

Towards a Healthy Future

Partnerships and Citizen Engagement at CIHR

2005-2010

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Introduction

This document is intended to provide an overview of partnerships at the Canadian Institutes of Health Research (CIHR) over the past five years. Partnerships have been a crucial part of CIHR's efforts to improve the health of Canadians, and the organization has enjoyed significant success in its attempts to bring together partners from the private, public, voluntary and academic sectors. The benefits of these collaborations have been numerous, and CIHR is continually working to improve how it encourages and manages partnerships.

This document is intended to show how the partnering process has changed over the past five years and how it will continue to evolve and grow in the future as CIHR pursues its directive to "partner better". *Towards a Healthy Future: Partnerships and citizen engagement at CIHR 2005-2010* provides an introduction to the essential aspects of CIHR's past, present and future partnership practices. Following the first introductory chapter, which lays out the general history of partnering practices at CIHR and the positive change in partnership culture that began in 2006, *Towards a Healthy Future* has four main chapters, each of which reflects one of the central facets of CIHR's partnership practices:

Consultation with other organizations in the health research sector is vital for CIHR as the organization represents just 1/6 of the health research investment in Canada. Consulting with our partners provides the organization with information about the priorities and programs of like-minded organizations, thereby allowing us to align our programs as appropriate and to reduce duplication of effort.

Communication is important in any partnership endeavour. Lines of communication between partners need to remain open to ensure that the relationship is built on trust and mutual respect. The Partnerships & Citizen Engagement (PCE) branch at CIHR also undertakes communication projects to highlight best practices in partnerships and to demonstrate the value of health research to Canadians.

Coordination, done well, can reduce frustration and facilitate partnership success. Due to CIHR's size and complexity, effective internal and external coordination is required to ensure that CIHR staff and partners communicate appropriately and effectively.

Citizen Engagement is a relatively new initiative at CIHR. Based on the belief that publicly-funded institutions should seek guidance from the public for decision-making, the practice of citizen engagement can help CIHR to ensure that the research it funds is relevant to the needs and values of Canadians, while helping to create a culture of science literacy across the country. In 2008, CIHR developed a citizen engagement framework whose focus promotes the engagement of citizens in partnering activities that support collaborative decision-making on governance bodies and in research priority-setting exercises.

CIHR's dedication to these ideals has been an important part of its partnership practices in the past, and they are integral to its vision for future collaborations. These chapters provide examples of individual projects that have been, currently are and/or one day will be added to CIHR's partnership practices. Finally, a conclusion indicates some of the directions that partnerships at CIHR may develop in the next five years, including changes to funding programs, opportunities for more

collaborations with partners and continuing changes in how partners and collaborations are perceived. Readers who would like a more in-depth analysis of a particular program or document are encouraged to visit the partnerships web page (www.cihr-irsc.gc.ca/e/27335.html) or the citizen engagement web page (www.cihr-irsc.gc.ca/e/41592.html) for additional publications, resources and links to websites.

CIHR recognizes that collaboration is more than a luxury; it is a necessity for efficient, effective health research and knowledge translation. Effective health research needs the collective efforts of the many people and organizations who are committed to making Canadians healthier, to disseminating information and facilitating its application. The programs and policies presented in the document show CIHR's commitment to improving its partnership management practices, and facilitating collaborations that are beneficial to partners and the public as a whole. The PCE branch has made great strides in providing guidance to CIHR to refine its methods and motivations for partnering, particularly over the past five years. The organization is now positioned to continue its efforts and enjoy even greater success in the future.

Chapter one: Partnerships at CIHR

The importance of partnerships

Created in 2000 with the mandate to “excel...in the creation of new knowledge and its translation into improved health for Canadians, more effective health services and products and a strengthened health care system,” the Canadian Institutes of Health Research (CIHR) has worked tirelessly over the past ten years to improve the lives and health of Canadians. CIHR has enjoyed significant success during that time, and those achievements are in large part due to its ability to foster collaboration with a wide variety of partners across sectors. The importance of these collaborations is embedded into the CIHR Act, which states that CIHR will achieve its purposes by “exercising leadership within the Canadian research community and fostering collaboration with the provinces and with individuals and organizations in or outside Canada that have an interest in health or health research”. Over the past ten years, CIHR has brought together partners from the private, public, voluntary and academic sectors in order to pursue complementary and broad research interests. These partnerships, many of which have been led by CIHR Institutes, have enabled all stakeholders to maximize our collective impact and advance evidence-informed solutions to health challenges in Canada.

Partnerships at CIHR can take a number of different forms. They can exist between what CIHR calls congruent partners, which are organizations that work closely with CIHR on projects that involve sharing best practices and lessons learned. One example of a congruent partnership is the collaboration between CIHR and the Health Charities Coalition of Canada (HCCC). HCCC plays a key role in advocating on CIHR’s behalf for increased health research funding as well as in discussing the importance of working together on health research initiatives at various levels. Partnerships can also be formed with what CIHR terms competition partners, which are organizations that collaborate with CIHR on specific health research funding opportunities by contributing in-kind or financially to support targeted research funding initiatives.

“Partnerships have enabled all stakeholders to maximize our collective impact and advance evidence-informed solutions to health challenges in Canada.”

Regardless of the form of the partnership, its true value is in the mutual exchange of knowledge and expertise between the parties involved. By working collaboratively, those engaged in a partnership are able to achieve an impact greater than any one partner could on its own.

Early achievements and challenges

Partnerships have played a crucial role at CIHR since its inception and they are integral to fulfilling its mandate. The importance of partnerships was recognized in 2005 by the International Review Panel that evaluated CIHR in order to identify its strengths and potential areas for improvement. The report praised CIHR for having “provided leadership within the Canadian research community and ... fostered collaboration with the provinces and with individuals and organizations in Canada and internationally that have an interest in health research”. In particular, the report identified the progress made by CIHR in increasing health research capacity and providing funding to areas that had traditionally received little-to-no support in Canada, citing them as evidence of CIHR’s

recognition of “the importance of multidisciplinary research in the health arena”. The results of such an atmosphere of collaboration and partnering, the report suggested, hinted at a remarkable future for Canadian health research, one that relied on “a coalition of health research communities...directed by the CIHR mandate” to establish and promote world-class innovation and research.

The report also highlighted potential areas for growth and refinement within CIHR’s partnership management practices, particularly with respect to the coordination of different types and sources of funding and internal and external communication. A central resource, entitled *Partnerships at CIHR: Tools and Guidelines for Success*, was developed in 2006 in coordination with strategic leads in an attempt to address these concerns. Although this document was generally not widely adopted across the organization, it clarified how CIHR’s partnership management practices could promote a culture of collaboration that would make the organization’s partnering efforts truly effective. This prompted CIHR, particularly the Institutes and Strategic Initiatives, who are heavily involved in partnering activities, to re-examine their partnering practices. This stage was now set for the next phase of partnerships at CIHR.

