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# **Research Management and Dissemination Division**

## **Formative Review**

Present to

Health Canada

Departmental Audit and Evaluation Committee

November 2005



## **Research Management and Dissemination Division Formative Review**

### **Program Note regarding Management Action Plan**

During June of 2000 it was determined that all Government of Canada grants and contribution programs would be required to renew their terms and conditions at five year intervals. In order to comply with this policy an evaluation of the Health Policy Research Program was initiated in Fall of 2003. As the required deadline for the Treasury Board Submission came before the evaluation was completed, a draft of the evaluation report was provided as an annex to the Treasury Board Submission. In the process of approval it was identified that there was a risk that agreements made under the HPRP could be construed as contracts for research services coupled with the acquisition of an intellectual property licence. In order to mitigate this risk the following changes to the program were instituted:

- Vocabulary typically associated with procurement law terminology were brought in line with the transfer payments context;
- in requests for applications the description of research gaps are now expressed as topics to be researched rather than specific questions to be answered; and,
- the clause that grants an intellectual property licence to Canada on any intellectual property generated by the recipient was deleted from the standard agreement. This clause was replaced with a clause that allows for a separate intellectual property agreement to be made at a later date.

While the Program believes that these changes do not impair its general ability to operate under the RMDD logic model prepared prior to the TB submission process, the Program does feel that it is material to mention these changes in reference to the attached action plan. In particular, the Program wants to emphasise that the audience and the ultimate beneficiaries of the program are now health policy decision makers in all jurisdictions and levels of government in Canada.

In addition, because of the delays in receiving a final copy of the evaluation report, the Program was able to make significant progress on a number of the items identified in the action plan prior to the formal delivery of the evaluation. This progress is outlined in the attached plan.

A list of the new commitments RMDD has outlined in the attached action plan follows:

- Implement the RMDD Knowledge Brokering Strategy.
- Create a register of policy contacts.
- Showcase HPRP research at policy fora.
- Develop and implement indicators to measure impact and dissemination of HPRP research.
- Include HPRP material in the Health Policy Research Bulletin.

- Collect the performance information.
- Build performance monitoring capacity.
- Develop staff capacity to monitor website activity.
- Consider implementing a quality review processes.
- Create and implement a HPRP communication strategy.
- Increase collaboration between RMDD units.
- Hold regular division meetings and a RMDD divisional retreat.

**Research Management and Dissemination Division  
Formative Review  
Management Action Plan**

<b>Evaluation Finding:</b>
RMDD has engaged in preliminary knowledge brokering activities, but these activities should be expanded.
<b>Evaluation Recommendation:</b>
Knowledge brokering activities should be expanded.
<b>Program Response:</b>
<b>Current Status</b>
<ul style="list-style-type: none"><li>• RMDD has created a Knowledge Brokering Strategy and is in the formative stages of implementation.</li><li>• In line with the changes to the program described in covering memo, RMDD intends to broker research results to policy decision makers in the health sector more broadly.</li><li>• RMDD has made and will continue to make a considered effort to ensure that each funded project has access to a policy contact—or a suitable alternative—throughout the life of the project.</li><li>• RMDD recognises that formally requiring communication between policy contacts and research teams, while perhaps desirable, is not feasible given the contribution funding mechanism. RMDD will continue to make every effort to encourage and facilitate ongoing interaction between policy makers and research throughout the research process.</li><li>• Researchers funded by the HPRP have been active participants at seven policy fora since the period in which evaluation data was collected. While there are budget limitations, RMDD will pursue every opportunity to encourage presentations of this type.</li></ul>

Action Required	Time line	Lead
<ul style="list-style-type: none"> <li>• Full implementation of the RMDD Knowledge Brokering Strategy with a larger health sector focus</li> <li>• A register of policy contacts for all RFAs will be created and updated on a quarterly basis.</li> <li>• Pursue further opportunities to facilitate the presentation of HPRP research at policy fora</li> </ul>	<p>Ongoing</p> <p>by Q3 2005</p> <p>Ongoing</p>	<p>PRCorU</p> <p>HPRP</p> <p>PRCorU</p>

<b>Evaluation Conclusion:</b>		
RMDD has engaged in preliminary dissemination activities, but these activities should be expanded		
<b>Evaluation Recommendation:</b>		
Improve the dissemination strategy for funded research products		
<b>Program Response:</b>		
<b>Current Status</b>		
<ul style="list-style-type: none"> <li>• RMDD notes that the successful “active” dissemination of HPRP research results depends largely on the dissemination activities of the investigators. RMDD requires all investigators to include a dissemination plan when they apply for funding. RMDD has observed that these dissemination plans are under increasing scrutiny by peer-review committees. (Note: Active and passive dissemination are defined on page 17 of the evaluation report)</li> <li>• RMDD recognises that, in order to achieve the outcomes outlined in the RMDD logic model, it is critical to facilitate effective dissemination. Limitations such as staff and budget limitation necessitate that RMDD target “RMDD initiated” dissemination activities to areas where the most potential for benefit exist. RMDD has created a set of impact and dissemination indicators to identify high-potential dissemination activities.</li> <li>• RMDD has highlighted results from research funded by the HPRP in the Health Policy Research Bulletin. Currently, a HPRP funded author is preparing an article for the upcoming issue of the Bulletin. RMDD is considering dedicating a whole issue to the research results of HPRP funded projects in the future.</li> </ul>		
<b>Action Required</b>	<b>Time line</b>	<b>Lead</b>
<ul style="list-style-type: none"> <li>• Continued development and implementation of indicators to measure impact and dissemination to target RMDD-initiated active dissemination activities.</li> <li>• Consideration of HPRP reports and investigators as contributors to the Health Policy Research Bulletin</li> </ul>	Ongoing	PRCorU
	Ongoing	PRComU

<b>Evaluation Conclusion:</b>		
Performance monitoring activities have been limited.		
<b>Evaluation Recommendation:</b>		
Increase performance monitoring.		
<b>Program Response:</b>		
<b>Current Status</b>		
<ul style="list-style-type: none"> <li>• RMDD, in preparing a Risk-based Management and Accountability Framework for the Treasury Board Submission to renew the Terms and Condition of the Health Policy Research Program created a framework for ongoing performance monitoring.</li> <li>• RMDD has made a conscious effort to make the performance monitoring activity outlined in the RMAF a priority divisional activity through staff training and development. RMDD feels performance monitoring would be enhanced through more comprehensive monitoring of website activity.</li> <li>• The evaluation identifies that there is not currently a mechanism to evaluate the quality of HPRP reports. RMDD is still considering options to contend with this issue and will strike a committee to draft options for the consideration of management.</li> </ul>		
<b>Action Required</b>	<b>Time line</b>	<b>Lead</b>
<ul style="list-style-type: none"> <li>• Collect the performance information outlined in the RMAF</li> <li>• Build performance monitoring capacity through staff training and development.</li> <li>• Consideration of options to develop staff capacity to monitor website activity</li> <li>• Strike a committee to draft options regarding possible quality review processes.</li> </ul>	Ongoing Ongoing by Q4 2005 by Q1 2006	Director Director Director Director

