in the decision-making community, its strategy should be to expand its partnerships with organizations which can more easily reach strategically placed individuals or units within that community. It is important for CHSRF to reach not only those who make decisions at the strategic level, but also clinicians and decision makers who organize and manage the delivery of services and the utilization of resources. This will require a different approach. Health professionals can be more efficiently reached through their trade and professional organizations than by an outside group. The Foundation already partners with the Canadian Medical Association, the Canadian Nurses Association, the Canadian College of Health Service Executives and a consortium of equivalent organizations in Quebec to offer the EXTRA program, which is to be commended. Our recommendation is to go beyond this alliance in one program and to take advantage of these organizations' channels of communication with their members to convey the Foundation's messages. For example, professional organizations, including professional councils, scientific associations, and professional groups can be mobilized to use existing or new peer-to-peer transfer mechanisms, which is likely to be more effective than transfer from outside the professional community.

Other examples of important partnerships are with provincial-level organizations pursuing similar objectives,[4] and with technology evaluation and occupational health and safety organizations. Even though there have been regular contacts, these may need to be

[3] In 2006, CHSRF's budget was $15 million and that of the Canadian Institutes of Health Research was $720 million.

[4] Centre for Advancement of Health, University of Calgary; Centre for Health Services & Policy Research, Queen's University; Centre for Health Services & Policy Research, University of B.C.; The Centre for Rural and Northern Health Research, Laurentian University; The Centre for Rural and Northern Health Research, Lakehead University; Manitoba Centre for Health Policy; Newfoundland and Labrador Centre for Applied Health Research

intensified; there might be resistance from provincial organizations which regard health services as their domain and this requires a special effort on the part of CHSRF's leadership to reach out to these organizations and convince them of the benefit of collaborating with a Foundation that has a national perspective and is connected to a network of similar international organizations.

Focus

The Panel heard praise for CHSRF for having remained focused, as well as criticism for having remained too focused. There is a tension between targeting a limited number of audiences (researchers, high-level managers) and expanding to other groups (policy makers, elected officials, decision makers outside health, such as in education, planning and finance, clinical managers, professionals, the media and the general public). There is also a tension between focusing on evidence on the provision of institutional curative services and including areas like home and community care, promotion and prevention activities, economic issues.

We agree that CHSRF should focus on selected topics which the stakeholders perceive as priorities. In its mission of promoting evidence-informed decision- and policy-making, CHSRF cannot address every health-related decision. Difficult choices must be made with regard to the scope of topics and areas its programs will cover, as well as to the audiences it tries to reach. Various interviewees suggested or even demanded that the Foundation broaden the scope of its support beyond health services management and policy. The Foundation's decisions about its priorities should not preclude the choice of some topics because they have less vocal advocates or champions. As an incubator and as an organization aimed at supporting innovation, the Foundation needs to listen broadly.

The Panel deliberated extensively about the strategic implications of the Foundation's current and potential target audiences. Researchers are critical to the Foundation's success and care must be taken to continue to stress the value of their contribution. But the goal of CHSRF's interventions is to influence the culture and the behaviour of those who make resource, policy and regulatory decisions related to the delivery of healthcare services. The Panel wants to stress that at the highest policy-making level, many significant decisions are taken outside the health sector. For example, in a publicly financed system, funding decisions are taken at the level of the Ministries of Finance of the provinces; decisions taken by Ministries of Education, by universities and by professional councils regarding the education and training

of health services providers are also critical to how health services will function. These decisions become constraints for managers in the delivery system, and they are not always informed by relevant knowledge. Conversely, researchers and managers in health are not always cognizant of the role of these outsiders and of how they make their decisions. The Panel suggests that an effort be made to identify these non-health decision makers whose actions affect the health sector, and to design ways to reach out to them.

Within the health sector, the Foundation has rightly targeted top managers, but again the Panel encourages the Foundation to target middle managers and clinical managers (heads of departments in hospitals and of programs in health centres, for example), who influence the work of physicians, nurses, pharmacists, and other professionals at the operational level. These professionals can be reached through partnering with their associations, as suggested earlier. The Foundation could offer access to the best evidence on topics like teamwork (well covered by a recent synthesis), communication, strategy development and other management-related issues.

Another issue that was raised by a number of people who spoke to the Panel is whether the Foundation should target the general public; is it relevant? And if so, how to do this? The Panel understands that the public is the ultimate beneficiary of the work of the Foundation, but it believes that the Foundation needs the resources, experience and general mandate to effectively reach the public. This is not to say that the Foundation does not owe transparency to its public stakeholders as well as to its professional ones. For example, the Foundation might consider publishing an annual report in a format which attracts the attention of the media and highlights some success stories or case examples which would give visibility to its work and show that the public funds it spends are well utilized. However, the Panel would caution against the Foundation spending too much energy in trying to influence the general public directly. A communication strategy targeting health sector workers is more of a priority.