Managing partnerships

In 2006, CIHR underwent a significant reorganization. Intended to provide clearer lines of accountability and streamlined organization in accordance with the recommendations of both the International Review Panel and a separate review of CIHR’s internal governance and policy, the 2006 reorganization saw the responsibility for domestic partnerships shift to the Knowledge Translation Portfolio under the direction of the new Vice President of Knowledge Translation, Dr. Ian Graham (while International Partnerships remained with the Corporate Affairs portfolio). This redistribution of the responsibility for partnerships proved to be a crucial change for CIHR, focussing much-needed attention on the organization’s partnership management practices and redefining their purpose within a greater knowledge translation context. Instead of representing solely a financial exchange, domestic partnerships began to be considered as a relationship between equals, one in which all members had something to offer.

The reorganization of CIHR, however, was only the first step towards changing how CIHR partnered. The real catalyst for redefining partnerships came in 2007, when CIHR’s Governing Council issued a directive to “partner better”. This was soon followed by the development of an internal document entitled *CIHR’s Action Plan to Improve Partner Relations (The Action Plan)* early in 2008, which called for not only new methods of partnering, but a new attitude towards the entire process:

It is imperative for CIHR to show our partners that we are taking a fresh look at how we manage partnerships. We need to demonstrate that our partnerships are not just about leveraging more funds for health research and that we are serious about changing our image with them. We need to consult with them on issues of common concern; we need to communicate with them on key decisions that are taken by Senior Management; and we need to coordinate better internally to eliminate multiple requests for funding.

This idea represented an important change in CIHR's approach to partnership management. It meant that CIHR's Institutes and Strategic Initiatives would communicate more openly and effectively amongst themselves about their partnership activities, and that both potential and existing partners would participate in regular consultation and communication with the organization. Future partnerships would be dynamic and inclusive relationships, recognizing the difficulties faced by partners in the past while acknowledging their needs for the future and a constantly evolving CIHR.

This reconsideration of partnering practices eventually led to the creation of *Navigating Partnerships: CIHR's Plan for Successful Collaborations*, a document that put this new understanding into practice. Created by the Partnership and Citizen Engagement (PCE) Branch in 2009 in consultation with internal and external stakeholders, *Navigating Partnerships* provided the tools and guidelines to assist CIHR staff in achieving the ideas expressed in *The Action Plan*. Unlike the *Partnerships at CIHR* document before it, *Navigating Partnerships* represented a CIHR-wide commitment to changing partnership management practices, combining what had been articulated in *The Action Plan* with the policies and tools to make that vision an operational reality. It was the beginning of the change in culture that was occurring at CIHR, and it pointed to a new way of thinking about the management of partnerships.

“Domestic partnerships began to be considered as a relationship between equals, one in which all members had something to offer.”

Partnering better

Navigating Partnerships has been positively received, assisting CIHR staff and partners in managing their partnership activities. In particular, it has helped them to:

- make optimal use of time, resources and effort;
- leverage best practices and use common tools and processes, when appropriate; and
- collaborate and communicate effectively throughout the lifecycle of a partnership.

These benefits are leading to collaborations that are not only stronger, but also more efficient and productive.

CIHR's efforts to improve and refine its partnership practices have not been limited to the production of *Navigating Partnerships*. For example, the past four years have also seen the streamlining of the partnerships between CIHR and its fellow federal funding agencies: the Natural Sciences and Engineering Research Council (NSERC), the Social Sciences and Humanities Research Council (SSHRC) and the Canada Foundation for Innovation (CFI). These organizations are committed to strengthening their joint efforts in order to address the knowledge, people and entrepreneurial advantages identified in the Federal S&T Strategy, *Mobilizing Science and Technology to Canada's Advantage* (www.ic.gc.ca/eic/site/ic1.nsf/eng/h_00231.html); changes have been made in order to help these agencies work better together and to communicate more effectively.

Furthermore, adopting a more integrated approach to programs and client services has helped these funding agencies to reduce the administrative burden on researchers and institutions. It also enables the support of multidisciplinary research initiatives that address important scientific opportunities and problems. To this end, the Vice-Presidents of each funding agency meet regularly to discuss issues of common concern, such as statements on Conflict of Interest, the harmonization of federal

awards (including the Vanier and Banting Scholarships) and the development of inter-agency web pages that highlight important news, upcoming events and tri-council funding initiatives such as the Networks of Centres of Excellence.

This is just one example that highlights how CIHR is continually working to facilitate collaborations that are beneficial to all participants. From instituting new policies, sharing best practices or instigating a dialogue about what it means to partner, CIHR is committed to improving partner relations and how partnerships are created, managed and facilitated.

Chapter two: The importance of consultation

Health research is ultimately about improving health and health outcomes, but while that journey has a single destination, it can be reached by many different paths. Whether they are developing new and better ways to manage disease, promoting community health or commercializing a health research discovery, it is vital that everyone interested in health research work together in order to achieve the desired outcome: improving the health of Canadians and the global community.

While CIHR plays an important role in the field of health research and knowledge translation, it recognizes that many individuals and organizations have important experience and skills to share. Health research and knowledge translation priorities in Canada are developed by many parties, ranging from federal, provincial and territorial governments and agencies to academic healthcare organizations, foundations, charities and the private sector. By working with each of these partners to develop a health research framework that assists in setting priorities, supports innovation and contributes to evidence-informed public policy, CIHR is better able to meet the needs of Canadians. This makes it crucial that CIHR understand the concerns and needs of those interested in health research which is why CIHR strives to consult with partners and interested stakeholders on a continual basis. This ensures that the organization hears the voices of everyone who is working to make Canadians healthier, no matter their approach.

A brief history of partner consultation at CIHR

Over the years, CIHR has consulted with relevant partners and stakeholders to develop strategic priorities for CIHR and the Institutes, to provide feedback on policy and guidelines (such as the Open Access Policy and the CIHR Guidelines for Health Research Involving Aboriginal People) and to engage the community in the research process (such as the HIV/AIDS Community-Based Research Program). This contact has taken a variety of forms, from working groups to advisory committees, consensus conferences to roundtable meetings.

We continue to work with partners to improve internal policies and procedures. For example, the Communication clause in our collaborative agreement templates has been updated to reflect a more inclusive approach to communicating the results of health research funding. In the past, partners had to wait for the Minister of Health to signoff on announcing partnered funding results. Now, partners have the flexibility to announce results in consultation with CIHR's Communications and Public Outreach staff.

Another important policy change has been to CIHR's *Confidentiality and Conflict of Interest Policy*. In the past, this policy limited funding partners' access to applications that they would potentially be funding as well as their access to observe peer review. Recent changes have been made to help manage the potential conflicts instead of denying access. Partners are now able to receive full applications to conduct relevance review for competitions to which they are contributing funds. They are also welcome to observe peer review, mirroring what CIHR expects if a partner administers peer review on our behalf.