<b>Evaluation Conclusion:</b>		
Senior managers have not been sufficiently engaged in the selection and conduct of research priorities.		
<b>Evaluation Recommendation:</b>		
RMDD should ensure that senior managers are engaged in the selection of research priorities.		
<b>Program Response:</b>		
<b>Current Status</b>		
<ul style="list-style-type: none"> <li>• Since the evaluation period, ARAD has completed an intensive high-level consultation with key senior managers which led to the signing of 4 Memorandums of Understanding with ADM signatories. In these MOUs, policy questions requiring the research funded under the HPRP are identified.</li> <li>• RMDD has identified opportunities to better communicate its mandate with a broad audience of health policy decision makers (improved website presence, displays at gatherings of health policy decision makers, the publication of promotional material, targeted presentations to departmental executives)</li> </ul>		
<b>Action Required</b>	<b>Time line</b>	<b>Lead</b>
<ul style="list-style-type: none"> <li>• The creation and implementation of a HPRP communication strategy to ensure that the program's mandate is communicated widely among the health policy decision making community. A highlighted group in this strategy will be Health Canada senior executives through mechanisms such as DEC-PAC and CPR-DG.</li> </ul>	by Q1 2006	PRCorU

<b>Evaluation Conclusion:</b>		
Organisational units of RMDD tend to work in isolation.		
<b>Evaluation Recommendation:</b>		
RMDD's internal integration needs to be improved.		
<b>Program Response:</b>		
<b>Current Status</b>		
<ul style="list-style-type: none"> <li>Improving internal integration is an identified priority of the RMDD management team.</li> <li>Since the time period in which evaluation data was collected, a divisional meeting has been held.</li> <li>Responsibilities for the dissemination of completed HPRP reports have been consolidated in the Coordination Unit to prevent duplication and unnecessary overlap.</li> </ul>		
<b>Action Required</b>	<b>Time line</b>	<b>Lead</b>
<ul style="list-style-type: none"> <li>A project to define responsibilities and look for further opportunities for complementarity between RMDD units.</li> <li>Regular division meetings.</li> <li>An RMDD divisional retreat.</li> </ul>	<p>by Q3 2005</p> <p>Bi-monthly by Q3 2005</p>	<p>Director</p> <p>Director Director</p>



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# **RESEARCH MANAGEMENT AND DISSEMINATION DIVISION**

## **FORMATIVE REVIEW**

**June 2005**

**Prepared by:**

Departmental Performance Measurement and Evaluation Directorate  
Chief Financial Officer Branch



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# EXECUTIVE SUMMARY

## BACKGROUND

This formative review of the Research Management and Dissemination Division (RMDD) was conducted by the Departmental Program Evaluation Division (DPED) with the cooperation of the management and staff of RMDD. Information for this review was collected between September 2003 and April 2004.

RMDD was established in April 2001, under the scope of the Applied Research and Analysis Directorate (ARAD), which is part of the Information, Analysis and Connectivity Branch (IACB) in Health Canada. RMDD was created to fulfill Health Canada's need for mandate-focussed research and analysis that supports policy-making and program design and delivery. Specifically, RMDD was designed to identify future policy research needs, generate peer reviewed research, and disseminate results to promote and facilitate evidence-based decision-making in Health Canada.

The Treasury Board Submission of October 2000 designated the Health Policy Research Program (HPRP) under RMDD would support timely policy research, the results of which are directly applicable to Health Canada's policy and program functions. The creation of RMDD coincided with the creation of the Canadian Institutes for Health Research (CIHR), representing a shift of responsibility for funding investigator-driven health research from the National Health Research and Development Program (NHRDP) to CIHR. Under the transfer arrangement, a portion of NHRDP funding was moved to CIHR, and a portion was retained to fund the HPRP. The original allocation for RMDD was \$4.639 million in total operating funds, and \$4.1 million in contribution funds for the HPRP annually.

RMDD is composed of three organizational units, with the following mandates:

- the Policy Research Coordination Unit facilitates priority setting for health policy research in Health Canada by utilizing the expertise of branch, agency and regional representatives. This process is coordinated through the Policy Research Working Group (PRWG).
- the Health Policy Research Program Unit funds, monitors and disseminates results from research projects.
- the Policy Research Communications Unit disseminates the results of external policy research funded by the HPRP. This unit also produces the Health Policy Research Bulletin and Working Papers Series.

## **PROGRAM REVIEW**

The formative review of RMDD was conducted to fulfill one of the requirements related to renewal of the Terms and Conditions of the HPRP prior to March 2005. Management decided to expand the scope of the review to include all of RMDD because the services and products are interconnected. The objectives of the review were:

- To examine the continued relevance of the RMDD, including its original objectives and mandate.
- To assess the Division's operations and development with respect to facilitating outcomes.
- To provide an assessment of the Division's progress in achieving outcomes.

The review questions were:

### **Organizational Design**

- a. What are the best practices and challenges in the field of policy research, dissemination and uptake in general?
- b. To what extent are the current RMDD structures, processes, products and services contributing to the achievement of the objectives?
- c. What has been implemented and what remains to be done?
- d. What have been the key lessons learned?

### **Effectiveness/Impact**

- a. How effective has RMDD been in establishing an appropriate priority setting process to target research to the needs of policy decision makers?
- b. To what extent has RMDD been successful in generating new, relevant, and quality policy research products in a timely manner?
- c. Have RMDD's products and services reached their intended audiences?
- d. To what extent has RMDD been successful in engaging Health Canada policy decision makers in dialogues on policy research practices?
- e. Is there evidence that RMDD has increased communication and collaboration between and among Health Canada policy developers and external researchers?
- f. Is there any indication that, due to RMDD's efforts, there has been an increase in the use of policy research evidence in decision-making in the department?
- g. Has there been on-going monitoring of the organization's performance?

## Continued Relevance

- a. Are the original mandate and objectives of RMDD still relevant? Is any adjustment needed?
- b. Is there still a recognized need for RMDD's products and services?
- c. Do the activities of RMDD complement other federal health policy research programs?
- d. Are there duplications of RMDD's products or services in the department?

The methods for this review consisted of:

### LITERATURE REVIEW

- The literature review was conducted to accomplish three objectives. First, it provided an understanding of the context of RMDD and its role in supporting research and analysis that is directly applicable to Health Canada policy and program functions. The literature review also identified indicators and expected outcomes that have been used to assess the effectiveness of similar programs. Finally, best practices in similar funding strategies, delivery models, program elements and achievement of expected outcomes were identified.

### DOCUMENT REVIEW

- The document review compiled relevant RMDD documents, such as Treasury Board Submissions, policy documents, work plans, minutes of meetings and other documents related to the implementation and operations of RMDD. Review and analysis of these documents provided information on RMDD's structure, activities, products and services. Furthermore, this line of evidence helped compare objectives to what has been done and what remains to be done.

### INTERVIEWS

- In total, 31 interviews were conducted by DPED and an external consultant. Participants were selected from the respondent categories of: RMDD staff, the Policy Research Working Group, Health Policy Research Bulletin authors/guest editors, the Bulletin Steering Committee, Request For Proposal (RFP) participants, external researchers, and peer reviewers.