Although this is not an explicit objective, CHSRF has reached an international audience and is now seen as an organization whose methods of work and products have become a reference. This form of recognition is an indicator of the quality of the work of the Foundation and at the same time it contributes to the general movement in favour of utilizing evidence to inform decisions. The reach of CHSRF could be augmented at a reasonable cost

through collaboration with the World Health Organization through its Knowledge Management Department for greater dissemination of its work.

Sustainability and funding

This issue will certainly be at the heart of the strategic reflection which the Foundation will conduct in the coming months. It is clear from conversations with interviewees that there is a need in Canada for an organization specifically dedicated to improving the utilization of evidence to inform decisions in health services. The issue is whether the demand (by politicians, policy and decision makers and professional organizations) is strong enough to help mobilize the needed resources to support the Foundation in the long term. While the Panel recognizes that the Board has already expressed the view that the Foundation should aim at being active beyond the time limit imposed by its current funding mechanism, it would be prudent to envision a sunset scenario as well as an alternative evidence-informed scenario based on the analysis of perceived and expressed needs of stakeholders and potential sources of funds. The latter could include a redefinition of the mission, for instance with a clearer emphasis on supporting the utilization of research-based evidence by strengthening the organizational capacity to do so and by accompanying the process of implementation of change.

A renewed mandate and strategy could be presented to stakeholders, including elected officials as funders, to test their willingness to "buy" the services of CHSRF, like an expanded EXTRA program or policy synthesis. Some aspects of the mission, like support for building research capacity, amount to providing public goods which will be funded only by public money (maybe by private not-for-profit foundations). Others, like research to respond to needs identified by decision makers, individually or in consortium, could be funded by them entirely. In any case, CHSRF should avoid "chasing money" or looking for new sources of funding only for the sake of survival as an organization, even if it implies a diversion from the original mission. This does not mean that it should not be proactive in looking for financial support. This should be done by stimulating demand for more and better evidence, and for support in using it. This raises the issue of the PEARL (*Promoting Evidence-Informed Action from Research for Leadership*) project, proposed in collaboration with the International Development Research Council (IDRC). This looks exciting and would certainly meet an important need in middle- and low-income countries. But it is clearly a project which primarily meets the objectives of IDRC and its mission. CHSRF would provide

only the technical expertise. The Panel is wary of engaging in such an ambitious project and diverting scarce technical resources and skills from the priority activities of the Foundation, particularly at this time. The Panel recommends extreme caution in analysing the pros and cons of this project and would advise against engaging in it for the sole purpose of guaranteeing a long-term source of revenue. The arguments in favour of an engagement in PEARL should be primarily couched in terms of what this would bring in to support the original mission of the Foundation.

Part 3

Conclusion

Without doubt, the Foundation has made a remarkable contribution to healthcare in Canada. All respondents were very positive about the Foundation in general, extremely complimentary about the personal contribution made by its outgoing CEO, and about the work of the Foundation's staff. Many witnesses told us that the Foundation's potential is tremendous, but also that as yet it has not been not fully realized and thus needs to carry on.

In recent years the Foundation has elegantly straddled the research and decision-making communities, playing two unique roles: helping to create a research community whose products are more useful to decision makers and helping to stimulate a desire amongst decision makers for research evidence to inform their decisions. However this should not be interpreted as an invitation to do more of the same. In our view it means that CHSRF should fully use its main comparative advantages, e.g., its flexibility, its capacity to act as an incubator and to take risks, its credibility and associated capacity to convene researchers and decision makers. This can be used to give priority in its mission to health services performance improvement as the ultimate goal of its actions, which means going beyond supporting the production of good evidence, bringing it to the decision makers, and teaching them how to use it. CHSRF should support the decision process at the implementation level too, which would require a shift in the balance between individual and organizational capacity-building, for example in helping organizations to embed the utilization of research into their decision-making and management processes.

It is not possible for the Foundation to continue to serve two masters equally. Now is the time, based on its numerous successful initiatives, such as the EXTRA program, for the

Foundation to be clear about its fundamental purpose. This should be to encourage evidence-informed decision-making amongst the many organizations in Canada that fund and manage healthcare services. It needs to do this in such a way that it continues to carry the research community with it. Unless it does this, there is little reason for its continued existence and it should be wound down as there will be a danger that it remains "stuck in the middle, not serving either community as well as it should."

The Foundation has built a reputation for being nimble, innovative and being at the leading edge. Such reputation can be lost quickly. The Board needs to work with the new CEO to refine and reshape the vision and to press on with its work. In reframing its purpose as serving the health-sector decision-making community, the Foundation needs to be cognizant of the changing needs of that community. Health services funders and providers are aware of the need to make systemic changes. They are increasingly focusing their efforts on winning public support for major service change that will both improve quality and reduce costs. The Foundation has a unique role to play here in providing the means whereby the decision-making community can access and utilize the evidence necessary to improve system performance and quality of care for patients.