The creation of *Navigating Partnerships*

Navigating Partnerships has been a crucial part of the evolution of CIHR's approach to partnering and the benefits that it can offer, but rather than being created in isolation, the guidelines in *Navigating Partnerships* were produced after a national consultation with key partners. This process, which was

led by the PCE Branch over the winter of 2008-09, included extensive internal and external consultations, followed by careful collaborative refinement, and was intended to engage stakeholders with diverse points of view and a broad cross-section of partnership experiences.

The results of the consultation process were telling. External organizations were quick to acknowledge the value of partnerships and the benefits that they provided, and they expressed appreciation for much of what CIHR did and how the organization was “evolving in their understanding and

recognition of the value and input of different sectors”. In particular, partners suggested that they would like to see some aspects of the partnering process continue, including:

- CIHR's leadership role in health research funding in Canada and its flexibility, despite some constraints due to government policies;
- helpful, competent and dedicated CIHR staff that are open to feedback;
- the range of quality tools and processes used to formalize partnerships, such as collaborative agreements; and
- the expansion of funding for research activities beyond basic research.

A number of stakeholders also provided suggestions on how CIHR could improve the partnering process. In particular, some of the surveyed parties believed that, in the past, their opinions and expertise had been misunderstood or ignored. Comments such as “CIHR needs to demonstrate more willingness [to share and listen] and less preoccupation with its own status,” and “they are not working with us; they are still doing the dictating,” revealed how external partners felt that they were not engaged as equals during the partnership process. Furthermore, comments on how “the philosophy of partnerships is not shared evenly throughout all levels of CIHR” and calls for “a central group where you can go to talk about partnership challenges” indicated changes that should be enacted. As a result, the following issues were identified as ways that CIHR could address the primary challenges facing its partnership management:

- expend more effort in consulting partners and considering their needs throughout the partnership process;
- allow partners to be more engaged in the relationship as an equal partner;
- improve communication practices; and
- provide dedicated, specialized resources to develop, manage and maintain partnerships.

Partners also suggested that it would be helpful if CIHR acted as a convenor in order to establish a single point of contact for partnership opportunities, to provide greater central organization of efforts for timely communication and to facilitate the exchange of best practices. The convenor role will be discussed further in Chapter Four: Coordination.

The creation of *Navigating Partnerships* also served as a catalyst for reconsidering CIHR's conception of partnerships and how they were pursued and managed. The consultation process that informed the creation of that document provided CIHR with a clearer sense of what mattered to its partners and how best to address those issues. It also revealed new and exciting avenues through which CIHR could promote effective partnerships. Ultimately, the success of this process (and *Navigating Partnerships* as a whole) led to the development of a companion document in 2010, the *CIHR Partnership Handbook*. Designed to support CIHR staff who lead partnering activities, this handbook provides tools and guidelines that are of use throughout the partnership lifecycle.

The creation of CIHR's *Health Research Roadmap*

On October 22, 2009, CIHR publicly launched its new strategic plan, *The Health Research Roadmap: Creating Innovative Research for Better Health and Health Care, 2009-2014*. Like *Navigating Partnerships*, *The Health Research Roadmap* is the result of extensive consultations with Canada's research community, and it sets out a long-term vision for health research in Canada by building on the work carried out by CIHR and its 13 Institutes over the past nine years.

Occurring over a six week period, the consultations for *The Health Research Roadmap* involved a web-based survey that was open to anyone with an interest in health research, from researchers to partner (or potential partner) organizations. This survey, which occurred in conjunction with visits by CIHR's President to university campuses across the country, was conducted using a draft plan that was made publicly available as a consultation document. Approximately 1,700 people took part, providing invaluable feedback on the direction of the strategic plan.

Moving forward

Consultation will continue to play an important role in CIHR's approach to initiating projects that affect health research in Canada. A recent example of this approach is the Strategy on Patient-Oriented Research (SPOR). Intended to translate research results into improved health outcomes for Canadians, SPOR is being produced through consultation between CIHR and its partners at universities, hospitals, health charities and in the federal, provincial and territorial governments. Another recent example is an invitation to all stakeholders to complete a survey on views and opinions on CIHR's performance, and to comment on areas of improvement in preparation for the next International Review in the spring of 2011.

The PCE Branch is also in the process of developing a new partnership program that will help partners across all sectors engage in funding opportunities with CIHR. The primary strategic goal of this program is to encourage and improve the availability of partnership opportunities at CIHR in a manner that is consistent across (and within) all sectors. To accomplish this, a survey was sent out soliciting feedback from a cross-section of partners, while focus groups and individual teleconferences were set up in order to delve more deeply into some of the key issues. As the PCE team continues to work on the development of this new program, it will be imperative that consultations with internal and external stakeholders continue to inform its development and implementation.

Chapter three: The importance of communication

CIHR recognizes that clear communication between partners is crucial to any successful collaboration, and it strives to ensure that its partners are able to communicate effectively with the organization at all times. CIHR's commitment to communication also extends beyond any single partnership: promoting partnership best practices and highlighting successful collaborations across all sectors provides other health research organizations with concrete examples of how effective partnerships can be.

A brief history of partner communication at CIHR

In the International Review Panel's 2005 Report, the review committee highlighted communication as a crucial component of CIHR's work. In particular, the review committee noted that communication "with stakeholders, particularly Provincial and Federal Governments, universities and funding partners, is clearly a crucial function...best served by the central communication function". Recognizing that, until then, individual Institutes had been responsible for maintaining open communication with their immediate partners and other stakeholders in the majority of partnership activities, the review committee suggested that a "central" CIHR unit take responsibility for disseminating partnership information beyond the limits of research areas or sectors. The review committee also noted that some stakeholders may have found it challenging to communicate effectively with CIHR in the past, but that a centralized communications hub would make achieving a dialogue with CIHR more feasible.

One of the main contributors to that role has been the Communications & Public Outreach Branch, which has assumed a centralized communications role to promote the importance of health research with the media and the public. Over the years, it has developed many tools and resources to help researchers, institutions and funding partners promote health research and discuss science with Canadians. A reorganization at CIHR in 2009 brought the Communications & Public Outreach Branch under the same portfolio as the PCE branch, encouraging the Communications & Public Outreach team to continue working closely with partners to highlight health research success stories, youth engagement initiatives and public outreach activities such as the highly successful Café Scientifique program. This complements the work of the PCE branch, who remains the central point of contact to communicate with partners.

Tools of success

Over the years, CIHR has created and implemented numerous tools, programs and sets of guidelines intended to improve partnership communications and to outline partnership best practices. Here are some of the successful examples:

THE CIHR PARTNERSHIP AWARD

In 2002, CIHR established the CIHR Partnership Award. Recognizing and rewarding partnership excellence, the award is intended to promote partnership best practices and innovation in Canada, wherever they may occur in the health research sector. Open to everyone, not just those organizations

and individuals who partner with CIHR, the prize emphasizes partnerships that cross sectors, challenge conventional approaches to health research and practice, or accelerate the translation of knowledge into improved health (and health services) for Canadians.