A key limitation in this study, which related to the assessment of outcome achievement, was the lag time (2 to 3 years) between the commissioning of research and the receipt of final reports under the HPRP. At the time of data collection for this review (prior to March 2004), only a few research projects had been completed and released. It was thus not possible to provide a generalizable analysis of the impact of HPRP funded projects. However, an initial investigation of progress in achieving immediate outcomes related to other activities in the Division was conducted where possible.

## SUMMARY OF FINDINGS AND RECOMMENDATIONS

An analysis of the continued relevance of RMDD's activities found that the RMDD can be considered unique for a number of reasons. RMDD (and the HPRP in particular) is a corporate program, focussed solely on generating policy research that meets the future needs of Health Canada decision makers. The mandate of the HPRP is also generally much broader and more flexible, in terms of generating policy relevant research, than comparable "issue specific" Health Canada research programs.

In terms of the main processes and activities of RMDD, this review found that the PRWG process identifies priorities for policy research and provides a forum for the exchange of information on policy research activities in Health Canada. Furthermore, interview respondents believed the priorities identified by the PRWG are relevant to Health Canada decision makers. In addition, the process of funding projects under the HPRP was noted by respondents to be clear, professionally managed, and to have a peer review process that compared favourably to other funding agencies. Stakeholders also noted that the Health Policy Research Bulletin provides a collaborative and "transformative" opportunity to explore policy issues across Health Canada.

The findings presented below cover potential areas for improvement which were identified in the course of this review, and are each associated with a recommendation:

### **FINDING: RMDD HAS ENGAGED IN PRELIMINARY KNOWLEDGE BROKERING ACTIVITIES, BUT THESE ACTIVITIES SHOULD BE EXPANDED**

This review found that RMDD has engaged in some preliminary knowledge brokering activities. For instance, the Health Canada policy contact for a HPRP project is intended to act as the conduit between the researcher and the departmental decision-making process or, in other words, as a knowledge broker. Originally, communication between the policy contact and the policy researcher was not mandatory. However, researchers are now required to speak to the policy contact before their proposal is accepted, although communication after this event is not mandatory.

Overall, it was found that on-going communication between policy contacts and external researchers is limited, possibly resulting in lost opportunities to improve the relevance of research products. The literature review identified a lack of communication between decision makers and researchers as an inhibitor to evidence-based decision-making. Stakeholders generally agreed that enhancing knowledge brokering activities of this type would increase knowledge utilization.

**RECOMMENDATION:****Knowledge brokering activities should be expanded**

It is recommended that RMDD facilitate improved linkages between policy contacts and external researchers. If the policy contact happens to vacate their current position, RMDD must make every effort to find a suitable replacement. Formal requirements (i.e., mandatory communication) should be established to ensure ongoing communication between policy decision-makers and researchers. Furthermore, RMDD could organize a greater number of policy forums to discuss research practices and further knowledge brokering strategies.

**FINDING: RMDD HAS ENGAGED IN PRELIMINARY DISSEMINATION ACTIVITIES, BUT THESE ACTIVITIES SHOULD BE EXPANDED**

At the time of this review, RMDD had just begun to deal with the challenge of disseminating HPRP research reports upon receipt. Planned dissemination activities were characterized by a three-pronged approach that involved: (1) informing Health Canada officials, external academic and policy researchers of the availability of final research reports through broadcast electronic messages and through announcements in the Department's Health Policy Research Bulletin; (2) posting bilingual executive summaries of final reports on the Health Canada website; and (3) distributing, upon request, electronic copies of the final reports in the language of submission, and making copies of the reports available for inter-library loans from the Health Canada Library.

Interview respondents, both internal and external to Health Canada, frequently mentioned the dissemination of research reports as a challenge for RMDD. Most respondents felt that the dissemination strategies of RMDD were passive and would not effectively promote knowledge uptake. More active dissemination strategies were suggested by interviewees. The literature review indicated an active/interactive dissemination strategy is most effective for facilitating knowledge uptake, and this approach could improve the uptake of information contained in HPRP reports.

**RECOMMENDATION:****Improve the dissemination strategy for funded research products**

The document review and the interview component found that the dissemination strategy for HPRP reports needs to be improved. In particular, RMDD should consider employing a more active dissemination strategy for funded research reports. The final reports need to be disseminated interactively through policy forums. RMDD should consider presenting findings

in a more targeted fashion, providing specific decision-makers with findings in a summary format. Interview respondents suggested that the Bulletin could be used to disseminate research abstracts and HPRP research findings. In the future, a dissemination strategy for each of the HPRP final reports should be developed at the initial planning stages of a project, including the identification of the target audience for the final report.

### **FINDING: PERFORMANCE MONITORING ACTIVITIES HAVE BEEN LIMITED**

The formative review found that RMDD has engaged in certain performance monitoring activities in order to assess the use of its products and performance. First, a survey of readers of the Health Policy Research Bulletin was conducted in order to coincide with the divisional formative review. However, the sampling method resulted in a low response rate<sup>1</sup> and increased the potential for self-selection bias. Second, RMDD sent out an evaluation form with 1100 copies of the Working Paper Series in May 2003 to assess the validity, usefulness, and structure of the Series. However, only 28 completed questionnaires were received by RMDD, yielding unrepresentative results. In addition, RMDD has been documenting the use of its web site. Finally, as this review was being finalized, RMDD conducted an informal survey of a few policy contacts after the research they had requested was completed and submitted. Results from this survey were inconclusive since many of the recipients had not yet had the opportunity to review the reports. As a greater number of research reports are received, it will be essential for RMDD to formally assess the perceived relevance, quality, and use of the reports.

#### **RECOMMENDATION:**

**Increase performance monitoring.**

It is recommended that RMDD increase their performance monitoring activities, particularly with respect to knowledge utilization. The HPRP reports need to be evaluated in terms of client perceptions of relevance and quality. RMDD also needs to determine if these reports are used by policy decision makers. This could be accomplished by utilizing a formal survey and/or case studies. If RMDD conducts any workshops or policy forums, they should be evaluated with feedback forms from participants.

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<sup>1</sup> A total of 6,186 copies of this Bulletin were distributed to 2,130 subscribers, therefore the exact number of survey recipients is not known. The number of returned questionnaires was 136 for a response rate of 2% calculated on the total distribution or 6% of the subscribers considered. This low rate limits the generalizability of the survey results.

Given that the recent survey of the Bulletin readership had limitations due to a low response rate, RMDD should design performance monitoring methodologies that will ensure adequate response rates and generalizability of results.

**FINDING: SENIOR MANAGERS ARE NOT BEEN SUFFICIENTLY ENGAGED IN THE SELECTION AND CONDUCT OF RESEARCH PRIORITIES**

PRWG members reported that the priority setting exercise is beneficial to Health Canada in identifying relevant priorities and successfully soliciting input from the branches. It was noted that the process is collegial, client focussed and encourages cross-branch dialogue, collaboration and sharing. In addition, this forum provides an opportunity for challenging the policy and research agenda of Health Canada.

However, some internal respondents expressed concern that the representatives on the PRWG, who are often senior policy analysts, may not always have direct links with branch senior management. For instance, branch executive committees are sometimes engaged in the selection of research priorities for the PRWG, but this is not the case for every branch. Thus, optimal alignment between the selection of research priorities by the PRWG and with the needs of senior decision-makers may not always be achieved.