There will be implications of a shift in focus of the Foundation for its investment in research. In its 10-year history the Foundation has succeeded impressively in building the overall capacity of health services research right across Canada. The CADRE program has been a key building block in this endeavour. This has not only led to an increase in the number of chairs and other key health services researchers across Canada, it has transformed the thinking about the skills set needed to be an effective applied researcher (including mentoring, communications and team development). The Foundation-funded Chairs were described as being "set apart from others" in receipt of an impressive package of support including knowledge transfer tools, mechanisms to work with decision makers and the CADRE regional centres. This model is now being duplicated by mainstream health services research funders. Nevertheless, the Foundation should be careful not to be drawn into extending the funding of the existing Chairs. There seems to be growing evidence that sufficient capacity of the right calibre and orientation has been created. Should there be any further investment in research capacity-building, this should be through the lens of the decision makers, perhaps by creating new chairs embedded in policy-making and provider organizations, yet fully supported by partner universities.

Strategic alliances

In order to be more effective in playing its new role, the Foundation will need to consider how best to relate to and communicate with professional organizations at the national and provincial levels. There is growing recognition that unless doctors and other professionals are fully engaged in leading and advocating for change, true system-wide performance improvement will remain a pipe dream. The implication for the Foundation is the need to build more effective alliances. Relationships with IHSPR are critical to the Foundation's continued success. Both organizations have a common objective in strengthening the case for additional funding for health services research in the context of the very strong biomedical and clinical research lobbies. If there is a shift of the Foundation's centre of gravity more towards the decision-making community, it is possible for a mutually beneficial partnership to be constructed. The Foundation has somewhat eschewed the policy-making and political community in Canada. In one sense this is justified. It is the managerial community which has the longevity and continuity. At a time of change of leadership at the Foundation, and if it is to push forward with a revised strategy, it does need to give more attention to the political process. A renewed focus on corporate communications, especially on the development of a series of powerful stories about individual and organizational successes, would be helpful.

Organizational implications

There will be implications of a shift in focus for the Foundation's Board and its staff. It will need to take an assertive leadership role in advocating for and communicating the change to key audiences. The staff of the Foundation will need the experience and networks of a senior decision maker, perhaps someone recently retired from the "front line" but who has passion for and commitment to the Foundation's work. The existing reward structures of the organization should not stand in the way of attracting the very best. A senior research advisor would also be a useful addition to ensure that the message of its reinforced focus on decision makers' needs is in line with its mission and does not mean that researchers become less valued.

The Foundation could have done better at evaluating the outcomes of its investments. There is undue emphasis on "administrative evaluation" and on the use of opinion surveys. It needs

to develop a new evaluation strategy, to embed organizational and program evaluation in its own activities, and to resource the function effectively. Credible results from high-quality evaluations may not be sufficient to convince policy makers, but they are a necessary component of any strategy to influence them. The Foundation might also benefit from adopting more of a campaigning approach to the communication of its findings. In addition to disseminating its findings as it currently does, there would be merit in focusing on a smaller number of key corporate messages associated with those and choosing strategic partners with whom to act to influence for change.

In summary there is a lot of goodwill and potential support for the Foundation among researchers, decision makers and representatives of professional organizations. An increased focus on decision makers' needs would be well accepted, but it should be made clear that it does not entail less support for the research community. The Foundation should develop a strategy of financial sustainability in coherence with its original mandate, which can be extended to include greater involvement at the implementation stage of the decision-making process. By becoming a model organization which plans in an evidence-informed manner, the Foundation will strengthen its capacity to mobilize resources from its main funders. Whatever its success in generating new revenue, partnerships will remain key to the Foundation's success and efforts in building these should be at the centre of its strategy of development for the coming years.

Annex 1: Objects of the Corporation (from letters of Patent)

Operate as a charitable public foundation, to administer and employ its property, assets and rights and to maintain a fund or funds, for the purposes of:

(a) Identifying research gaps and needs in the field of health services research and defining priorities;
(b) The funding of peer-adjudicated research into the management, organization and effectiveness of health services, including research into the outcomes of health-affecting interventions as well as into the organization and management of institutional and non-institutional models of health services delivery; and
(c) The promotion of best practices of health services delivery and the communication of research outcomes.