The very first recipient was The Arthritis Society in 2003. Since then, dozens of applicants have been reviewed through the yearly competitive process, and the prize winners have ranged from research teams and researcher/community collaborations to university/health charity cooperation. The full stories of some of these award-winning partnerships (from 2003-2008) are included in *Healthier Together: The CIHR Partnerships Casebook*, described below.

In 2008, a grant of \$25,000 was added to the award to assist with the ongoing partnership activities of the recipients. This was a significant change that brought the partnership award in line with other CIHR awards, such as the Knowledge Translation award. The impact has been a significant increase in application pressure (from nine applications per year to an average of 20 per year) and overall interest in the award.

THE PARTNERSHIP MATTERS NEWSLETTER

In the fall of 2006, *Partnership Matters*, a newsletter for CIHR's Canadian partners, was launched by the PCE Branch. The first newsletter included a message from the Vice-President of Knowledge Translation and short articles about PCE and knowledge translation initiatives. Since then, the newsletter has expanded to include news from other parts of the organization, and it has proven to be a valuable tool for informing partners about CIHR's activities, its progress and its plans for the future. The newsletter also serves as a medium for Institutes, Strategic Initiatives and Branches to communicate with organizations outside of their usual channels. This breadth of information keeps over 250 partners and other relevant stakeholders in touch with news about CIHR, all while providing insight into the current health research environment.

“Maintaining effective channels of communication requires constant effort, careful listening and significant attention.”

PORTRAITS OF PARTNERSHIPS

CIHR's 2007-08 Annual Report, entitled *Portraits of Partnerships*, continued CIHR's efforts to promote the importance of collaboration. Emphasizing that CIHR was only one player amongst many in the Canadian health research enterprise, *Portraits of Partnerships* made it clear that collaboration with organizations across all sectors was not a luxury for the organization, but a necessity. Despite its large budget, CIHR's funding only accounts for about 1/6 of the health research funding in Canada; failing to work with the sources that provide the remainder of that funding would mean that the organization would not be pursuing the most effective, efficient means to fund health research and its application. The emphasis on the interconnected nature of health research in Canada highlighted why CIHR should seek the advice and input of like-minded organizations, but it also suggested the importance of keeping the lines of communication open between stakeholders.

HEALTHIER TOGETHER: THE CIHR PARTNERSHIPS CASEBOOK

In 2009, the PCE Branch published the very first partnerships casebook, building on the success of the Knowledge Translation casebook. Intended to highlight partnership best practices, the casebook provided the story behind the partnerships that won the CIHR Partnership Award in previous years (2003-2008), and a variety of other successful partnerships, including those between research teams,

between researchers and policy makers (and communities) and between organizations. The selected cases, chosen via a competitive process, represent the types of partnerships in the health research domain that achieved something that neither party could have achieved on its own, and that exhibited equal sharing of the relationship's responsibilities and success. The goal was to show how a traditional discussion of the results achieved by a partnership could not account for how a relationship between stakeholders functioned or how a partnership could be kept healthy and productive. These often-overlooked details, however, are crucial to any discussion of partnerships, and *Healthier Together* seeks to celebrate the successes of some notable collaborations so that everyone can learn from such success stories and apply those lessons to their own collaborative endeavours.

PARTNERSHIP DATA

There has been a significant amount of work over the last two years to ensure accurate data to reflect the true picture of the organization's partnerships. Traditionally, the two indicators used to report on partnership information have been the number of signed collaborative agreements / memoranda of understanding in CIHR's central database as well as the amount of funds leveraged. Although these are two important elements of partnership activities, they are only a small part of the partnerships story, particularly in the case of collaboration between congruent partners, where there is neither a formal agreement nor an exchange of funds. The PCE branch has recently developed a partnership dashboard with graphs that highlight both the growth of partners by sector and the amount of funds leveraged (see Appendix A). This is important information that emphasizes the depth and breadth of partnership activities at CIHR as well as the evolution of partnership activities since its inception.

Moving forward

Maintaining effective channels of communication between CIHR and its partners, and improving the ways that the health research community considers and discusses partnerships requires constant effort, careful listening and significant attention. This is why CIHR is continually working to improve its two-way communication practices and to ensure that everyone with an interest in health research is kept up-to-date, in a timely manner, with events at CIHR and throughout the health research community.

Chapter four: The importance of coordination

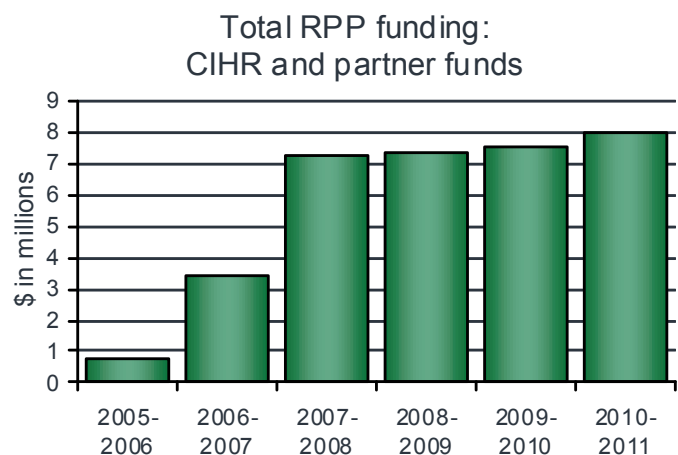
While CIHR's size and resources help it to meet its mandate, its complexity poses a number of challenges during the partnering process. For partners approaching the organization for the first time, CIHR may appear large and bewildering, a source of confusion and frustration. The variety of branches and Institutes at CIHR make it equally complex internally, potentially disrupting communication or hindering partnership management. As a result, coordination is crucial to CIHR's partnering activities. The PCE Branch is central to both internal and external coordination at CIHR, providing partners and CIHR staff with a clear point of contact and working to establish consistency in CIHR's management of partnerships. The four PCE Senior Advisors work closely with Institute and Strategic Initiative leads, providing partnership expertise and coordinating role, particularly in the sharing of partnership experiences.

Funding programs

CIHR works with funding partners on a variety of strategic initiatives that are designed to respond to health challenges identified by stakeholders. The organization also has a number of centrally-managed programs that provide research co-funding opportunities for partners that meet specific criteria. The following funding programs provide excellent examples of coordination in action. The term "centrally-managed" in these cases refers to the fact that these are not Institute-led initiatives or programs in strategic research areas; rather, they are intended to build CIHR's relationships with the public, voluntary and private sectors respectively.

THE REGIONAL PARTNERSHIPS PROGRAM

Established in 1997-98, The Regional Partnerships Program (RPP) was designed in response to a decline in funding from the Medical Research Council of Canada to researchers in Saskatchewan, Nova Scotia, Newfoundland and Manitoba. Expanded to include New Brunswick and Prince Edward Island in 1999-2000, the RPP promotes partnerships and supports the development of health research capacity in the member provinces by building on the existing strengths and interests of local institutions. The program was redesigned in 2005 following an extensive summative evaluation that highlighted the program's substantial success in expanding the health research capacity of the target regions and supplementing their health research budgets. The program was positively rated by the participating researchers, Advisory Committee members and other stakeholders. As part of the evaluation, recommendations for the program were made and implemented, including developing performance measurements for RPP and providing more support to the local Advisory committees.