**RECOMMENDATION:**

**RMDD should ensure that senior managers are engaged in the selection of research priorities.**

It is recommended that RMDD attempt to encourage greater senior management engagement in the proceedings of the PRWG. If possible, RMDD should put in place more formal mechanisms to ensure the commitment of branch senior management to research priorities and projects. Efforts to further engage senior management could also be facilitated by promoting and raising the profile of RMDD in the department. A greater profile for RMDD could be achieved by more active dissemination of research products and through policy research forums focussed on a particular topic from a HPRP report or from the Bulletin.

## **FINDING: ORGANIZATIONAL UNITS OF RMDD TEND TO WORK IN ISOLATION**

RMDD is composed of three separate units, and each of their responsibilities contributes to the overarching objective of enhancing the use of evidence in Health Canada's decision-making process. However, RMDD interview respondents generally agreed that the three units of RMDD tend to work in isolation and often do not view their roles as complementary. As a result of this tendency, there are tensions around areas of complementary responsibility, and some activities that will be important for ensuring knowledge uptake in the future (i.e., dissemination) have not been fully developed. Interview respondents believed that the common objective of the Division needs to be stressed to each unit, highlighting the importance of working together as a cohesive whole.

### **RECOMMENDATION:**

**RMDD's internal integration needs to be improved**

To ensure that the units of RMDD work in a co-ordinated and integrated manner, roles and responsibilities in certain areas of responsibility, such as generating RFPs for identified research priorities and disseminating research reports, need to be discussed. The contribution of each unit to these areas of responsibility also needs to be clarified. Other potential areas for collaboration should be explored in strategic planning sessions/retreats.

# INTRODUCTION

This document is the final report for the formative review of the Research Management and Dissemination Division (RMDD). The findings contained in this report will assist management in determining the future direction of the Division, and provide information relevant to the process of renewing the current Terms and Conditions for the Health Policy Research Program (HPRP).

The original Treasury Board submission (from October 2000) specified this review should examine issues related to the transition of the National Health Research and Development Program (NHRDP) to a new organisational structure, the HPRP under RMDD. The original commitment in the Results-Based Management and Accountability Framework was for a review of the HPRP, however, management decided to extend the review to the entire Division. The rationale for this decision was based on the fact that the HPRP is linked to a number of other activities conducted by RMDD.

## POLICY CONTEXT

RMDD was established in April 2001 under the scope of the Applied Research and Analysis Directorate (ARAD), which is part of the Information, Analysis and Connectivity Branch (IACB) of Health Canada. RMDD was a response to Health Canada's need for mandate-focussed research and analysis that supports policy-making and program design and delivery. Specifically, RMDD was designed to identify future policy research needs, generate peer reviewed research, and disseminate the results in order to promote and facilitate evidence-based decision-making in Health Canada.

The creation of RMDD and the Canadian Institutes for Health Research (CIHR) occurred at the same time. Under the transfer arrangement for the NHRDP, a portion of NHRDP funding was moved to the CIHR and a portion was retained to fund the HPRP. The Treasury Board Submission designated that the HPRP under RMDD would support timely policy research, the results of which are directly applicable to Health Canada's policy and program functions. The original allocation for RMDD was \$4.639 million in total operating funds, and \$4.1 million in contribution funds for the HPRP per year.

The three primary responsibilities of RMDD were:

1. Policy research coordination and liaison;
2. Management and delivery of the HPRP; and
3. Policy research dissemination.

RMDD created three organizational units to fulfill these objectives.

## **Policy Research Coordination Unit**

The Policy Research Coordination Unit aims to facilitate coordination among researchers and policy makers in order to promote the relevance, quality and usefulness of policy research conducted in Health Canada or supported under the HPRP. This unit provides secretariat support to divisional policy research priority-setting activities. Priority-setting activities involve a process that utilizes the expertise of senior policy staff from across the department to identify priority policy research themes and associated knowledge gaps. Themes and gaps are then addressed through research funded by the HPRP and the internal research activities of ARAD.

## **Health Policy Research Program**

The HPRP unit is responsible for the management and delivery of contribution funding to bridge the gap between what is known and what is applied in policies and programs relevant to health policy makers. This is done by funding external policy research projects selected from the successful applicants to Requests for Proposals.

## **Health Policy Communication Unit**

The Health Policy Communication Unit is responsible for disseminating and promoting the uptake of policy relevant research results on issues of priority to Health Canada. It has two main objectives: to disseminate the results of external policy research funded through the HPRP, and to identify and disseminate the outputs of internally-conducted policy relevant research and analysis on issues of importance to Health Canada. Additionally, the Health Policy Research Communication Unit is responsible for the Health Policy Research Bulletin (HPRB), the Working Papers Series (WPS), the website of RMDD, seminar/workshop series, and the Visiting Speaker Series on topical and emerging policy issues.

# LOGIC MODEL

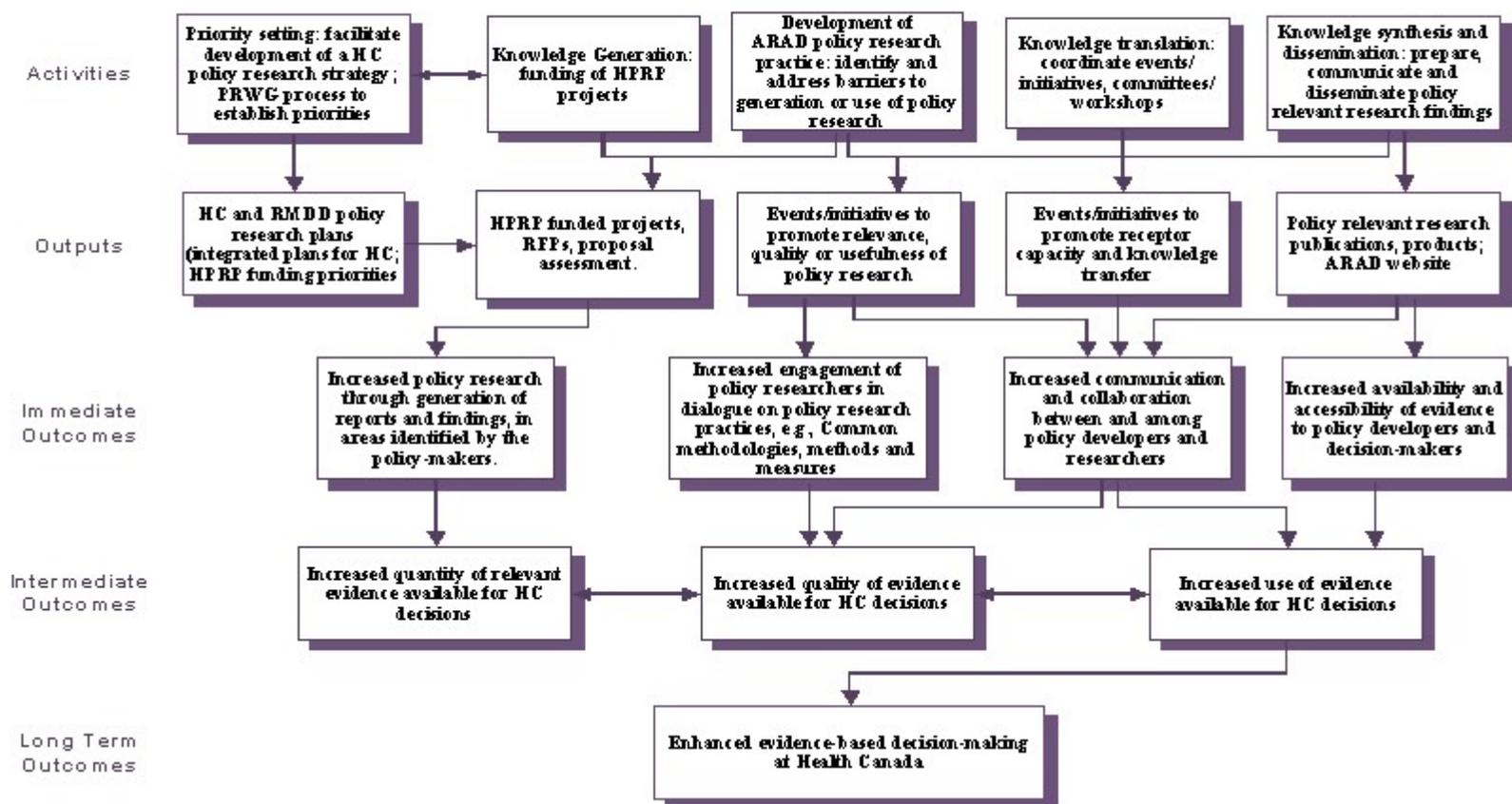
The logic model for RMDD was completed in May 2003 as the result of collaboration between the Departmental Program Evaluation Division (DPED) and RMDD. It was constructed to reflect the original mandate and responsibilities of RMDD, as outlined in the Treasury Board submission of October 2000, and theories of effective knowledge transfer. Linkages between RMDD's activities, outputs and expected outcomes are illustrated according to how they relate to one another in order to achieve the long term outcome of enhanced evidence-based decision-making.

