



RESEARCH USE WEEK  
(NORTHWEST):  
TOOLS, STRATEGIES, AND  
STORIES OF USING EVIDENCE  
IN RURAL AND REMOTE  
HEALTH SERVICES DELIVERY  
AND POLICY DEVELOPMENT

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FINAL REPORT

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We would like to thank the nearly 100 decision makers who took time from their busy schedules to participate in Research Use Week (Northwest). Their dedication to evidence-informed decision-making is truly inspiring. This report is a reflection of the conference discussions and was written by Zena Sharman.

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## MAIN MESSAGES

1. **Research production, research use, and evidence-informed decision-making cannot happen without *leadership*.** Lead by example by demonstrating an everyday commitment to research use. Create an organizational culture in which people are expected to use evidence to inform their decisions. Build in structures and supports to help them do so. Don't be afraid to ask challenging questions.
2. **Individuals and organizations must develop the *capacity* to engage in research production, research use, and evidence-informed decision-making.** Invest in people, processes, and structures. Assess your organization's capacity to acquire, assess, adapt, and apply research. Build on your strengths and recognize your weaknesses.
3. ***Time* is essential to research production, research use, and evidence-informed decision-making.** Research use takes time. Dedicate protected time to read, reflect on, and apply evidence. Negotiate with collaborators about research timelines. Take time to build the relationships that are essential to research use.
4. **Research production, research use, and evidence-informed decision-making depend on effective and strategic *communication*.** Learn how to deliver the right message at the right time. Look for "policy windows" (or create opportunities and find the tools to pry these windows open yourself!). Tailor your message to your audience. Break down communication stovepipes between groups.
5. ***Relationships* are fundamental to research production, research use, and evidence-informed decision-making.** Begin the research process by building relationships with collaborators, and make an effort to sustain them. Listen to and learn from the people around you. Build research networks and tend to them. Be a knowledge broker or engage people with knowledge brokering skills.
6. ***Collaboration* is essential to research production, research use, and evidence-informed decision-making.** Collaboration helps solve complex problems that transcend organizational boundaries. Overcome silos by strengthening ties between decision makers and researchers. Don't be afraid to make the first move. Remember: researchers really want their research to be used.
7. ***Respect* is the cornerstone of successful collaborative and community-based research.** Respect and trust are fundamental to collaboration. Create a dialogue with collaborators. Be humble. Show respect for protocol (the laws and customs — both written and unwritten — of the organizations and communities in which you work).
8. **Be aware of the *context(s)* in which research production, research use, and evidence-informed decision-making take place.** Pay attention to organizational politics and "who's who." Be aware of your biases and background. When reviewing evidence, ask yourself if the study context is comparable to your context.

## EXECUTIVE SUMMARY

The Canadian Health Services Research Foundation, in partnership with six organizational sponsors,<sup>1</sup> hosted Research Use Week (Northwest): Tools, strategies, and stories of using evidence in rural and remote health services delivery and policy development in Prince George, British Columbia from November 6-8, 2006. The conference attracted 89 participants from across B.C., Alberta, Saskatchewan, and the Yukon. The group was primarily comprised of decision makers employed by regional health authorities, in addition to researchers, knowledge brokers, and others. This diverse group was united by a shared interest in increasing their ability to use evidence in rural and remote health services delivery and policy development. Conference participants also expressed a desire to network and share knowledge about relevant research and strategies for using research.

Eight main messages were derived from the presentations and participant input. Readers are encouraged to think of them of as factors that, when present, can facilitate research production, research use, and evidence-informed decision-making. The main messages are:

- 1. Research production, research use, and evidence-informed decision-making cannot happen without *leadership*.** Leaders should lead by example by showing a daily commitment to research use, as well as by striving to create a culture in which people are expected to use evidence to inform their decisions. This requires building in the structures and the supports necessary for research use. Leaders should strive to create an organizational culture in which no question is too dangerous to ask.

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<sup>1</sup> Northern Health Authority, Vancouver Coastal Health Authority, British Columbia Ministry of Health, Interior Health Authority, University of Northern British Columbia, and Western Regional Training Centre for Health Services Research

2. **Individuals and organizations must develop the *capacity* to engage in research production, research use, and evidence-informed decision-making.** Building research use capacity requires investment in people, processes, and structures. Organizations may want to begin by assessing their capacity to acquire, assess, adapt, and apply research. Organizations can use the foundation’s self-assessment tool to identify their research use strengths and areas for improvement.
3. ***Time* is essential to research production, research use, and evidence-informed decision-making.** Many people feel like they are using and producing research “off the sides of their desks.” Individuals need sufficient time to read, reflect on, and apply evidence. Time is also a factor in collaborative research because researchers and decision makers sometimes have conflicting expectations about research timelines. It takes time to build the relationships that are fundamental to collaborative research.
4. **Research production, research use, and evidence-informed decision-making depend on effective and strategic *communication*.** Individuals and organizations must learn how to deliver the right message at the right time. This involves looking for “policy windows” (or creating opportunities and finding the tools to pry open those windows!). Effective and strategic communication requires tailoring your message so it is appropriate to your audience. It also requires breaking down the “stovepipes” that hinder communication between groups.
5. ***Relationships* (with communities, researchers, clinicians, colleagues, etc.) are fundamental to research production, research use, and evidence-informed decision-making.** Relationship building is an important part of initiating and sustaining collaborative research. Listen to and learn from the people around you.

Build research networks and tend to them. Be a knowledge broker or engage people with knowledge brokering skills, as knowledge brokering can help facilitate and formalize relationships.