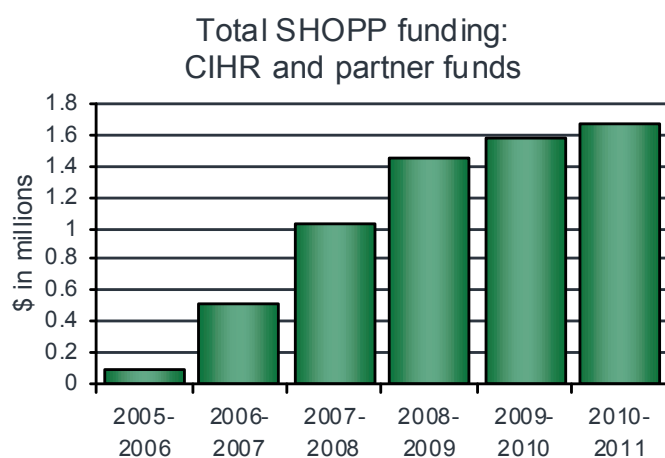
This program is an excellent example of internal and external coordination: the six partner provinces have a Senior Advisor in the PCE Branch as their main point of contact for the program. The Senior Advisor coordinates with CIHR Program Delivery staff to ensure the program runs smoothly. PCE also organizes an annual meeting of the RPP Provincial Advisory Board members, which provides a venue for the participating provinces to share with each other their best practices for program promotion and strategy.

THE SMALL HEALTH ORGANIZATIONS PARTNERSHIP PROGRAM

The Small Health Organization Partnership Program (SHOPP) initially began as the Health Research Partnership Fund in 1998-99 before being re-launched in its current form in 2005. This new program came after internal and external consultations and was approved by senior management, who wanted to ensure that the new program resonated with partners and was linked to CIHR priorities.

As part of the re-launch of SHOPP in 2005, there was also a commitment to complete a mid-term evaluation of the program. Despite the short time frame since the inception of SHOPP, the evaluation indicated that the program was meeting its intended results with respect to increasing the research capacity for small health charities; however, there was a need for more connection with the relevant Institutes as well as between the partners and the research community. Since then, the PCE branch has increased communication efforts about the program, with current and potential partners and has also boosted coordination with the relevant Institutes.

With a mandate to foster partnership opportunities with small health charities and not-for-profit organizations that possess modest health research budgets, SHOPP provides a one-to-one funding ratio for partner organizations that would like to fund training and salary awards. The opportunity to participate in SHOPP provides some of these smaller organizations with their only means to fund health research.



SHOPP promotes a more grassroots approach to health research. Many of the SHOPP partners represent orphaned diseases that do not receive significant amounts of attention or funding from other sources. These organizations often like to build a relationship with their awardees, not only to promote the work of the researcher, but also to emphasize the benefits of health research to their stakeholders. SHOPP also serves as a first introduction to CIHR for many of these organizations. As is the case with RPP, a Senior Advisor in the PCE Branch is the main point of contact within the program for these

organizations, supporting the development of the funding opportunities for partners and outlining CIHR processes. Each SHOPP partner is also aligned with a CIHR Institute with the hope that future partnership opportunities may develop between them.

INDUSTRY-PARTNERED COLLABORATIVE RESEARCH

Recognizing the Government of Canada's interest in the commercialization of publicly-funded research (and the economic value that such activities produce), the Industry-Partnered Collaborative Research Operating Grant (IPCR), led by the Knowledge Translation branch, promotes collaboration between the academic community and Canadian companies interested in health research and development. By encouraging and coordinating mutually beneficial university-industry collaborations in health research, the IPCR seeks to bring the two communities together in a manner that enhances communication between them and fosters an entrepreneurial climate within Canada's health research community that will benefit both the economy and the health of Canadians.

CIHR/Rx&D COLLABORATIVE RESEARCH PROGRAM

Inspired by the longstanding collaboration between CIHR and Canada's Research-Based Pharmaceutical Companies (Rx&D), the CIHR/Rx&D program promotes peer-reviewed research and enables researchers and Rx&D members to optimize their access to CIHR's many innovative research opportunities, such as clinical research. Coordinated by a central unit at CIHR, the program provides an opportunity for CIHR to keep in touch with the needs of Rx&D members.

Rx&D members also partner with CIHR on a one-to-one basis to fund a variety of grants and awards, including Research Chairs. The companies work within the strategic priorities of an Institute to fund research that is relevant to them. For example, Astrazeneca partnered with the Canadian Pain Society and the Institute of Neuroscience, Mental Health and Addiction to fund grants on the Biology of Pain.

NETWORKS OF CENTRES OF EXCELLENCE PROGRAMS

The Networks of Centres of Excellence (NCE) programs, run by the NCE Secretariat, build on the principles of partnerships and are intrinsically linked to the mandates of knowledge translation and commercialization at CIHR. NCEs are tri-agency programs (run collaboratively by CIHR, NSERC and SSHRC) and include the Networks of Centres of Excellence program, the Centres of Excellence for Commercialization and Research program, the Business-Led Networks of Centres of Excellence program, the Industrial Research and Development Internship program and, most recently, the Networks of Centres of Excellence – Knowledge Mobilization program.

Although the objectives of the programs are unique, they all foster multi-disciplinary, multi-sectoral partnerships between academia, industry, government and not-for-profit organizations. They support academic research, the commercialization of products and ideas and the development of significant Canadian business advantages. The partnerships that these programs cultivate result in ideas that are transformed into economic and social benefits for all Canadians.

THE CIHR PARTNERSHIP WORKING GROUP

With a mandate of contributing to "the continued improvement of partnership activities at CIHR," the Partnership Working Group (PWG) was created in 2009 to provide a forum for discussing partnership issues and strategies. Comprised of members drawn from across the organization and chaired by advisors from the PCE Branch, the PWG is currently participating in the development of the new CIHR Partnership Program (see below), advising on the development of new partnership templates and tools, reviewing the implementation of the recommendations contained in *Navigating Partnerships* and addressing any other internal or external concerns that may be raised. When those tasks are

complete, the PWG will continue to contribute to the ongoing improvement of CIHR's partnership activities.

CIHR as a convener

CIHR has also embraced its role as a convener of Canadian health research stakeholders in order to encourage dialogue and cooperation between the voluntary health sector, provincial organizations and federal departments or agencies on a wide variety of health research topics. By providing secretariat and administrative support that includes working with the co-chairs and steering committees of various initiatives, CIHR is able to assist with developing meeting agendas, coordinating meeting logistics and producing written summaries of meeting proceedings.