The Logic Model identifies five activities for RMDD:

- priority setting to establish policy research priorities;
- knowledge generation;
- development of ARAD policy research practice;
- knowledge translation; and
- knowledge synthesis.

The outcomes are expected to occur when RMDD coordinates linkages to manage, generate and disseminate policy research that is relevant to Health Canada. Following the establishment of policy research priorities, the soliciting, funding, monitoring and dissemination of research projects will occur. It is important to acknowledge that the achievement of the longer term outcome of enhanced evidence-based decision-making requires sufficient time for both knowledge generation and uptake to occur.

## *Research Management and Dissemination Division Logic Model*



# FINANCIAL

<b>RMDD Operating Budget</b>			
	<b>2001-2002</b>	<b>2002-2003</b>	<b>2003-2004</b>
TB Allocation	\$4,639,000	\$4,639,000	\$4,639,000
(Less) Directorate Reallocations	<u>\$2,071,740</u>	<u>\$2,225,840</u>	<u>\$2,692,080</u>
<b>Actual Allocation</b>	<b>\$2,567,260</b>	<b>\$2,413,160</b>	<b>\$1,946,920</b>
RMDD O&M	\$587,005	\$429,085	\$373,514
Salaries	<u>\$1,558,213</u>	<u>\$1,615,625</u>	<u>\$1,530,416</u>
<b>(Less) Expenditures</b>	<b>\$2,145,218</b>	<b>\$2,044,710</b>	<b>\$1,903,930</b>
<b>Declared Lapse</b>	<b>\$422,042</b>	<b>\$368,450</b>	<b>\$42,990</b>

RMDD was initially allocated \$4.639 million in operating funds. However, due to reallocations, RMDD has not fully utilized the allocation from Treasury Board during its first three years of operation. There was also the need to honour departmental commitments made under the old program budget to support the Canadian Institute for Advanced Research (CIAR) and prostate cancer research.

In late 2000, the new Division had several new functions and vacancies to be addressed. As the recruitment of new employees was required, lapses in salaries and O&M in the first year of operations took place. According to Divisional records, staff turnover, maternity leave and vacancies accounted for a significant portion of the lapsed funds.

<b>HPRP Gs and Cs Budget<sup>2</sup></b>			
	<b>2001-2002</b>	<b>2002-2003</b>	<b>2003-2004</b>
TB Allocation	\$4,100,000	\$4,100,000	\$4,100,000
Transfers from Branches	\$50,000	\$270,000	\$256,000
(Less) Directorate Reallocations	<u>                    </u>	<u>\$500,000</u>	<u>\$500,000</u>
<b>Actual Allocation</b>	<b>\$4,150,000</b>	<b>\$3,870,000</b>	<b>\$3,856,000</b>
CIAR	\$500,000	\$500,000	\$500,000
Prostate	\$1,000,000	\$1,000,000	\$1,000,000
Branch Reduction	<u>\$0</u>	<u>\$220,000</u>	<u>\$100,000</u>
<b>(Less) Reallocations</b>	<b>\$1,500,000</b>	<b>\$1,720,000</b>	<b>\$1,600,000</b>
(Less) HPRP Contributions	\$1,007,501	\$2,139,268	\$2,091,323
<b>Declared Lapse</b>	<b>\$1,642,499</b>	<b>\$10,732</b>	<b>\$164,677</b>

In the original Treasury Board submission, the HPRP was allocated \$4.1 million in Gs&Cs. In addition, the HPRP supported policy research projects (sponsored by the NHRDP) that were retained by Health Canada when CIHR was created on March 31, 2001. Continued support for these policy projects was provided by the HPRP as of April 1, 2001.

The portion of RMDD's Gs&Cs allocation, that was not reallocated, was dedicated to funding policy research proposals generated through Requests for Proposals (RFPs). To plan work and maximize research dollars, a multi-year funding envelope was allocated to each RFP, based on the class of research activity solicited (conference, primary, synthesis) and the amount of funding available in the HPRP budget to cover the costs of each RFP over the life-cycle of successful proposals.

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<sup>2</sup> Another branch with a particular interest in the RFP topic provided funds for projects (\$120,000 in 2002-03 and \$106,000 in 2003-04) which effectively increased the actual allocations for HPRP in these years. Also, in the years prior to the start of the HPRP, HC supported a project named Metropolis with other federal partners. After Metropolis wrapped up in 2002-03, the allocation was returned to HPRP effectively increasing HPRP's G&C allocation in 2003-04 and subsequent years by \$150,000.

Proposals that were deemed appropriate by departmental policy review panels and external peer review committees were then ranked. The highest ranked proposals were given priority in the funding envelope. In the event that the total cost of fundable proposals was less than the envelope allocation, the remaining funds in that envelope were reallocated to other HPRP RFPs. In the event that the total cost of fundable proposals was greater than the envelope allocation, the highest ranked proposals were funded by HPRP within the allocated RFP envelopes and, in some instances, other Health Canada branches with a particular interest in seeing the research conducted have contributed to the funding of some of the remaining fundable proposals.