Annex 2: Members of the Review Panel

Gilles Dussault (Chair) – Professor and Head, Health Systems Unit, Institute of Hygiene and Tropical Medicine, Lisbon, Portugal

Before joining the Institute of Hygiene and Tropical Medicine at the Universidade Nova de Lisboa in August 2006, Gilles Dussault was a Senior Health Specialist with the World Bank Institute in Washington D.C. He was responsible for the regional activities of the Health and AIDS program in French-speaking Sub-Saharan Africa, Portuguese-speaking Africa, Latin America and the Caribbean, and focused on the topics of sector reform, financing of health services, and workforce policies. Prior to his position at the World Bank, he was Professor and Director of the Department of Health Administration, University of Montreal. He chairs the Advisory Board of the International Health program at the University of Georgetown. He has taught in a number of countries, including one year at the national School of Public Health of Brazil in 1991-92. He has published principally on topics related to the regulation and management of the health workforce. He holds a Ph.D. in medical sociology from the University of London.

Jack Davis – President and Chief Executive Officer, Calgary Health Region, Alberta, Canada

Before taking up his current role in 1999, Jack Davis held many Deputy Minister positions in the Government of Alberta: Health, Executive Council, Transportation & Utilities, Municipal Affairs, and Solicitor General. He was a key leader in the concerted efforts to restructure, consolidate and improve the performance of Alberta government departments. He is responsible for developing progressive social policies and for encouraging competitive stakeholders to work co-operatively. He has also contributed his expertise and leadership as a Director, Chair and President of several boards and corporations, including: Alberta Mortgage & Housing Corporation, Alberta Social Housing Corporation, Alberta Municipal Finance Corporation and the John Howard Society. He has earned his B.A. (Honours Philosophy) and his M.A. (Psychology) from the University of Regina. He is a Chartered Psychologist with the Psychologists Association of Alberta.

Jessie Gruman – Founding President and Executive Director, Center for the Advancement of Health, Washington D.C., U.S.A.

Jessie Gruman is the founder of the Center for the Advancement of Health, an independent, nonpartisan policy institute funded by the John D. and Catherine T. MacArthur Foundation, the Annenberg Foundation and other foundations. Since it was established in 1992 the Center has worked to translate health research into effective policy and practice. She has worked on this same set of concerns in the private sector (AT&T), the public sector (National Institutes of Health) and the voluntary health sector (American Cancer Society). She received her undergraduate degree from Vassar College and her Ph.D. from Columbia University. She serves on the boards of trustees of the National Health Council, the Public Health Institute, the Sallan Foundation, and the Center for Information Therapy. She is a Fellow of the Society of Behavioral Medicine and has received awards for distinguished service from the Society for Behavioral Medicine and the American Psychological Association. She recently received the Society of Behavioral Medicine Leadership in Translation of Research to Practice Award and an honorary doctorate in public policy from Carnegie Mellon University. Under her leadership, the Center for the Advancement of Health was honored by Research!America as the "organization that Has Distinguished Itself by Its Advocacy."

Stephen Thornton – Chief Executive, The Health Foundation, London, England

Stephen Thornton, CBE, is chief executive of The Health Foundation, an independent charity that wants to make the quality of healthcare in the U.K. the best it can be. Working with others, it is helping to shape a future healthcare system that offers safe, effective, and responsive care for all. He has more than 20 years' management experience in the National Health Service (NHS), having worked at hospital, community health, health authority, regional and national levels of the service. He spent five years as Chief Executive of Cambridge & Huntingdon Health Authority and five years as Chief Executive of the NHS Confederation, the membership body for all NHS organizations, negotiating directly with ministers on issues concerning the management of the health service. He has extensive international healthcare experience and has been a member of the Governing Council of the International Hospital Federation. He is currently a member of The Commonwealth Fund's International Program in Health Policy and Practice Coordinating Committee. He is a trustee

of Aquaid Lifeline Fund, a charity providing orphan care in Malawi. He was a member of the NHS Modernisation Board 2001-02 and a Commissioner on the Board of The Healthcare Commission 2003-06. He is a fellow of the Royal Society of Medicine and was appointed a CBE in the 2001 New Year's Honours List. He took up the role of Non-Executive Director of Monitor (the independent regulator of NHS Foundation trusts) on 1 October 2006.

Annex 3: Documentation Provided by the Foundation

Along with various lists, e.g., funded projects, publications produced by projects, participants in EXTRA, etc., four briefing books were provided to the Panel:

Briefing Book 1 **Table of Contents**

I. INTRODUCTION
II. HISTORY OF THE FOUNDATION
III. TERMS OF REFERENCE
  i. Panel Composition
  ii. Mandate
  iii. Modus Operandi
  iv. Timetable
  v. Reporting Relationship
  vi. Administrative Arrangements
IV. EVALUATION PHILOSOPHY
  i. Foundation Level Logic Model
  ii. Activities by Strategic Objective 2006
V. 2002 INTERNATIONAL REVIEW AND RESPONSE TO RECOMMENDATIONS
  i. Executive Summary
  ii. List of recommendations and actions taken