THE FORUM OF HEALTH RESEARCH FUNDERS

The Forum of Health Research Funders (also simply called the Forum) is an important national initiative that was years in the making. In 2003, health research leaders (including funders, researchers, health professionals and policy makers) recognized the need to bring health research stakeholders together to produce a coherent vision for health research in Canada. In September 2004, the Leader's Forum for Health Research in Canada was held in Ottawa to address this need, resulting in a strategic plan that emphasized the consensus among the participants that there was a necessity for "new mechanisms that facilitate more effective collaboration and coordination of effort" among everyone interested in health research. After considerable discussions and consultations, the Forum was created and held its inaugural meeting at CIHR in October 2006.

Comprised of the Presidents and CEOs of Canadian organizations that have a primary role (or interest) in funding peer-reviewed health research, the Forum provides a venue for the discussion of common concerns, the sharing of best practices and the identification of opportunities for collaboration. The Forum also bridges the federal, provincial and voluntary sectors, enabling members to mingle and explore potential avenues of shared interest.

Topics of discussion at the Forum span three categories: 1) Items or issues that are in the direct control of members; 2) Items or issues that will require the help or input from groups outside of the Forum, but which the Forum can lead; and 3) Blue-sky thinking items that stimulate discussion about the future of health research. Agenda topics to date have included:

- the Common CV application;
- the potential to track health research trainees in order to understand their career path trajectories in Canada;
- open access policies;
- frameworks and indicators to measure the return on investment for health research; and
- the economic recession and its impact on health research funding.

Overall, the Forum provides a much-needed outlet for the leaders of Canadian health research funding organizations to discuss opportunities to align their interests and to support programs that are complementary to their own health research agendas. The Forum also meets an important need for coordination at the federal and provincial levels of funders, as observed during the first international review.

COMMUNICATING THE VALUE OF HEALTH RESEARCH

In 2008, the Health Charities Coalition of Canada (HCCC) and the National Alliance of Provincial Health Research Organizations (NAPHRO) approached CIHR with the idea to co-host a communications workshop. The idea was that, as health research funders, the organizations faced similar challenges and could learn from each other's successes as they tried to demonstrate the benefits of health research to Canadians, policy makers and politicians. The PCE Branch gladly accepted the opportunity to coordinate the event, and in November of that year, approximately 40 representatives from HCCC organizations, NAPHRO members and CIHR staff attended the workshop in Ottawa to hear about the strategies of other partner organizations.

“Participants noted that they got more out of this one day session than they often do at three and four day conferences.”

The evaluations from the first workshop were incredibly positive and emphasized how the gathering addressed a need in the community, so (with the help of the Steering Committee) CIHR took the lead in organizing a second workshop in November 2009. This workshop included guest speakers who provided revolutionary – and sometimes inspirational – insight into the world of social and online media and how it could be used by the participants to communicate their health research messages successfully. The workshop also featured a panel presentation by media representatives on how to engage science writers and journalists. Not only were the evaluations of this workshop even more positive than the first one, but some participants noted that they “got more out of this one day session than [they] often do at three and four day conferences”. A third workshop is planned for November 2010.

BEST PRACTICES IN PROGRAM AND PEER REVIEW WORKSHOPS

The voluntary sector played an important role in the creation of CIHR, and it continues to be one of its most important partner groups. In recognition of this relationship, the President's Voluntary Health Sector Committee (PVHSC) was established in 2001 to facilitate an ongoing dialogue between CIHR's President and key representatives from the health charities on topics ranging from the impact of the federal Science and Technology strategy on health research to the issue of the federal Indirect Costs Program.

In September of 2008, it was agreed that the relationship between CIHR and the health charities had evolved to such an extent that other more suitable opportunities for interaction (such as the Forum of Health Research Funders) had been and would be established. As such, the PVHSC was deemed to be redundant and was dissolved. At the last PVHSC meeting, however, a new workshops series called “The Best Practices in Program and Peer Review” was proposed. Intended to bring CIHR and the voluntary health sector organizations that manage national or provincial peer review programs together to discuss common issues, the first Best Practices in Program and Peer Review workshop was held in October 2009.

Organized by a steering committee comprised of representatives from the voluntary health sector and CIHR, these first two workshops were hosted by CIHR and provided an effective venue for the sharing of best practices, challenges and opportunities. The agenda items addressed issues common to the participating organizations and offered them the opportunity to provide updates on their peer review structures. Examples of agenda items include integrated Knowledge Translation (iKT) and its

potential impact on peer review, conflict of interest and observers, end of grant reporting and virtual peer review.

The evaluations from the first workshop indicated that this was a very worthwhile initiative for all stakeholders. Participants noted that “this was an excellent opportunity to share information” and “this was the best CIHR meeting that I have ever attended as it was completely relevant to Voluntary Health Organizations”.

PARTNERNET

CIHR has been a member of PartnerNet for many years, the partnering community of practice for federal public servants. Although partnering for many federal departments is more about sponsorship than co-funding, PartnerNet provides an excellent opportunity to hear about the challenges and opportunities faced by others. The PCE Branch was invited to present about *Navigating Partnerships* at a spring 2010 meeting, which was extremely well received and elaborated on PartnerNet’s theme of how a federal department/agency plans, develops and manages partnering activities.

Moving Forward

As mentioned in chapter two, CIHR is in the process of developing a new partnership program that will more effectively coordinate the funding and partnership opportunities that the organization provides. As a result, certain existing programs, such as RPP, SHOPP and IPCR, will be consolidated into the new, expanded Partnership Program.

The new Partnership Program will provide a means for partners from all sectors to engage in health research activities with CIHR, which will in turn provide matching or complementing funds for the partnership. Partners will also have access to funding tools that are supported through CIHR’s open suite of programs, and investigator-led health research will be considered for funding.

Furthermore, the new Partnership Program also intends to:

- deliver broader access to partnership opportunities at CIHR for all partners;
- increase the number of partnerships at CIHR;
- improve CIHR’s responsiveness to partner needs;
- improve the quality of partnership experiences;
- simplify the administrative processes for and promotion of partnership opportunities; and
- provide improved and consistent management of partnerships.

The implementation of this new Program, which will be launched in June 2012, will help CIHR more effectively coordinate partnerships internally and externally, and will continue the organization’s work to promote excellence in health research.

Chapter five: The importance of citizen engagement

Citizen engagement is a relatively new addition to CIHR, identified in 2007 by the new Vice-President of Knowledge Translation, Dr Ian Graham, as being crucial to the fulfillment of CIHR's knowledge translation mandate. Citizen engagement is a process by which organizations invite the perspectives of citizens in order to learn from their experiences. For CIHR, the goals for its citizen engagement initiative include gaining a better understanding of the values and needs of Canadians in order to adapt health research methods and priorities accordingly. CIHR's aim is to use this input to inform its priorities, to increase the relevance of health research to Canadians and to improve how that research is put into practice. Doing so will allow CIHR to be more sensitive to the needs of individual communities, by including citizens as partners in the health research enterprise and bringing CIHR in line with approaches of other major international health research funders (such as Medical Research Council – United Kingdom and the National Health and Medical Research Council of Australia.)