6. **Collaboration (interprofessional, interdisciplinary, and/or intersectoral) is essential to research production, research use, and evidence-informed decision-making.** Collaboration helps solve complex problems that transcend organizational boundaries. Collaboration can overcome practitioner-practitioner and practitioner-researcher silos. Strengthen ties between decision makers and researchers, and do not be afraid to initiate a new collaboration. Remember researchers really want their research to be used.
7. **Respect is the cornerstone of successful collaborative and community-based research.** Relationships are built on respect and trust. Collaborators should emphasize dialogue and collegiality and be humble when entering into research relationships. Show respect for protocol (the laws and customs — both written and unwritten — of the organizations and communities in which you work).
8. **Be aware of the *context(s)* in which research production, research use, and evidence-informed decision-making take place.** Research takes place in a context, so make an effort to understand things like organizational politics and “who’s who.” Consider the unique characteristics of the areas where you are using or conducting research. When using evidence, think about how well the study context matches the context in which you are making an evidence-informed decision.

Attention to these eight factors, as well as investment in the *people, processes, and structures* necessary to put evidence-informed decision-making into practice, will enable

individuals and organizations to make effective use of research. Remember that research use is a journey, not a destination, and be sure to celebrate small wins along the way.

The Canadian Health Services Research Foundation defines “research use” as an iterative process that involves acquiring, assessing, adapting, and applying research evidence to inform health system decisions. It requires organizations to invest in the capacity of some individuals to find, understand, and use findings from health services research; in processes that routinely consider the potential contribution of research; and in structures organized to acknowledge and encourage the use of health services research when formulating decisions.

## INTRODUCTION

The Canadian Health Services Research Foundation, in partnership with six sponsoring organizations,<sup>2</sup> hosted Research Use Week (Northwest) in Prince George, British Columbia from November 6-8, 2006. The conference was designed for those working in management or policy charged with or having an interest in using research to guide important health system decisions. It had three primary objectives: 1) to *increase awareness of the roles of research in management and policy decisions*; 2) to *support managers and policy makers in evidence-informed decision-making by connecting them with the foundation and local research use tools and strategies*; and 3) to *facilitate interaction and sharing of research use between organizations and individuals within the region*.

Eighty-nine participants were able to attend Research Use Week. The group was primarily made up of decision makers employed by regional health authorities, as well as researchers, knowledge brokers, and others. Participants hailed from across B.C., Alberta, Saskatchewan, and the Yukon. As such, the conference represented an opportunity for a diverse group of participants to come together for the shared purpose of improving their ability to use evidence in rural and remote health services delivery and policy development.

Individuals who responded to the pre-event survey highlighted a number of reasons for attending the conference. They sought to *learn from others about research and strategies for research use*, including how to find and interpret research evidence, support research use in their organization or community, and integrate research use into

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<sup>2</sup> Northern Health Authority, Vancouver Coastal Health Authority, British Columbia Ministry of Health, Interior Health Authority, University of Northern British Columbia, and Western Regional Training Centre for Health Services Research

their daily work. Participants were eager to *network* with colleagues and researchers interested in rural and remote health to build capacity for using and conducting research. Participants also wanted to *share knowledge* about topics such as interventions suited to the needs of rural and remote communities.

Participants' responses to the post-event evaluation survey indicate Research Use Week enabled them to meet these objectives. This is reflected in the eight main messages that emerged from individual feedback, as well as from presentations and group discussions during the three-day conference:

1. Research production, research use, and evidence-informed decision-making cannot happen without *leadership*.
2. Individuals and organizations must develop the *capacity* to engage in research production, research use, and evidence-informed decision-making.
3. *Time* is essential to research production, research use, and evidence-informed decision-making.
4. Research production, research use, and evidence-informed decision-making depend on effective and strategic *communication*.
5. *Relationships* (with communities, researchers, clinicians, colleagues, etc.) are fundamental to research production, research use, and evidence-informed decision-making.
6. *Collaboration* (interprofessional, interdisciplinary, and/or intersectoral) is essential to research production, research use, and evidence-informed decision-making.
7. *Respect* is the cornerstone of successful collaborative and community-based research.
8. Be aware of the *context(s)* in which research production, research use, and evidence-informed decision-making take place.

While it is difficult to do justice to the richness and depth of the experiences and knowledge shared at Research Use Week, the ideas summarized in the main messages

were evident throughout the conference. They therefore reflect key themes raised by both presenters and participants. Although there is no one-size-fits-all method for research use, readers may want to think of the main messages as factors that, when present, can facilitate research use and evidence-informed decision-making.

The conference was organized according to the following format (see Appendix 1): day one covered research 101 for evidence-informed decision-making; day two covered leadership for evidence-informed decision-making; and day three covered organizational strategies for using research. Day three also featured a theme-based lunch, where participants held roundtable discussions on projects, programs, or creative strategies used to facilitate research use in health policy or service delivery organizations. Participants were invited to submit abstracts on topics of interest; Appendix 2 provides a list of topics selected for the conference. This report provides a brief definition of evidence-informed decision-making. It then discusses each main message in greater detail, using comments and examples from presenters and participants. A summary of participants' feedback concludes the report, and a list of additional resources is provided as Appendix 3.