APPENDIX 1 — COMPLEMENTARITY: THE RELATIONSHIP BETWEEN THE CANADIAN HEALTH SERVICES RESEARCH FOUNDATION AND CIHR'S INSTITUTE OF HEALTH SERVICES AND POLICY RESEARCH

APPENDIX 2 — CHSRF EVALUATION INVENTORY

Briefing Book 2 **Table of Contents**

KEY MESSAGES
I. INTRODUCTION AND CONTEXT
II. STRATEGIC OBJECTIVE 1: NEW KNOWLEDGE
  i. Organizational Fit
  ii. Activities
  iii. Context, Rationale, & Synergies
  iv. Statement of Operations
  vi. Outputs & Program Outcomes
III. STRATEGIC OBJECTIVE 2: RESEARCH CAPACITY
  i. Organizational Fit
  ii. Activities
  iii. Context, Rationale, & Synergies
  iv. Statement of Operations
  v. Outputs & Program Outcomes
IV. STRATEGIC OBJECTIVE 3: KNOWLEDGE TRANSFER & EXCHANGE
  i. Organizational Fit
  ii. Activities
  iii. Context, Rationale, & Synergies
  iv. Statement of Operations
  v. Outputs & Program Outcomes

V. STRATEGIC OBJECTIVE 4: DECISION MAKER CAPACITY
  i. Organizational Fit
  ii. Activities
  iii. Context, Rationale, & Synergies
  iv. Statement of Operations
  v. Outputs & Program Outcomes
VI. ORGANIZATIONAL EXCELLENCE
  i. Organizational Fit
  ii. Activities
  iii. Context, Rationale, & Synergies
  iv. Statement of Operations
  v. Output data
VII. NEXT STEPS IN PROGRAMMING

APPENDIX 1 – PROMOTING EVIDENCE-INFORMED ACTION FROM RESEARCH FOR LEADERSHIP (PEARL)

APPENDIX 2 – THE IN-BETWEEN WORLD OF KNOWLEDGE-BROKERING

APPENDIX 3 – CHSRF PRODUCTS

Briefing Book 3(EKOS report - Stakeholder Feedback Survey) **Table of Contents**

MAIN MESSAGES
EXECUTIVE SUMMARY
1. CONTEXT
2. IMPLICATIONS
3. APPROACH
4. RESULTS

APPENDIX A: Views Held by Different Stakeholder Groups on Extent of CHSRF's Progress

APPENDIX B: Key Indicators of CHSRF's Performance (PIs) Towards Fulfilling its Mission

APPENDIX C: Classification Schemes for Categorizing Stakeholders' Comments, Views, and Opinions

APPENDIX D: Analytical Approach, Methods, and Procedures for Measuring Performance Indicators (PIs)

APPENDIX E: Survey Questionnaire

Briefing Book 4 **Table of Contents**

KEY MESSAGES
I. INTRODUCTION AND CONTEXT
III. OUTCOMES
A. SHORT TERM OUTCOMES
  OUTCOME 1: RESEARCHER UNDERSTANDING DECISION MAKER WORLD
  OUTCOME 2: RELEVANT HIGH QUALITY RESEARCH
  OUTCOME 3: DECISION MAKER AWARE OF RESEARCH AND ITS VALUE
B. SHORT- TO MEDIUM-TERM OUTCOMES

OUTCOME 4: DECISION MAKER UNDERSTANDING RESEARCH WORLD
OUTCOME 5: DECISION MAKER ACCESS, APPRAISE, ADAPT, AND APPLY RESEARCH
OUTCOME 6: ENHANCED HEALTH SERVICES RESEARCH CAPACITY
C. MEDIUM- TO LONG-TERM OUTCOMES
OUTCOME 7: SUPPORTIVE HSR ENVIRONMENT (RESEARCHERS AND DECISION MAKERS)
OUTCOME 8: RESEARCH CAPACITY (DECISION MAKER ORGANIZATIONS)
OUTCOME 9: ENGAGEMENT BETWEEN DECISION MAKERS AND RESEARCHERS
OUTCOME 10: RESEARCH MEETING DECISION MAKER NEEDS
IV. CHSRF COMMENTARY ON EKOS SURVEY OF STAKEHOLDERS
V. CONCLUSIONS ON OVERALL DESIRED OUTCOME
VI. REFERENCES

APPENDIX 1 – CHSRF STAKEHOLDERS

APPENDIX 2 – DERIVATION OF ENGAGEMENT INDEX

APPENDIX 3 – MEASURING LATERAL IMPACT

Annex 4: Extracts from Interviews[1]

Mission/niche/need for CHSRF/contribution of CHSRF

I strongly believe that in the health services field, the research needs to be tied to important policy, managerial, and clinical change management problems, and I think the Foundation has had a mission to make that happen, and I'm not sure, frankly, anybody else has at the national level in Canada. (High-level civil servant)