# REVIEW ISSUES AND OBJECTIVES

RMDD has been in operation since 2001. The HPRP will be seeking Treasury Board approval to renew the terms and conditions prior to March 2005. This review fulfils one of the requirements for renewal.

The HPRP began operating in 2001 and the research funded may take 2-3 years to be completed. Thus, it is only possible to examine the initial stages of program development and management in this review. The primary focus of this review is on the processes, structures and relevance of RMDD, with a limited examination of initial impacts.

The objectives of this review were developed collaboratively by RMDD and DPED. The overall objectives of the review were as follows:

- To examine the continued relevance of RMDD, including its original objectives and mandate.
- To assess the Division's operations and development.
- To assess the nature and extent of the Division's progress in achieving outcomes.

## REVIEW THEMES AND QUESTIONS

The review questions were designed to assess the extent to which the structures, processes, products and services of RMDD are appropriate for outcome achievement. Furthermore, the questions sought to identify future areas for development. The review themes and their associated questions are:

### Organizational Design

The formative review questions related to organizational design assessed the structures, processes and products of RMDD, considering what remains to be done in order to achieve the outcomes listed in the logic model.

- a. What are the best practices and challenges in the field of policy research, dissemination and uptake in general?
- b. To what extent are current RMDD structures, processes, products and services contributing to the achievement of the objectives?
- c. What has been implemented and what remains to be done?
- d. What have been the key lessons learned?

## **Effectiveness/Impact**

Questions in this section sought to assess RMDD's initial success in the achievement of immediate outcomes, as outlined in the logic model.

- a. How effective has RMDD been in establishing an appropriate priority setting process to target research to the needs of policy researchers?
- b. To what extent has RMDD been successful in generating new, relevant and quality policy research products in a timely manner?
- c. Have RMDD's products and services reached their intended audiences?
- d. To what extent has RMDD been successful in engaging HC policy researchers in dialogues on policy research practice?
- e. Is there evidence that RMDD has increased communication and collaboration between and among Health Canada policy developers and external researchers?
- f. Is there any indication that, due to RMDD's efforts, there has been an increase in the use of policy research evidence in decision-making in the department?
- g. Has there been on-going monitoring of the organization's performance?

## **Continued relevance**

The questions under this theme provided a limited examination of the continued relevance of RMDD's objectives and efforts to ensure complementarity and avoid duplication of research efforts in Health Canada.

- a. Are the original mandate and objectives of RMDD still relevant? Is any adjustment needed?
- b. Is there still a recognized need for RMDD's products and services?
- c. Do the activities of RMDD complement other federal health policy research programs?
- d. Are there duplications of RMDD's products or services within the department?

# METHODOLOGY

Data collection for this study occurred from September 2003 to March 2004.

The methodology involved the following components:

- Literature Review
- Document Review
- Key Informant Interviews (n = 31)

## LITERATURE REVIEW

The literature review provided information on the context surrounding RMDD and its role in supporting research and analysis that is directly applicable to Health Canada's policy and program functions. In addition, the literature review identified indicators and outcomes that have been used in assessing the effectiveness of similar programs. Best practices in similar funding strategies, delivery models, program elements and achievement of intended outcomes were also analysed. The main outcome of the literature review was the presentation of the conceptual issues surrounding policy research, research dissemination and policy uptake in government. Information was collected from a range of resources such as Health Canada documents, studies, academic journals, articles, fact sheets, and web sites.

## DOCUMENT REVIEW

The document review analysed Treasury Board submissions, policy documents, work plans, minutes of meetings and other documents related to the implementation and operations of RMDD. These documents provided information related to RMDD's structure, activities, products and services. Important information regarding target groups and partners, priority setting, communication practices, and performance monitoring, where applicable, was also reviewed. The document review also helped identify what has been done and what remains to be done, including a comparison of activities and products with other funding programs.

An analysis of RMDD's Health Policy Research Bulletin Readership Survey and data on website usage was also part of the document review. RMDD was responsible for the design and data collection methods for these lines of evidence, which were part of divisional on-going performance measurement efforts. The Readership Survey consisted of a two page postal survey questionnaire that was inserted into the 6th issue of the Bulletin in the summer of 2003. Use of their website is monitored by RMDD and the data gathered is analysed according to the frequency and date of downloads.

## **INTERVIEWS**

It was determined that a number of perspectives should be included in the interview process. Interview guides were developed and customized for each perspective and all questions were pilot tested prior to general application. In total, 31 interviews with key client and stakeholder groups were conducted. For the purposes of this report, data cited will be identified as originating from respondents who are internal to Health Canada or from the external research community. The following groupings were used for the interview component:

Internal to Health Canada:

- Health Policy Research Bulletin authors/guest editors (n=3)
- Members of the Policy Research Working Group (n=6)
- Members of the Bulletin Steering Committee (n=3)
- RMDD staff (n=8)
- RFP participants (n=5)

External to Health Canada:

- External Researchers (n=4)
- External Peer Reviewers (n=2)

The interviews were conducted by members of DPED and an external contractor who participated in the interviews, transcribed the notes, and conducted the initial analysis of the information. The interviews were conducted between January and March 2004. From the potential list of informants, DPED randomly selected interview candidates from the lists. All interview notes were validated by the interview participant prior to their use in the interview component report.

## **ANALYTICAL APPROACH**

The information from the document review and literature review provided background information, which was triangulated with the evidence from the interview component. In particular, the literature review ensured that best practices in policy research, knowledge uptake and dissemination were compared with the practices, structure and activities of RMDD.

Interview results were analysed to identify major overarching themes. The interviews were summarised across categories of respondents, consolidated, and then content was compared and contrasted in each set using the interview questions. The emerging themes were explored across all of the interviews to capture the full range of opinions. Instances of contradictory statements were noted.

## **LIMITATIONS**

This review provides an initial assessment of effectiveness by exploring the current structures and processes of RMDD and by identifying best practices in the literature. Lag times between when research is commissioned and completed has limited the amount of data on outcome achievement for HPRP products that were available for assessment in this formative review.

The issue of potential informant bias should be noted. Interview results relied on information provided by respondents many of whom are employees of Health Canada and are closely associated with the internal operations of RMDD. External informants, in some cases, were recipients of research funding. However, every effort was made to substantiate any major conclusions or findings drawn from the interview component with information from the literature and program documentation.

# KEY FINDINGS

This section integrates results from the lines of evidence that are related to RMDD's processes, structures, relevance and progress towards the achievement of outcomes. The findings from each line of evidence are available in supporting component reports. Results have been organized according to the overarching themes of organizational design, early indications of effectiveness/impact, and continued relevance.

## ORGANIZATIONAL DESIGN

This section explores the processes and structures of RMDD. In particular, the findings present how the current structures, processes, products and services of RMDD have been implemented and stakeholders' perceptions of their appropriateness. The organization of this section is structured according to the units of RMDD.

### Policy Research Coordination Unit

The primary objective of the Policy Research Coordination Unit was to establish a forum for the development of policy research priorities for the HPRP. For this objective, the Policy Research Working Group (PRWG) was created with a schedule of 4-5 annual meetings. Most members of this committee are at a Senior Policy Analyst level and have been appointed by their branch's policy Director General. At the time of this review, there were two Directors on the PRWG. In total, there are about twenty members and attendance is recorded.