### **WHAT IS EVIDENCE-INFORMED DECISION-MAKING?**

The foundation defines *evidence-informed decision-making* as the “systematic application of the best available evidence to the evaluation of options and to decision-making in clinical, management, and policy settings.”<sup>3</sup> Findings from high-quality, methodologically appropriate research are considered to be the most accurate evidence. For example, a decision maker seeking to determine whether to implement a particular treatment program may look to findings from randomized controlled trials on the

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<sup>3</sup> Quoted in the National Forum on Health's 1998 annual report

effectiveness of such programs. However, this kind of evidence is not always available to decision makers, who tend to rely on many kinds of evidence (such as qualitative research, policy documents, and expert opinion) when making decisions. As such, the foundation takes a broad view of evidence, noting the type of evidence used as the basis for a decision depends on the nature of the available evidence and the context in which the decision is being made. Readers may find the foundation’s categorization of three kinds of evidence helpful when thinking about what sorts of evidence they rely on when making decisions.

**Three Kinds of Evidence\***

1. Scientific evidence on effectiveness (context-free): Use this kind of research evidence to determine what works in general.
2. Scientific evidence on context (context-sensitive): Use this kind of research evidence to determine both what works and how (or whether) it might be implemented in your setting. Should it be done? How should you do it?
3. Colloquial evidence (for example, experience, expert opinion): Use this kind of evidence when thinking about dimensions of a topic not captured in the research literature.

“When evidence is defined as science its inclusion as part of guidance is determined through methodological tests. When it is defined colloquially its inclusion is determined through tests of local relevance.”

\* See *Conceptualizing and Combining Evidence for Health System Guidance* and *Weighing Up the Evidence: Making evidence-informed guidance accurate, achievable, and acceptable* at [www.chsrf.ca/other\\_documents/evidence\\_e.php](http://www.chsrf.ca/other_documents/evidence_e.php).

Presenters and participants affirmed all three kinds of evidence have the potential to make a valuable contribution to evidence-informed decision-making. Participants and presenters also agreed decision makers must rely on both quantitative and qualitative research, as they can address different facets of health services questions/problems. For example, a quantitative study might inform us about the prevalence of diabetes in a

population, while a qualitative study might tell us about how diabetes patients perceive and experience their disease and treatment services received. Though they may not always draw the same conclusions, when looked at in combination different types of evidence have the potential to depict a more complete picture of a situation.

## **MAIN MESSAGES**

Research Use Week aimed to provide decision makers with some of the tools necessary to acquire, assess, adapt, and apply research evidence in their decision-making. As the following discussion of main messages shows, this cannot happen without the people, processes, and structures necessary to support evidence-informed decision-making.

**Main message #1: Research production, research use, and evidence-informed decision-making cannot happen without *leadership*.**

Presenters and participants emphasized the importance of leadership in facilitating research production, research use, and evidence-informed decision-making. Leaders must *lead by example* by appropriately using the best available evidence in their decision-making. This may happen at the individual level on a daily basis or at the organizational level by positioning research use as part of strategic planning for the achievement of overall organizational goals. To lead by example, leaders may choose to take advantage of training opportunities such as the Executive Training for Research Application (EXTRA) program ([www.chsrf.ca/extra/index](http://www.chsrf.ca/extra/index)), a two-year fellowship aimed at leaders interested in becoming better decision makers and users of evidence. All leaders should keep the EXTRA program's six leadership competencies for advancing the use of evidence in mind.

Leadership Competencies for Advancing the Use of Evidence*	
	<ol style="list-style-type: none"><li>1. Leadership and effective communication</li><li>2. Capacity to initiate and exploit strategic moments</li><li>3. Clinical and collaborative leadership</li><li>4. Dyadic leadership: coaching and mentoring</li><li>5. Leadership in groups: peer-assessment in leading people</li><li>6. Leadership and managing organizational politics</li></ol>
* From "Leadership in Research Use," Dr. Terry Sullivan, Module 3, EXTRA program	



Leaders must also *create a culture in which people are expected to use evidence in their decisions*. Creating this culture involves ensuring people have a supportive environment and the structures for research use. This requires time and capacity, two main messages discussed in greater detail below. Involving team members such as front-line clinicians in research production and research use sometimes requires *taking a broader view of research* to acknowledge research that may already be going on in one's organization. Malcolm Maxwell (CEO, Northern Health Authority) recounted an example of such front-line research that took place while he was working in an emergency department in rural Alberta. During this time, emergency team members cared for a young man requiring frequent care for a particularly troubling foot problem. While caring for him, team members identified a new approach and a new product that made a significant difference to this patient's health. Team members eventually presented their findings at a conference. Mr. Maxwell described the "thrill of pride" felt by the team because they had made a contribution to both research and care.

In addition to fostering opportunities for research use at all levels in the organization, participants and presenters highlighted the role of leaders in creating an organizational culture in which *no question is too dangerous to ask*. It is sometimes the case in organizations that certain questions are perceived as too sensitive or political to merit further research. Speaker Lindsay Campbell (EXTRA fellow and interim vice-president, population health and research, Cape Breton District Health Authority) emphasized leaders must have the confidence to ask these challenging questions, particularly if evidence suggests a better way of doing things. In group discussions, participants echoed her comments and encouraged organizations to move away from avoiding certain subjects solely on the basis of politics.

**Main message #2: Individuals and organizations must develop the *capacity* to engage in research production, research use, and evidence-informed decision-making.**

A second main message from the conference was that organizations must have (and where necessary build) capacity for research production, research use, and evidence-informed decision-making. According to Maria Judd (senior program officer, research use, Canadian Health Services Research Foundation) this can be accomplished through investing in *people, processes, and structures*. People (such as leaders and clinicians) must be given opportunities and incentives to develop the skills necessary to find, understand, and use research. For example, individuals should have a basic understanding of the fundamentals of quantitative and qualitative research, as well as the ability to critically examine a research article.