It's really created and provided a forum that's really crucial. I think there's still a lot of work to be done there because there's still challenges in terms of the decision maker being separate, I would think, sometimes from the body of knowledge that needs to be transferred to them so that they can be really informed on decision-making, but I think more and more progress is made in this area and creating that link was and remains, I think, a priority. (Executive of a national professional association)

(The role of the Foundation has been) really important – support of important projects and research, particularly leadership in the nursing area, and also the whole notion generally that health systems research is just as important an area of research as clinical and biomedical because the press or the popular wisdom is always that the only scientific kind of research is that based on clinical and biomedical. And so I think that's really crucial. (Executive of a national professional association)

I guess my summary comment would be there's no question in my mind that CHSRF has played a valuable role in the Canadian and perhaps even in the international environment. (Researcher)

And in many respects it is sobering the degree to which the evidence is not used in the country. I think, though, that there is much more to be done there. (…) I think you still will run into the very well-meaning decision makers who don't have the capacity, who don't have the time, maybe not the inclination or skill in all cases to actually know that something that they are grappling with could very well be informed by a piece of work, and that's not to say

[1] These are extracted from transcripts of the interviews. The selection is intended to reflect a fair representation of the views expressed by informants.

that CHSRF hasn't succeeded, I think. It's to the say that the job is really large and much remains to be done. (Chief executive officer of a national agency)

It's one of the voices in the health system that can actually speak truth to the health system with some immunity, and I think it actually should use that voice in a stronger way. (Chief executive officer of a national agency)

And I would say not only within the policy level within government but also among my colleagues running organizations or health networks, there isn't that reflex to go and look for and use that information. They tend to be taken up a great deal by their day-to-day management, and instead of looking for what other management tools have been used or what are the processes that have been put in place that have definitely demonstrated best practice and let me try it here, a lot of them are very caught up with just getting through each day, so to speak. And I think more work has to be done there by making certain things available and available in an interesting way. (Director of a regional health authority)

And I have watched with great interest and admiration as CHSRF has taken the lead in North America (…) on synthesizing evidence for management and policy-making and shown great leadership in that country on the systematic questioning of knowledge and the systematic aggregation of knowledge and trying to make it as useful and relevant to policies as it can be. (Distinguished foreign researcher and health executive)

We always have the problem of attribution, but certainly over that 10-year period, I think there has been significant progress towards a shared understanding between decision makers and researchers and a real interest on the part of decision makers to access and use more evidence and a better ability on the behalf of researchers to assist in making that evidence available in a usable form to decision makers. (Researcher)

(CHSRF) really has made an extraordinary contribution, I think, across the country in changing the milieu and the priorities and capacity for doing important work. (President of a professional association)

CHSRF I think has been an incredible gift for Canada, and the only comment I would make to kind of sum up in a very high level of what the impact of it has been to this country is that in the ’90s, when I was working in an acute-care teaching hospital in Toronto and trying to make evidence-based decisions, I continuously needed to rely on data from outside of Canada (…) And it has all been -- not “all,” because, as a scientist, you don't use “all,” but to a great extent, it has been triggered by the presence of CHSRF and the philosophy that is built on the combination, first of all, to develop capacity in health services research, which we had very little of before and we need more of; and second, which is envied by many outside of the country, is the strong collaboration between decision makers and researchers. So we built the capacity; we generated the knowledge; we educated decision makers. And I think that is as far as we have come. And even educating the decision maker, I would say that we haven’t done enough of that. And the EXTRA program and having decision makers on as co-investigators or in any other capacity and having the conferences are not sufficient. (Executive of a national professional association)

I think that CHSRF has been a leader nationally in promoting knowledge exchange practices and even, I think more significantly, just a basic awareness of the importance of getting research into policy and practice. They are definitely the organization that emerges when you are looking nationally who is leading in this field. (University vice-president)

Programs

EXTRA

I actually have a background in clinical research (…) and sort of assumed that when I started the EXTRA program it would be a bit redundant for me (…), but I realized that research as a clinician is actually much different than considering research as a decision maker, as a policy maker. The needs of the research are slightly to moderately different; the synthesis for research is obviously much greater; and you don’t usually appreciate that as much when you are sort of in the trenches doing clinical research. I think that the EXTRA program is probably the best way to take people with the various backgrounds, some with very little background in research and some with quite a lot, and expose them to a common format, put it into a project base so that they are really forced to apply what they have learned, and that’s obviously the best way that adults learn. (Researcher)

I think there's an outstanding faculty (EXTRA). The one wrinkle in the faculty is (that it) consists a little bit too much of pointy-headed people explaining to front-line managers and executives how things ought to be done without having the credibility of being involved in doing it themselves. So I think we need to selectively enrich the faculty with senior administrative types who have clinical management experience and can, quote, walk the talk, have actually done the work and managed large change initiatives as opposed to solely relying on academic leaders. (High-level civil servant)