The PRWG identifies themes and sets priorities according to the topics that are pertinent to the Health Canada policy community for the purpose of allocating HPRP funding. Each branch of Health Canada (except Corporate Services Branch), the Office of the Chief Scientist, and all the regions bring themes forward. Branch Executive Committee (BEC) approval is required of themes before they are presented at the PRWG. This process is designed to facilitate senior level endorsement. Themes are assessed by members of the PRWG according to horizontality, knowledge gaps in the department, and priority as a research issue. The themes are then ranked by the PRWG using previously agreed upon criteria.

Members of the PRWG and RMDD staff identified the following strengths and limitations of the PRWG.

## **PERCEIVED SUCCESS**

PRWG members reported that the priority setting exercise is beneficial to Health Canada in identifying relevant priorities and successfully soliciting input from the branches. It was noted that the process is collegial, client focussed and encourages cross-branch dialogue, collaboration and sharing. In addition, this forum provides an opportunity for challenging the policy and research agenda of Health Canada. It was also noted that themes identified have, in some cases, influenced policy research in other divisions where the policy agenda is internally directed.

## **PERCEIVED LIMITATIONS**

Most of the data supported the PRWG priority setting process, however, some challenges were identified. There is a time lag of 2 to 4 years between when priority issues are circulated and the final research is submitted to Health Canada. Thus, it is necessary for the PRWG to identify *future* policy needs. This challenge is made more difficult by the lack of corporate strategic priorities for Health Canada, which could guide the research priority setting process. Internal informants agreed that the department lacks a long-term policy agenda.

A number of issues were identified that affect the ability of the PRWG to optimally support future corporate decision-making in Health Canada. There has been a high rate of turnover in PRWG membership. Generally, members of the PRWG are at a Senior Analyst level and may not always be in a position to actively engage senior officials in theme development within branches. A key member, the Office of the Chief Scientist, which provides a link to the Canadian Institutes of Health Research (CIHR) has also had only limited participation, although they have a designated seat on the PRWG.

Another limitation raised by respondents is the process in branches for identifying themes varies. Some respondents felt that certain branches have a greater capacity than others to present a strong case for their theme submission. RMDD has developed guidelines that are to be followed by branches in developing priorities, however, the Division is not able control the process in each branch. RMDD has a process that attempts to ensure branch executive committee (BEC) approval. However, there is still a perception among key informants that the themes brought to the PRWG for approval may reflect the views of the PRWG members and not necessarily their respective branches. Senior policy personnel craft the priorities for the PRWG, but it was felt that they may not accurately reflect the agenda of high level decision makers in the department.

## **SUMMARY**

The analysis of data found that the PRWG process identifies priorities for policy research and provides a forum for the exchange of information on policy research activities in Health Canada. In terms of process of the PRWG, this has been refined over the past few years and most PRWG members felt confident that this structure collaboratively identifies priorities.

However, not all respondents believed that the PRWG can successfully identify themes that will be pertinent in the next 2 to 4 years. This is partially attributed to the lack of long-term policy agenda in the department. Relatedly, the lack of executive representation on the PRWG was noted, and key informants noted that themes identified by branches may not reflect the perspectives of the most senior officials. Enhanced engagement of senior managers in this process and throughout research projects could strengthen the linkage between research priorities and future decisions.

## **Health Policy Research Program**

Knowledge generation is a key activity of the HPRP. This contribution program is responsible for translating the priorities set by the PRWG into Requests for Proposals (RFPs) and funding of research that strengthens the evidence base for Health Canada's policy decisions. The HPRP funds four separate classes of policy research: research projects, developmental contributions, workshops/seminars and federal/provincial/territorial partnerships.

In terms of process, the highest ranking themes generated by the PRWG are developed into context pieces by policy contacts in the relevant branch, the HPRP unit and the Policy Research Coordination Unit. Once themes have been generated and approved, specific RFPs are developed in close consultation with the various branches of Health Canada. The main policy contact chairs the internal review committee that reviews the RFP. Each year from September to March, approximately six RFPs are released. Applications are solicited from eligible Canadian institutions. A peer review committee, consisting of external researchers with expertise in the particular area under consideration, rates the applications.

The majority of projects funded by the HPRP have fallen under the research project category. From April 2001 to the summer of 2004, 31 projects have been funded. Detailed information on the projects funded by the HPRP is located in Appendix A.

## **PERCEIVED SUCCESS**

The RFP and peer review processes were identified by interview respondents as strong and rigorous. Internal and external participants found the majority of RFPs were clearly written, provide explicit criteria and were advertised widely to the external research community. In terms of the peer review process, respondents believed that it was quite effective and assures

that proposals are methodologically sound and policy relevant. The turnaround time for the peer review process was found to be similar to that of other funding agencies, such as CIHR. Generally, the external researchers felt that the comments generated by the peer review process were constructive and beneficial. Overall, the majority opinion of interviewees indicated that the HPRP process is effectively managed.

## **PERCEIVED CHALLENGES**

Internal and external interview respondents agreed that certain competitions have been under-subscribed. Some interviewees believed these cases of undersubscription may be due to: unclear RFPs; minimal funding available; competition from other funding agencies; lack of regularity in calls for proposals. However, the majority of interview respondents had also stated that RFPs were clearly written. Thus, there is conflicting evidence around the reasons for undersubscription.

The literature review found that on-going communication between the policy contact and the external researcher should be encouraged in order to facilitate greater knowledge uptake. However, interview respondents indicated that there is some ambiguity around the extent to which the policy contact must engage on an on-going basis with the policy researcher. Recently, the HPRP made communication between the policy contact and the external researcher mandatory at an early stage in the process. However, communication is not mandatory after this initial point of contact. Some policy contacts also indicated that they were unaware of the expectation for long term involvement. Some stakeholders also suggested that too much onus may be placed on the policy contact to forge and support on-going communication with the research community. Furthermore, the policy contacts often move on, so linkages are broken.

The issue of quality control of products was raised by internal and external informants. One interview respondent stated:

There is no real dialogue at the end of the process, merely a presentation of results. The question of whether the researchers did a good job? Is the research policy relevant - the what, with whom, when and why questions? Whether or not policy analysts use the information? These questions are not asked.

Another challenge cited by internal interviewees respondents was the 2 to 4 year lag between when the themes are established and when the results are submitted by the researchers. The time delay between assigning the research issues and dissemination means that the policy agenda may have shifted focus, or champions of a particular issue may no longer be involved. These issues complicate the effectiveness of dissemination strategies and were identified as challenges specifically by RMDD staff.

The Literature Review identified two types of research dissemination: passive and active. Passive dissemination is unplanned, untargeted and would include ad hoc forms of communication such as publications in academic journals. Active dissemination is tailored to a target audience and with a dynamic flow of information from the source. Considerable effort must be directed to dissemination to promote uptake and utilization of research and it is generally agreed that active dissemination is more effective than passive dissemination (Lavis et al. 2003).

Informants, both internal and external, expressed concerns that effectively disseminating HPRP reports that were beginning to be received presented challenges.

Up to now the challenge for the dissemination unit has been to take information generated elsewhere and disseminate it through the Bulletins to increase uptake of evidence. The new challenge will be to engage Health Canada decision makers and get them to read the material.