Key Questions to Ask When Reading a Research Article*
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|---------------------------------|
| 1. Is it relevant to my issues? |
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| 2. What are the conclusions?                     |
| 3. How confident should I be about the findings? |

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| 4. How well do the findings carry over to the settings I am interested in? |
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* From “Reading a Research Article” tool/framework, Dr. Sam Sheps
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Organizations must also implement processes to facilitate research use. For example, organizations seeking to assess their research use capacity might want to use the foundation’s self-assessment tool *Is Research Working for You?* The tool is organized in terms of four key characteristics of research use:

1. *acquire* — where to look for and access research;
2. *assess* — the quality and relevance of research;
3. *adapt* — summarizing and relating research to your context; and
4. *apply* — how research recommendations inform decision-making.

The self-assessment tool asks about the organization’s ability to acquire, assess, adapt, and apply research. Through self-assessment, an organization can discover its strengths, identify gaps, and make plans for addressing priority areas in the future.

Jennifer Miller (research facilitator, Interior Health) described how one B.C. regional health authority used the self-assessment tool to assess strengths, weaknesses, and gaps in research capacity within the organization. Findings from the self-assessment prompted implementation of a number of initiatives, including a research skills series featuring presentations such as Research 101, Research 201, Literature Searching, Project Evaluation, and Plain Language Writing. Interior Health is currently planning its second annual research conference, the theme of which is “putting research evidence into practice.” The organization is also seeking to improve links between researchers and

decision makers within Interior Health through initiatives such as researcher-decision maker “meet ’n greets.” As this example demonstrates, engagement in processes such as an assessment of organizational capacity to use research can prompt the introduction of structures such as training sessions, conferences, and formal linkages between researchers and decision makers. Such structures both acknowledge and encourage the use of research when developing decisions.

**Main message #3: Time is essential to research production, research use, and evidence-informed decision-making.**

Many presenters and participants emphasized the importance of having *sufficient time to read, reflect on, and apply evidence*. Many individuals described the experience of using or conducting research “off the sides of their desks.” Time also factored into participants’ descriptions of situations in which research is perceived to be a low organizational priority with few or no resources dedicated to it, yet individuals are still expected to produce the necessary evidence when called upon by leaders or policy makers (sometimes within hours of being asked). Lack of resources and mixed messages about the value of research use create challenges for individuals and organizations seeking to make time for evidence-informed decision-making.

To create a culture of research use and evidence-informed decision-making, organizations must give individuals *protected time* specifically dedicated to these activities. Suzanne Johnston (vice-president, academic affairs and regional development, Northern Health Authority) told the group about her strategy, which is to block time for reading and reflection into her daily work schedule. Given the busy schedules and competing demands faced by many healthcare professionals, it may be difficult to

convince stakeholders of the value of carving out such time. In the face of such challenges, one conference participant suggested focusing on how *bringing evidence into the workplace has the potential to reduce workloads and streamline processes*. Such a perspective may provide the right rationale for ensuring organizations support individuals to make time for research use.

Presenters and participants also talked about how *researchers and decision makers sometimes have conflicting expectations about research timelines*. While both groups may be eager to collaborate on projects, university-based researchers often design multi-year projects with considerable time dedicated to ethics approval, research design, data collection, and data analysis. Decision makers often require information in months, weeks, or even days. One participant jokingly summarized the difference by suggesting that researchers engage in “multi-year” projects while organizations engage in “multi-day” projects. It is difficult to reconcile these differing timelines, but presenters and participants did offer some strategies for overcoming this challenge. For example, Martha MacLeod (associate professor, nursing program, University of Northern British Columbia) emphasized the importance of situating such collaborative research within a researcher’s overall program of research. By way of illustration, Dr. MacLeod described the experience of working on a project initiated by public health nurses about how they work with high-risk families. In addition to answering questions about a topic identified as a priority by healthcare professionals, Dr. MacLeod was also able to advance her own program of research about how nurses learn in their practice.

Time also factored into discussions about *relationship building*. This theme is explored in greater detail in a subsequent section, but it is important to note that time is

an integral dimension of research relationships. Organizations seeking to partner with communities or outside researchers must provide significant upfront investment in the time necessary to build relationships with their research partners, as well as ongoing investment in the time required to maintain them. In light of this, one participant emphasized the importance of building in *incentives for long-term involvement* in such collaborative research relationships. Time is a particularly salient factor when building and maintaining research relationships in rural and northern areas, as geography and climate may result in significant travel time or long intervals between face-to-face meetings.

**Main message #4: Research production, research use, and evidence-informed decision-making depend on effective and strategic communication.**

Effective communication plays an important role in research production, research use, and evidence-informed decision-making. Terry Sullivan (president and CEO, Cancer Care Ontario) included *effective and strategic communication* in his presentation on the EXTRA program's six leadership competencies for advancing the use of evidence. He used the example of the Canadian Strategy for Cancer Control to illustrate this competency. The cancer strategy was devised by a national group of cancer organizations, which partnered with patient groups to raise public awareness about the strategy through a media campaign. The group took out full-page ads in national newspapers explaining the burden of disease and calling for a national cancer strategy. This helped push the issue onto the federal policy agenda, which built momentum around the issue during the last federal election. The cancer strategy is now a significant national program, receiving annual funding of approximately \$260 million. Dr. Sullivan suggested

the strategy's success could be attributed in part to a communications plan that sent targeted messages to both the general public and politicians.