I think there really is a role for the Foundation in trying to be an agent to encourage provincial governments to see this not only as something that the Foundation has been able to do and, gee, isn't that neat and we can make use of these people, to something that they really have a feel that they have an ownership and a responsibility to support, not only the individuals as they graduate but also the programs that produce those individuals. (University associate dean)

(…) CHSRF got out of the grant review process and bought that back inside CIHR, which I think was smart thinking and economies were achieved, and has begun to diversify by being far more than just a granting agency. Particularly notable, I think, has been some of the think-tank type of seminars, workshops, and national meetings that CHSRF has established. I think they have moved our thinking. They have moved the science along. (Researcher)

The Research Use Week recently held up in Prince George looking at issues in the Northwest, and certainly the publications and the web site are things that we access all the time and share with the members of our network. (Researcher)

Chairs

I think what the Foundation has achieved is remarkable, and I actually polled a number of my colleagues, in particular, a number of my postdoc fellows (…) and that was a universal feeling among the group. And I think also it has really set up the supports and the infrastructure in a very strategic way so that those of us, for example, in the Chair positions, and I think this is also true for the EXTRA fellows, and so on, you are not just kind of out there trying to do what was intended -- and we would all do our best at that -- but there are

other supports that have been brought to bear which have really I think helped us to achieve more than perhaps any of us expected to be able to achieve. (Chair holder)

Contribution to nursing

The other pivotal thing, particularly in the nursing field, that the Foundation did, (was to) make postdoc funding available to nurses who were actually already in faculty positions, which is almost unheard of, but that has been absolutely critical. I think having the Chair has really pushed me to think about it in different ways and to be much more expansive and to think perhaps differently about the nature of that relationship and how to use it and to create a win-win situation. (Chair holder)

Partnerships

I think the Foundation has got it right that it's focused solely on health services and health services research, unlike CIHR that has to feed many jurisdictions of interest and has 14 different institutes only one of which is partially related to health services research. By having the Foundation out there, they have been able to work jointly and together to accomplish more than what they would have done as individuals. So that critical element of keeping links together with CIHR will be an important factor into the future. (Researcher)

So given that the environment now includes CIHR which I think has its eyes much more firmly focused on the research community, I think CHSRF with its emphasis on the decision-making community and the partnership between the two is critical, and I would personally (…) encourage CHSRF to pay even more attention to the decision-making community because I think that's still a weaker link in the country. (Chief executive officer of a national agency)

My sense is that CHSRF has been very good at dialogue with the diversity of partners and has been very good at specific partnerships around relatively modestly sized initiatives, but the kind of things that are needed in the future are going to require larger-scale changes and deeper collaboration. (President of a professional association)

(…) We would like to have a conversation with CHSRF is around how you synthesize knowledge, how you access the various knowledge that's necessary to synthesize it, and in

some areas the kinds of things that the Cochrane Collaboration does, for example. Those systems are relatively well constructed and easy to use. In other areas like public health, like the grey literature that's important to decision makers, it's much harder to assemble and to get at that so that there's a recognized need to build new platforms, a virtual clearing house, if you want, a repository that will allow both the researchers and the decision makers to know what's current, to know what the best conventional wisdom is at this point, and what some of the challenges are thought about. It's hard to imagine at this point any other structure or organizations stepping up to the plate. I don't think that CIHR is in a position to do that. I don't think of any of the other national health research funders and some of the charities are in a position to fill that role. (President of a professional association offering to collaborate with CHSRF)

I think it's been a very good partner with CIHR. (…) CHSRF is a very, very important organization for this country. (CIHR official)

Collaboration with provincial organizations

There has always been a tension between national organizations and provincial organizations, and I know certainly the NAPHRO group, they have certainly been engaged in trying to work towards more collaborative relationships with the national associations. And I think where some of the differences have come in is where the national association has been seen to circumvent or somehow weaken the relationship between the provincial granting organizations and the provincial health services delivery organizations and Ministries of Health. So I think there would be so much to be gained by working together and having one approach and one -- not necessarily one approach but one, perhaps, strategic agenda for building health services and policy research capacity that has a contribution at both the national and the provincial levels. (Researcher)

Champions

What I am suggesting here is that you need some CHSRF extenders; you need some champions out there. And even where you have got them, like me, they haven't been tapped into, so no place to go, no table to go to. That's why I jumped at the chance to be here with you today. (Executive of a professional association)

My quarrel with the Foundation is not with their experiment. It's with their limited capacity to sell those innovations to more sustainable agencies. (Chair holder)

Identification of needs/method of work

Cycle time

I worry about the cycle time between the specification of programs and the changing pressures and needs of decision makers, but a research organization has a hard time turning on short cycles. I think shorter-cycle programs may have some merit in being more responsive to the decision-making community. (High-level civil servant)

I can't wait for the level five evidence or the most recent clinical trial and I certainly can't wait for you to publish it. So you either give me the best guess you have got right now based on the grey literature, because I have a briefing note that is going to Cabinet the day after tomorrow, and after that, they are taking the decision, whether you like it or not. (…) if you did a more frequent environmental scan, "Listening for Direction" once a year instead of once every three or four years, you would get a better sense of how the world has moved so that you can adjust. (Executive of a professional association)

I start with a different assumption that the starting point for thinking about the relationship between evidence and policy or evidence and practice should be the situation confronting decision makers who must or want to make particular decisions.