Tools for citizen engagement

THE CITIZEN ENGAGEMENT FRAMEWORK

Following CIHR's identification of the importance of citizen engagement by Dr. Graham, *CIHR's Framework for Citizen Engagement* was developed to encourage the ongoing, systematic recognition and integration of citizen input. In this context, "citizens" are not only interested representatives of the general public, but are also consumers of health services, patients, caregivers, advocates and representatives of various community and voluntary health organizations. The framework set out to analyse how the activities and programs of select research agencies and regional health authorities (both in Canada and abroad) engaged those distinct groups, and to conduct an internal survey of Institutes and Branches within CIHR that would identify the citizen engagement activities that were currently underway (or already completed) by the organization. The goal was to identify ways to create increased opportunities for citizen participation in four key areas:

- governance;
- informing strategic plans, priorities, policies and guidelines;
- integrated knowledge translation and research priority-setting; and
- knowledge dissemination and public outreach.

The framework was included into CIHR's 2009 Strategic Plan, *The Health Research Roadmap*, as a method of encouraging collaborations with a variety of stakeholders including citizens. By improving the communication between CIHR, the research community and Canadian society itself, the plan's goal is to accelerate the realization of the health and economic benefits of research and to increase CIHR's ability to gauge the positive impact of that work through feedback from citizens.

As mentioned earlier in this document, CIHR's role as convenor is an important part of this process, as it brings people and organizations together in order to:

- increase external participation in citizen engagement activities;
- improve communication and build understanding of citizen engagement amongst stakeholders;

- provide access to tools and resources that engage citizens;
- elevate CIHR's profile nationally and internationally; and
- undertake programs that help encourage a culture of science literacy in Canada.

The hope is that these activities will add citizen engagement to the partnership vocabulary, encouraging all stakeholders to see the benefits of including citizens in the ways outlined by *CIHR's Framework for Citizen Engagement*.

THE CITIZEN ENGAGEMENT HANDBOOK

In 2009, the PCE Branch developed *CIHR's Citizen Engagement Handbook* to support staff who were involved in leading and developing citizen engagement activities. Containing tools and guidance for encouraging citizen engagement in each of the four focus areas highlighted by *CIHR's Framework for Citizen Engagement*, the handbook contains a decision tree model that supports staff as they determine the appropriate approach for receiving citizen input. The handbook also contains case studies drawn from relevant Institutes and branches, which are presented to the reader as examples of best practices for citizen engagement.

CITIZEN ENGAGEMENT RESOURCE LIBRARY

A library of journal publications, frameworks, guidelines, reports & evaluations, presentations and training resources pertaining to citizen engagement both in Canada and abroad has been developed for the use by CIHR staff. Containing both hardcopy and electronic sources, this library is updated as new material becomes available.

The library also contains an article written by CIHR's Vice-President, Knowledge Translation and Senior Advisor, Citizen Engagement. The *Journal of Ambulatory Care Management*, a peer-review journal, solicited an article from CIHR on the involvement of citizens and patients in the health care system for a special supplementary issue. Describing the evolution of citizen and patient involvement in our work, the CIHR article uses the development of the Citizen Engagement Framework to highlight the organization's ongoing consultations and citizen engagement in strategic decision-making activities at the corporate, Institute and branch levels.

TRAINING AND PUBLIC FORUMS

In December 2009, an instructional session for CIHR staff was organized in collaboration with the organization's HIV/AIDS Community-Based Research Program. Attended by over 30 CIHR staff, this session provided an overview of CIHR's Citizen Engagement Framework and the flagship HIV/AIDS Community-Based Research Initiative in order to illustrate how citizens were being engaged in all aspects of the research process, from merit review and governance to the establishment of research questions and the evaluation of research results. A community representative and CIHR staff working on the initiative discussed the benefits and challenges of this type of research partnership and what it meant to perform research with a community rather than simply about them.

Through the *Café Scientifique* program, which is an ongoing program that provides a forum for discussing health research and its implications with the public, CIHR presented "Health Research is Everyone's Business" in March 2010. Hosted by the Partnerships and Citizen Engagement Branch and the Institute of Population and Public Health, this *Café* featured two CIHR researchers and their

partners from community organizations. The Café had a high turnout and supplied CIHR with valuable feedback about its citizen engagement activities.

Moving forward

While it is an integral part of CIHR's plans for the future, citizen engagement represents a relatively new aspect of collaboration for the organization. This means that the primary challenge for future citizen engagement activities at CIHR will be the continuing efforts to educate stakeholders and internal staff at all levels about its potential, and to engage citizens and encourage their participation.

To facilitate this education process, CIHR will continue to train its employees in effective citizen engagement techniques. Plans are in the works, for example, to hold a one-day training session for those employees who play a role in developing plans for stakeholder or citizen involvement. The goal is to help participants learn how to apply the tools that are available to them, such as those in the Citizen Engagement Handbook, in their work. The training will also include the use of case scenarios in order to help participants develop the ability to assess both the necessity and the appropriate level of citizen engagement for future activities. This will facilitate more consistent citizen engagement practices across CIHR's Institutes, Initiatives and Branches.

“The Web is no longer a one-way static method of communication but is multi-dimensional and can be used for multi-way dialogues and engagements.”

Another tool in development is a Guide for Citizens. The genesis for this guide was discussed at the “Health Research is Everyone's business” Café Scientifique and will introduce basic information about what health research is, describing different forms of health research and the process for funding research. By educating the public about these elements, they will be better equipped to know how they can engage with CIHR and realize the important contribution they can make to the work of CIHR.

CIHR is also in the process of developing and implementing a social media policy for the organization. This will provide CIHR with a powerful new business tool that can increase collaboration and transparency. The policy is an acknowledgement that the Web is no longer a one-way static method of communication but is multi-dimensional and can be used for multi-way interactions and engagement. Social media as a tool for engagement will certainly be a focus for CIHR in the foreseeable future.

Conclusion and looking ahead

Partnerships at CIHR have evolved considerably since CIHR's creation in 2000, but as the organization has grown and become more complex, so have the partnerships that it facilitates and develops. By clarifying roles and responsibilities of staff in *Navigating Partnerships* and by soliciting the perspectives of partners in policy decisions, CIHR is working hard to become a model for the partnership best practices that it promotes. While funding programs like those described in chapter four will continue to be an important part of CIHR's partnering practices, the organization is equally committed to facilitating collaborations throughout Canada's health research community, leveraging knowledge translation efforts and promoting dialogue among health research stakeholders. Its commitment to addressing the Governing Council's directive to "partner better" ensures that CIHR will continue to demonstrate leadership in collaborative activities, whatever challenges may arise.

As CIHR moves into the next five years, the Partnerships and Citizen Engagement Branch will strive to enhance CIHR's existing partnership practices. For example, the Branch envisions that upcoming changes to CIHR's open suite of funding programs and upgrades to the peer review structure will incorporate the partner perspective (and engagement) from the outset of the projects. In addition, the PCE team will lead the development of a new and equitable funding program for all partners, with direction from the Partnership Working Group and from partner feedback.