Strategic communication requires individuals and organizations to *deliver the right message at the right time*. This may necessitate looking for appropriate “policy windows,” though Lindsay Campbell suggested sometimes one must pry those windows open oneself. Delivering the right message also means targeting one's communication strategies to specific groups. For example, if an organization wants to communicate with the community about research evidence that has implications for community health, it must deliver that message in a way that is appropriate to the community. One participant stressed this does not involve “dumbing down” the message. Rather, it means *tailoring your message so it is appropriate to the community context*. The North Peace Tribal Council's “Many Jurisdictions, One System” project exemplifies this strategy. Lorraine Boucher (director of health, North Peace Tribal Council) described how the project team worked collaboratively with community members and healthcare professionals to design a communication tool for diabetes care. First Nations elders played an important role in developing this tool, which includes a culturally appropriate depiction of haemodialysis that respects how members of this First Nations community view themselves as human beings. The communication tool thus serves as a bridge between the healthcare system and the First Nations community served by the North Peace Tribal Council.

Communication also necessitates *breaking down “stovepipes” between groups*. Participants observed that effective communication does not always happen within or between organizations. For example, one participant noted it seems like there is very little sharing of information between departments within the provincial Ministry of Health, and

even less between the ministry and regional health authorities. Another commented that communication is sometimes filtered by people who only want the “right messages” to go out. Communication can also be challenging in geographically large health regions like B.C.’s Northern Health Authority, which covers two-thirds of the province. One participant described how, to overcome such challenges, the authority has implemented a communications committee for mental healthcare comprised of an interdisciplinary team of clinicians and decision makers. This committee receives information from and transmits information to individuals at all levels of the organization. In this way, information is able to circulate throughout the organization, which facilitates communication within and between individuals and groups throughout Northern Health.

**Main message #5: Relationships (with communities, researchers, clinicians, colleagues, etc.) are fundamental to research production, research use, and evidence-informed decision-making.**

Many participants and presenters emphasized the human dimensions of research production, research use, and evidence-informed decision-making. Relationships received particular emphasis in discussions about conducting research, creating research networks, and engaging in knowledge brokering activities. Martha MacLeod advised the group to *begin the research process by building relationships with collaborators* (a group that may include communities, clinicians, and decision makers, among others) and to make continued efforts to *sustain those relationships*. Dawn Hemingway (assistant professor, social work, University of Northern British Columbia) suggested researchers and collaborators should *begin by listening* to each other to articulate the purpose of a project

or network. Stakeholders must explain where they stand to establish a baseline and describe where they want to go to facilitate goal-setting.

These ideas are captured in a phrase quoted by Ms. Boucher: “*Learn by who is beside you.*” An elder in her First Nations community coined this phrase, which implies mutual engagement in the task at hand and speaks to equality in a supportive relationship. Participants emphasized the importance of such a dynamic in research relationships. Positive relationships are based on *respect* for all collaborators and their points of view, which implies appreciation for the differences and similarities among collaborators. Conference participants also talked about the *positive outcomes of relationship building*. They took pleasure in meeting new people, sharing a meal, or participating in a feast (an activity of particular importance in the First Nations context). Relationship building enables stakeholders to get to know one another as people and as community members, which helps to foster commitment to the overall project and a common sense of purpose.

*Research networks* are built on relationships. Laura Fletcher (program officer, networks and exchanges, Canadian Health Services Research Foundation) and Julie Villeneuve (program officer, research use, Canadian Health Services Research Foundation) suggested networks “promote knowledge sharing, facilitate communication, and foster a culture of innovation and change.” Donna Angus (manager for research transfer initiatives, Alberta Heritage Foundation for Medical Research) shared some of the lessons she learned about networks through her involvement with Alberta’s health research transfer network, which has more than 300 members. A key message was *networks do not have to be formal or fancy, but they do need tending* (for example, from a facilitator who can tailor messages to appropriate recipients). Networks must have a

legitimate purpose and a plan. Individuals involved with a network should seek organizational support for it, as this might help those responsible for tending to the network have sufficient resources (including time) to do so. When funding is available, it is important to recognize network members' contributions by providing food and paying for their transportation costs.

Relationships are also important to *knowledge brokering* activities. Knowledge brokering facilitates research use by linking decision makers with researchers, research products, and resources. Knowledge brokers have skills, such as the ability to find relevant information and the ability to build relationships and trust, as well as strong communication and mediation skills. Networks and knowledge brokering both *facilitate and formalize research relationships* by building connections among decision makers, researchers, and other stakeholders. Such relationships may be a *catalyst for collaboration* between producers and users of research.

**Main message #6: Respect is the cornerstone of successful research production, research use, and evidence-informed decision-making.**

Respect is closely connected to the relational aspects of research production, research use, and evidence-informed decision-making. Participants emphasized the importance of *respect and trust* in the development of collaborative relationships. Individuals and groups working together to use or produce research must create an environment of mutual respect, with an emphasis on *dialogue and collegiality*. Such a perspective requires *humility* from all stakeholders. For example, rather than present themselves as the sole experts at the table, researchers should respect the expertise that exists within the organizations and communities they collaborate with.

Presenters stressed the importance of *respect for protocol*. Margo Greenwood (research director, National Collaborating Centre for Aboriginal Health, University of Northern British Columbia) explained that protocol has to do with the unique traditional laws and customs in First Nations communities. Other presenters agreed this concept is relevant to other contexts, as it is always incumbent upon researchers to learn about the laws and customs (both written and unwritten) of the organizations and communities in which they work. One strategy for learning about protocol is to ask who the leaders are in a community or organization, as these individuals can help guide one's behaviour and ensure one does not inadvertently breach protocol. Ms. Greenwood described how paying attention to protocol enables her to show respect for the individuals and communities she collaborates with in her research. Whether working with communities or organizations, it is important to watch, listen, pay attention to protocol, and honour and respect the people, communities, and organizations you are working with.