And in the politics of policy-making, I submit, whether inherent scientific knowledge informs policy makers, it's mainly a result not of technology, not of a transfer of technology or certain kinds of documents or reviews but mainly a result of how and by whom that knowledge is introduced into the politics of making particular policy. When policy is made, the people making it use information they have in hand or can quickly acquire from trusted sources, and the translation of knowledge from trusted sources is not a result of the use of technology. It occurs when relationships between policy makers and their staff and people who know more about the evidence on a particular issue, when relationships make it possible for new evidence to be introduced and used in the intense politics that attends most policy-making. And so where I always recommend placing resources is less on how you broker knowledge but how you create opportunities for policy makers to internalize those fundamental concepts and queries. (Distinguished foreign researcher and health executive)

Scope of work

...The second area is the importance of including more formally sectors beyond acute care, including the home and community care, public health and long-term care sectors... If we are to sustain the system we must learn more about these other sectors. By formally including other sectors we will ensure decisions made will reflect the link between the front line in all sectors and leading research. As healthcare leaders struggle with the triad of healthcare objectives – quality, accessibility and affordability — there is limited research on the impact on all three aspects on other sectors as a result of the shift to a wellness model of health. It is imperative that the CHSRF add to the knowledge needed to make key healthcare decisions in this changing environment. (Professional organization executive, Ontario)

I think in particular that it's going to be important to -- for CHSRF to take leadership in trying to bridge between the traditional health services policy research community in Canada which is somewhat hospital, institutional, acute-care based and the population public health community which are going through a strong renewal at the moment and in many areas saying that there really is a problem with acute care and some of the public health prevention things just not being well-enough connected and that the systems have to change to do that better. (President of a professional association)

Canadians, as a result of the work of CHSRF and others, were kind of leaders in looking at the various kinds of evidence that could be acceptable, in other words not waiting for perfection in order to move ahead. So I think that's really crucial. (Executive of a national professional association)

I think an action research agenda that examines the implementation of evidence into workplaces, some of what is taking place right now, there could be a lot more of that, frankly. (Researcher)

(CHSRF should be) trying to put research apparatus and do more -- really trying to learn from their experiment. There is not enough research conducted on the programs that the Foundation is developing. Their view of evaluation is very administrative. And not enough research oriented in terms of knowledge transfer. They have a huge knowledge transfer experiment going on, and they do not learn enough from that. (Chair holder)

Audiences

I think the challenge for the Foundation is to actually have an appropriate level of engagement so it isn't so much retailing research to decision makers as it is a continuous engagement with decision makers in specifying the research agenda and then executing programs of work in relation to the research agenda. (…). And by "decision makers" I mean (…) people involved in operating large organizations whether it's at the institutional level or at the public health level and at the level of policy makers. The challenge in this country is the policy-making community is an ever-changing sea of faces. So it's actually quite challenging to get some engagement, and by the time you get an engagement, the talent has shifted and you have a new cast of faces.

I think the nature of policy-making is that the mix of politics, values, and evidence is one where evidence is always well down the list. I'm not sure that means we should retreat from it, and I'm not sure it should be the principal focus of the Foundation. I think the principal focus should be on the more stable professional leadership cadre in the delivery sector as a kind of receptor site for the work of the Foundation. (High-level civil servant)

But the real work that has to be done there is making sure that people know about it, and I think that's one of the problems, in other words, that the research and the evidence isn't always reaching the decision makers. (Executive of a national professional association)

I think that I would like to see new leadership be proactive in getting out and meeting key players in granting agencies in ministries, in health authorities, hospitals, depending on the province, so that there is an immediate or a very early contact and a willingness to listen and to plan together. (Researcher)

Board

I have held the Board of CHSRF in high regard. I think it's an extremely well-constructed Board, and the Chair of that Board has always been an individual that can speak with a high level of understanding and confidence with respect to the role and value that CHSRF could play. I think it's a strong Board. It's going to need that kind of strong Board, again, a reason for it to be distinct from CIHR because, in essence, that's looked after and overseen by a group of researchers. I don't think at CIHR the decision makers are well involved. (Researcher)