Integrated Knowledge Translation (iKT) is a different approach to doing research. It requires collaboration between researchers and knowledge users at every stage of the research process – from shaping the research question to interpreting the results to disseminating the research findings into practice. This co-production of research increases the likelihood that the results of a project will be relevant to end users, thereby improving the possibility of uptake and application. The work of the PCE branch is modeled on the principles of iKT, ensuring that knowledge users and decision makers are included as much as possible in partnership and citizen engagement discussions at CIHR.

As the practice of iKT grows in the health research community, CIHR may look to expand its definitions for its own partnerships and re-examine how it creates opportunities for applicants to develop their own relationships with organizations from the health sector to encourage greater collaboration.

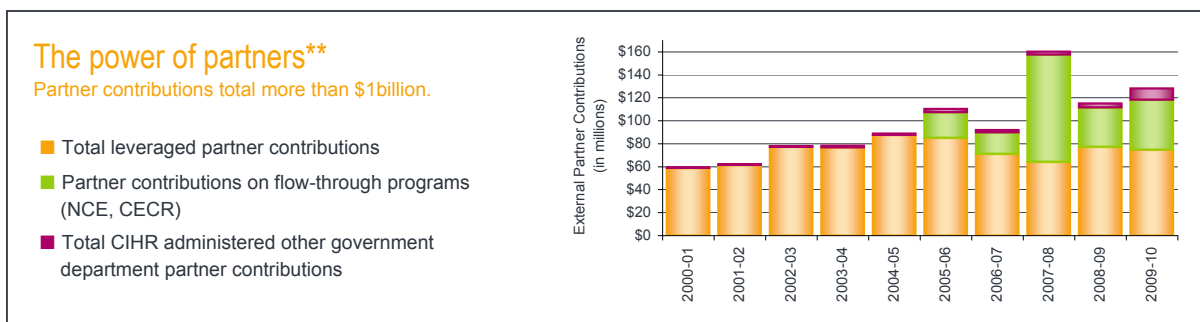
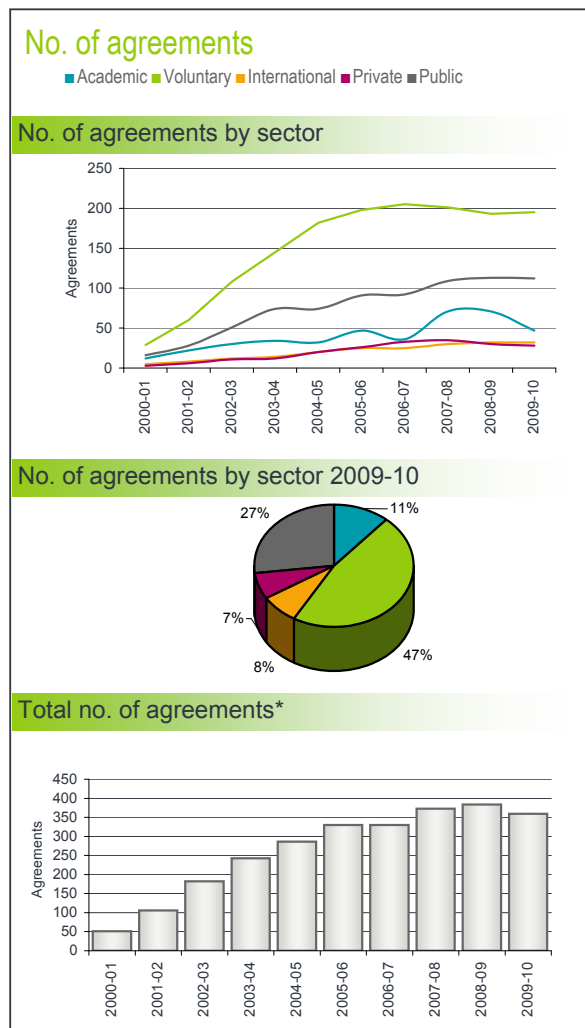
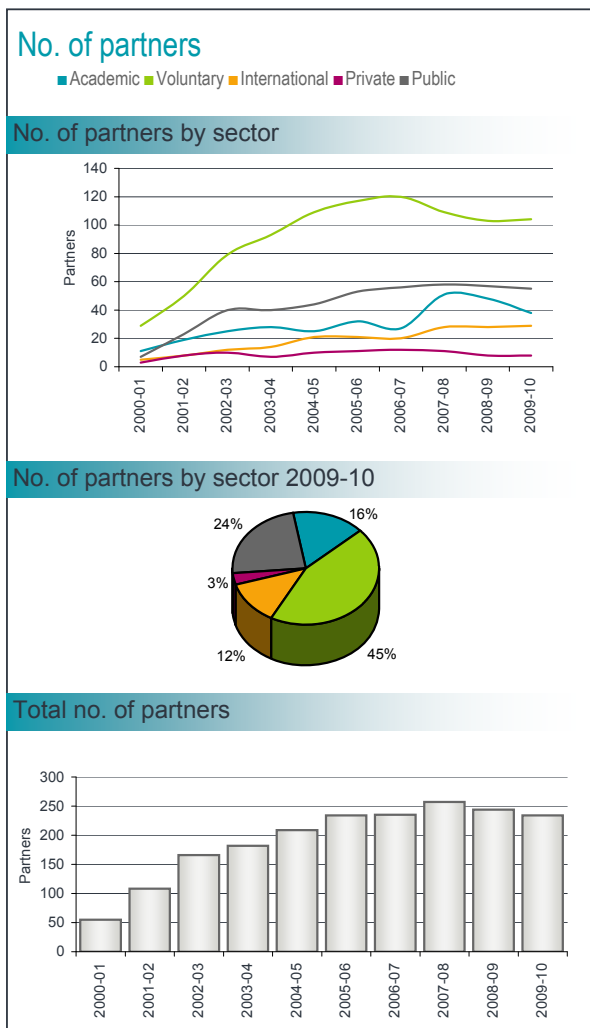
As an extension of iKT, the PCE Branch may also develop funding opportunities for research in the area of engaging citizens in health research projects. In terms of citizen engagement practices at CIHR, it is hoped that the reconfiguration of Institute Advisory Boards (IABs) will lead to stronger roles for Board members as citizen engagement and public outreach representatives.

Finally, CIHR will continue to listen to its partners. Opportunities will arise to hold regular partner forums to gather partner perspectives and to engage with them at the conceptual level of decision-making at CIHR. Steps forward such as these will ensure that together, CIHR and its partners will continue to work towards a healthy future.

Appendix A

Partnerships at CIHR

Performance dashboard



* This graph includes agreements and renewals. Agreements may be counted more than once if they include organizations from more than one sector.

** The partner contributions on flow-through fund programs are not leveraged funds. Partner Contributions do not include In-kind partner contributions and may not include all partner funds not administered by CIHR. The partner contributions are approximations based on the information available.