**Main message #7: One must be aware of the *context(s)* in which research production, research use, and evidence-informed decision-making take place.**

Research production, research use, and evidence-informed decision-making do not occur in a vacuum. Rather, they take place in specific *contexts*. It is important to account for these contexts when engaging in any of the aforementioned activities. When working in an organization, for example, one must make an effort to understand the characteristics of that particular organizational context. According to one participant, this involves understanding factors such as *organizational politics and "who's who."* These factors will have a bearing on the type of programs one might implement or the type of research one might conduct in such a setting. They might also affect the success of a

particular intervention. When entering an organization or a community, it is important to get to know where it is now and where it wants to be. Context is particularly meaningful to persons working in rural and remote health services delivery and policy development. Participants and presenters both emphasized the *uniqueness of rural and remote areas*, which require programs and policies tailored to their specific needs.

Individuals should also consider their personal context when engaging in research use or research production. Henry Harder (associate professor and chair, health sciences programs, University of Northern British Columbia) asked participants to consider their own *biases and backgrounds* and how these factors might affect their attitudes, opinions, and research practices. As Dr. Harder put it, “How do you know what you know? What biases does that introduce?” It is important to consider what each individual brings to the table, as this will affect interpersonal dynamics and will likely shape research and policy decisions.

Research users should keep context in mind when reviewing the evidence. Sam Sheps (professor, department of health care and epidemiology, University of British Columbia) reminded conference participants that *all research takes place in a particular context, which shapes study findings and conclusions*. In qualitative research methods, such as grounded theory, attention to context (social, historical, etc.) is an integral part of the study design, according to Lela Zimmer (assistant professor, nursing program, University of Northern British Columbia). This may not always be the case in quantitative research, but even randomized controlled trials take place in a context. As such, one should consider *how well the study context matches up to the context in which an evidence-informed policy decision is being made*. For example, if a study was

conducted in a densely populated urban area, its conclusions might not be relevant to a geographically dispersed rural community with a small population. Readers should ask themselves whether research evidence was produced in a context similar to their own before applying a study's conclusions to a particular problem.

**Main message #8: Collaboration (interprofessional, interdisciplinary, and/or intersectoral) is essential to research production, research use, and evidence-informed decision-making.**

The healthcare system is often confronted by complex problems that, as Terry Sullivan remarked, transcend professional and organizational boundaries. As such, it is important to promote *collaboration* in research production, research use, and evidence-informed decision-making. Collaboration helps solve complex problems by overcoming the practitioner-practitioner and practitioner-researcher “silos” identified as challenges by a number of presenters and participants. Collaboration may also facilitate building communities of practice, which can foster the long-term relationships necessary for sustained research transfer.

Presenters and participants were particularly keen to *strengthen ties between decision makers and researchers*. When contemplating such collaboration, readers may find it helpful to refer to the following rules for rural and remote health researchers seeking to build bridges with decision makers.

Rules for Rural and Remote Health Researchers Seeking to Build Bridges with Decision Makers*
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- |  |
|--|
| <ol style="list-style-type: none"><li>1. Engage the right decision makers</li><li>2. Determine what's in it for you and for them</li></ol> |
|--|

3. Develop a sustained relationship
4. Live in their world once in a while
5. Think of doing research differently
6. Build integrative research infrastructures

\* From MacLeod, MLP. 2006. "Building bridges with decision-makers: Rules for rural and remote health researchers." *Rural and Remote Health* 6: 567 (online). Available from <http://rrh.deakin.edu.au>.

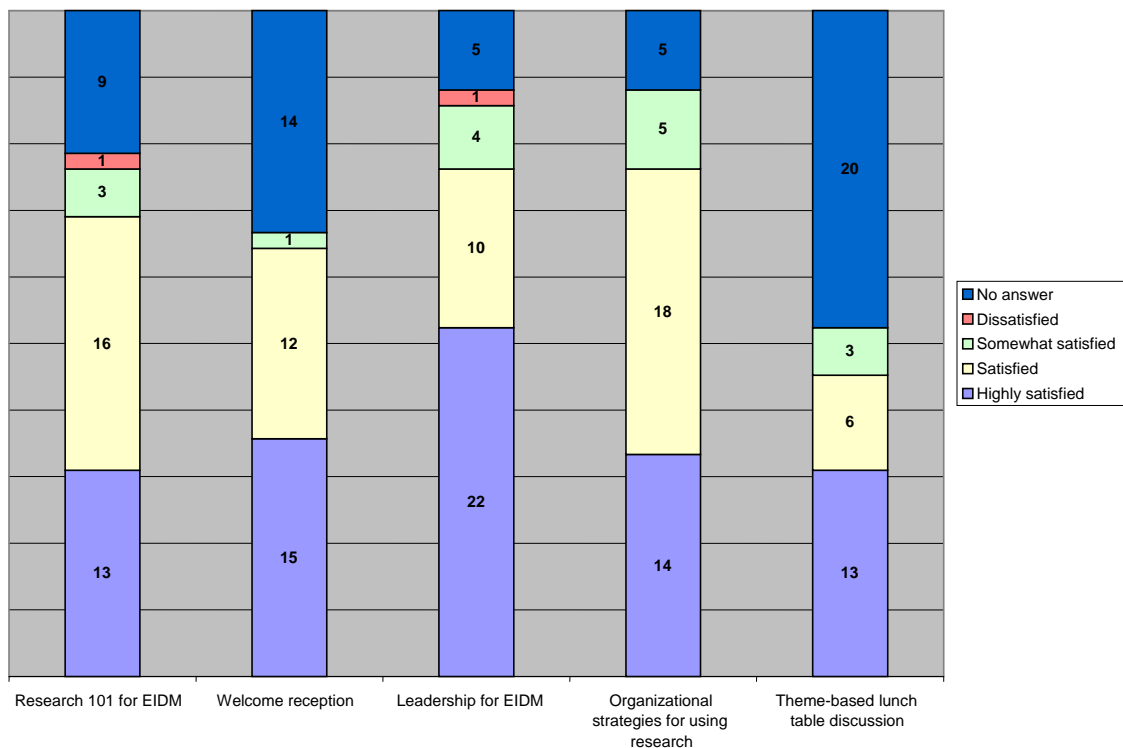
Decision makers seeking to initiate a collaborative research relationship *sometimes need to make the first move*. This was the experience of Linda Sawchenko (EXTRA fellow and regional practice leader, Interior Health Authority). A lead faculty member in the EXTRA program encouraged Ms. Sawchenko to contact a Canadian researcher who had made a significant contribution to the literature on her EXTRA intervention project topic. Making contact with this researcher helped connect her to an entirely new network of colleagues, which presented opportunities for collaboration and mutual learning. When recounting this anecdote, Ms. Sawchenko encouraged conference participants to "never underestimate the ability to connect with people who have a whole lot of knowledge to share with you." Lillian Bayne (consultant, Lillian Bayne & Associates) reflected this perspective from the standpoint of the health services research community. As she explained, *most researchers really want their research to be used*, and they genuinely want to see it make a difference. Collaboration between decision makers and researchers is an effective way to achieve this end while also making a difference in the healthcare system.

#### **PARTICIPANT FEEDBACK**

Forty-two participants filled out an evaluation form (47-percent response rate). Respondents expressed a high degree of satisfaction with the various conference sessions,

with most responses falling into the “satisfied” or “highly satisfied” categories (see Figure 1). This is reflected in the fact that 91 percent of respondents indicated they would attend another Research Use Week.

Figure 1: Participants’ overall impression of sessions, number of participants



Participant feedback also revealed a number of beneficial outcomes of Research Use Week. Participants indicated they appreciated the *opportunities for networking* at the conference. Coming together in one location gave people the chance to connect with researchers, with fellow decision makers or healthcare professionals, and with others interested in evidence-informed decision-making. These networking opportunities may be the catalyst for future *collaborations*, as a number of participants commented on plans

to connect with other conference attendees regarding the possibility of working together. For example, one participant planned to invite one of the researchers to a meeting to explore the possibility of working together, while another was considering an inter-provincial collaboration with new contacts from the conference.

Participants also left the conference with a *renewed commitment to and new strategies for research use, and commitment to encouraging their colleagues to do the same*. One participant planned to incorporate a 15-minute review of a research article into monthly team meetings, while another planned to free up staff time to find and incorporate evidence-based research. Participants also expressed *increased confidence in their ability to acquire, assess, adapt, and apply research evidence in their decision-making*. Many participants made reference to *the foundation's tools and resources* in their comments. In particular, a few individuals mentioned the research use self-assessment tool. Participants expressed plans to adapt this tool for use in organizations and First Nations communities. Participants also expressed interest in exploring opportunities for participation in the EXTRA program.

While feedback was generally very positive, there were some suggestions for improvement. For example, one participant wanted the Research 101 sessions to be targeted at a more advanced audience. Feedback reflected the challenge of delivering content that is meaningful to a diverse audience, in that one respondent felt presentations were sometimes too specific to a particular domain while group discussions were too broad at times. Participants also called for even more networking opportunities, as well as the opportunity for individuals from particular regions (such as rural and remote, urban) to work together in addressing specific challenges.

## CONCLUSION

Research Use Week (Northwest) was a unique opportunity for participants from different sectors and different communities to come together for the shared purpose of enhancing their ability to use evidence in rural and remote health services delivery and policy development. Eight main messages emerged from the conference — namely, the importance of *leadership, capacity, time, communication, relationships, respect, context(s), and collaboration in facilitating research use and evidence-informed decision-making*. These main messages should be understood as factors that, when present, can facilitate research production, research use, and evidence-informed decision-making. Attention to these factors, as well as investment in the *people, processes, and structures* necessary to support evidence-informed decision-making in practice, will enable individuals and organizations to make more effective use of research. Change may not happen overnight, as the ideas and tools discussed here are part of an ongoing process, so make sure to celebrate small wins while engaging in this process.

## APPENDIX 1: RESEARCH USE WEEK (NORTHWEST) PROGRAM OVERVIEW

Sunday, November 5, 2006	
6 p.m. – 7 p.m.	Registration

Monday, November 6, 2006 — Research 101 for Evidence-Informed Decision-Making	
8 a.m. – 9 a.m.	Breakfast and registration
9 a.m. – 9:15 a.m.	Opening comments by Chief Dominic Frederick, Lhedli T’enneh Band <i>and</i> Malcolm Maxwell, CEO, Northern Health Authority
9:15 a.m. – 9:30 a.m.	Evidence-informed decision-making — what and why?
9:30 a.m. – 12 p.m.	Using research-based evidence in healthcare organizations — what is required? <i>(includes 15-minute break)</i>
12:30 p.m. – 1:30 p.m.	Networking lunch
1:30 p.m. – 3 p.m.	How to read a research article and get the most out of it. Questions to ask when you’re told “the research shows that...” <i>(includes 30-minute break)</i>
3 p.m. – 3:30 p.m.	Break
3:30 p.m. – 5 p.m.	Research evidence — What is it and what is it good for? How can different types of evidence inform decision-making?
5 p.m. – 7 p.m.	Welcome reception and keynote speaker Lillian Bayne, Regional Officer, CHSRF

Tuesday, November 7, 2006 — Leadership for Evidence-Informed Decision-Making	
8 a.m. – 9 a.m.	Breakfast and registration
9 a.m. – 12 p.m.	Building productive partnerships — developing research together <i>(includes 15-minute break)</i>
12 p.m. – 1 p.m.	Networking lunch and opportunity to consult with health services researchers
1 p.m. – 4 p.m.	Experiences of leaders influencing their organizations through research use <i>(includes 30-minute break)</i>
4 p.m. – 6 p.m.	Poster session and networking time

Wednesday, November 8, 2006 — Organizational Strategies for Using Research	
8 a.m. – 9 a.m.	Breakfast and registration
9 a.m. – 10:15 a.m.	Assessing your organization’s capacity to use research
10:15 a.m. – 12:15 p.m.	Connecting people to enhance the use of research — what’s all this talk about knowledge brokering and networks? <i>(includes 30-minute break)</i>
12:15 p.m. – 2:30 p.m.	Regional initiatives: Theme-based lunch table discussions
2:30 p.m. – 3 p.m.	Wrap-up by Maria Judd, CHSRF and closing comments by Suzanne Johnston, Vice President, Academic Affairs and Regional Development, Northern Health Authority

Please visit the foundation’s web site at [www.chsrf.ca/pdf/RUW\\_northwest\\_program\\_e.pdf](http://www.chsrf.ca/pdf/RUW_northwest_program_e.pdf) to see the full program.

**APPENDIX 2: TOPICS PRESENTED AT THE THEME-BASED LUNCHES**

<b>Topic</b>	<b>Primary presenter(s)</b>	<b>Organization(s)</b>
a) Bringing Health Technology Assessment (HTA) Methodology to Departments within a Health Region b) Strategies for Designing Programs to Facilitate Research Use in a Healthcare Delivery System	a) Paule Poulin  b) Janet Joy	a) Calgary Health Region  b) Vancouver Coastal Health Authority
Building Evidence Literacy Capacity within a Regional Health Authority: Bridging the Gap between Evidence and Practice	Scott Oddie	SEARCH Canada
Common Ground — Uncommon Strategy: Linking Community-Based Participatory Research and Planning in Rural and Remote Settings	Ronald R. Lindstrom	Provincial Health Services Authority
Developing Health Services Research Capacity and Knowledge Translation Activities in Largely Rural and Remote British Columbia Health Authorities	Jennifer Miller	Interior Health Authority
Going Beyond Survey Data: Using Qualitative and Quantitative Research to Refine Retention Programs for Rural Physicians	Jonathan D. Agnew	British Columbia Medical Association
a) Patients First: The fundamental goal of the Patients First Project is to examine the quality of inter-professional team-based health services in Aboriginal and rural/remote communities b) Interprofessional Education and Collaborative Practice in Rural and Remote Communities: Research Implications	a) Katrina Ludwig  b) Linda Sawchenko	a) Northern Health Authority  b) Interior Health Authority
Women North Network: A Creative Strategy for Sharing Knowledge and Information to Build Healthy Northern Communities	Dawn Hemingway	University of Northern British Columbia

## APPENDIX 3: ADDITIONAL RESOURCES

### Canadian Health Services Research Foundation research tools and resources

- Web site: [www.chsrf.ca](http://www.chsrf.ca)
- Evidence reports: [www.chsrf.ca/other\\_documents/evidence\\_e.php](http://www.chsrf.ca/other_documents/evidence_e.php)
- Knowledge brokering page: [www.chsrf.ca/brokering](http://www.chsrf.ca/brokering)
- Networks page: [www.chsrf.ca/networks](http://www.chsrf.ca/networks)
- Self-assessment tool (*Is research working for you? A self-assessment tool and discussion guide for health services management and policy organizations*)
  - For information and copies, please e-mail [research.use@chsrf.ca](mailto:research.use@chsrf.ca).
- Executive Training for Research Application (EXTRA) program:  
[www.chsrf.ca/extra](http://www.chsrf.ca/extra)

### Other resources (presented at the conference, listed in the participant binder, or listed on the foundation's web site at [www.chsrf.ca/links/index\\_e.php](http://www.chsrf.ca/links/index_e.php)):

- Canadian Institute for Health Information (CIHI):
  - *How Healthy Are Rural Canadians? An Assessment of Their Health Status and Health Determinants*. 2006. [www.cihi.ca](http://www.cihi.ca)
- *Rural and Remote Health*
  - MacLeod MLP. 2006. "Building bridges with decision-makers: Rules for rural and remote health researchers." 6: 567. <http://rrh.deakin.edu.au>
- Statistics Canada: [www.statcan.ca/](http://www.statcan.ca/)
- PubMed: [www.pubmed.com](http://www.pubmed.com)
- Native Health Databases: <http://hsc.unm.edu/library/nhd/index.cfm>
- Institute for Healthcare Improvement: [www.ihl.org/ihl](http://www.ihl.org/ihl)
- Institute of Medicine: [www.iom.edu/](http://www.iom.edu/)
- Agency for Healthcare Research & Quality: [www.ahrq.gov/](http://www.ahrq.gov/)