The Policy Research Communications Unit is responsible for disseminating policy research findings and maintaining liaison with external health policy research organizations. Planned dissemination activities for HPRP reports were characterized by a three-pronged approach that involved: (1) informing Health Canada officials, external academic and policy researchers of the availability of final research reports through electronic messages and through announcements in the Department's Health Policy Research Bulletin; (2) posting bilingual executive summaries of final reports on the Health Canada website; and (3) distributing, upon request, electronic copies of the final reports in the language of submission, and making copies of the reports available for inter-library loans from the Health Canada Library.

Interview respondents, both internal and external to Health Canada, frequently mentioned the dissemination of research reports as a challenge for RMDD. Most respondents felt that the dissemination strategies of RMDD were passive and would not effectively promote knowledge uptake. More active dissemination strategies were suggested by interviewees. The literature review indicated an active/interactive dissemination strategy is most effective for facilitating knowledge uptake, and this approach could improve the uptake of information contained in HPRP reports.

Respondents also noted that there is a lack of clarity in RMDD about who has responsibility for the Divisions' overall dissemination strategy and contradictory statements were made by respondents internal to Health Canada in this regard. Some stakeholders suggested that the Bulletin staff should be responsible for disseminating funded research findings in the Bulletin.

## Summary

Overall, the process for selecting research projects was viewed as clear, professionally managed and as having a peer review process that compares favourably to other funding agencies. However, difficulties with the policy contact providing ongoing support to projects were cited by respondents. A lack of a quality control strategy upon completion of projects was also noted by respondents as a weakness. A dissemination strategy had been developed for HPRP reports, although interview respondents indicated that a more active dissemination approach needs to occur. Lag-time between solicitation and the final product was cited as a potential challenge when attempting to target relevant research products in a timely fashion.

## Policy Research Communications Unit

In terms of outputs, 11 Working Papers, two seminars and one workshop have been completed under the direction of this unit since April 2001. Furthermore, the major output of this unit is the Health Policy Research Bulletin, which is designed to facilitate the transfer and uptake of knowledge in Health Canada. Each edition focusses on a broad policy relevant theme and attempts to provide a horizontal perspective across branches. Prior to the first Bulletin, which was released in 2000, Health Canada did not have a policy relevant research publication. A Bulletin Steering Committee, chaired by the Director General, ARAD, plans and reviews all issues of the Bulletin. Members of the Steering Committee include representatives from the policy sector in each branch.

At the time of data collection, nine issues of the Bulletin had been released and the next four issues were in the process of being developed. For each issue, a print run of approximately 6000 is undertaken and the Bulletin is also available on Health Canada's website. Distribution is to audiences both in and outside Health Canada and individual publications are targeted according to the topic explored. The break down of distribution is 40% internal and 60% external. Many subscribers receive multiple copies.

## PERCEIVED SUCCESS

There was unanimous agreement across all interview respondents that the Bulletin brings together researchers, writers and reviewers and facilitates a process that synthesizes nationally significant themes for policy research. The Bulletin was reported to reflect the vision of transformation across branches. One internal respondent stated:

The Bulletin has a transformative function. It facilitates strong horizontal linkages, provides a forum for branches to work together on a policy research topic, enables people to discover that others are working on similar issues and see connections. Examples that illustrate this are Population and Public Health Branch and First Nations and Inuit Health Branch participated in the Child Maltreatment Issue.

The process was described by an interview respondent as:

The Bulletin encourages high quality internal policy debate, between policy analysts and researchers with respect to policy alternatives. A robust process in which policy research papers are discussed .....with a friendly challenge function is followed. The Lead editor and all authors review all articles, often meticulously reviewing and checking references. This strengthens the credibility of the evidence-base and policy relevance. This gives rise to interesting discussion and identification of policy issues for Health Canada to consider. That is horizontality in two ways.

It was reported that special consideration is given to the audience for each issue to ensure that the research is vetted, authentic and precise. This process increases the quality of the product, according to internal Health Canada respondents.

The table below illustrates the lead and participant branches that have been involved in each issue of the Bulletin.

### **Branch Lead and Participant in Bulletin**

BULLETIN THEME	FNIHB	HPB	HPFB	HECSB	IACB	PPHB
Aging and Health Care Reform					L	P
Health Policy and Human Genome	P	L			P	P
Health Promotion: Does it work?	P	P			P	L
Health and the Environment: Critical Pathways	P			L	P	P
Closing the Gaps in Aboriginal Health	L	P		P	P	P
Antimicrobial Resistance: Keeping it in the box			L	P	P	P

<b>BULLETIN THEME</b>	<b>FNIHB</b>	<b>HPB</b>	<b>HPFB</b>	<b>HECSB</b>	<b>IACB</b>	<b>PPHB</b>
The Other Mainstream: Complementary and Alternative Health Care			L		P	P
Health Human Resources		L			P	
Child Maltreatment				P	P	L

L - Denotes lead Branch (Home Branch of the guest editor)

P - Denotes participating Branch (Author or co-author of key article)

FNIHB - First Nations and Inuit Health Branch

HPB - Health Policy Branch

HPFB - Health Products and Food Branch

IACB - Information, Analysis and Connectivity Branch

PPHB - Population and Public Health Branch

Stakeholders agreed that each issue of the Bulletin presents a nationally significant theme that has been formulated by multiple perspectives. Most Bulletin participants/editors believe that the process facilitates horizontal linkages across the branches. Furthermore, the Steering Committee was identified as having a good development process for identifying key messages and organizing the presentation of the research.

## **PERCEIVED CHALLENGES**

Certain themes for the Bulletin have presented challenges in generating sufficient material to provide a balanced perspective. Informants indicated that it is not always easy to find material that is evidence based and objective. Furthermore, the process of identifying topics for future Bulletins was not entirely clear to all interviewees and it may be a challenge to identify themes for future Bulletin issues. Past editions of the Bulletin have addressed a range of topics, but no themes have been identified after issue 12.

## **SUMMARY**

Respondents reported the Health Policy Research Bulletin provides a collaborative, transformative medium for the exploration of policy issues across branches. There was agreement that horizontal linkages are facilitated through the Bulletin development process. A challenge associated with the Bulletin was found in the identification of themes for future issues.

## **RMDD as an Organization**

RMDD is composed of three units, and each of their responsibilities contributes to the overarching objective of enhancing the use of evidence in Health Canada's decision-making process. However, RMDD staff indicated that the three units of RMDD tend to work in isolation and these units often do not view their roles as complementary. As a result of this tendency, there are tensions around areas of complementary responsibility, and some activities that will be important for ensuring knowledge uptake in the future (i.e., dissemination) have not been fully developed. Interview respondents believed that the common objective of the Division needs to be stressed to each unit, highlighting the importance of working together as a cohesive whole.

# EFFECTIVENESS/IMPACT

The formative review sought to examine the effectiveness and initial impacts of RMDD's activities, products and services, according to the original objectives and mandate. At the time of this review, the preliminary analysis of effectiveness/impact was limited due to the fact that HPRP reports were just beginning to be received by policy decision makers. An examination of potential effectiveness was thus accomplished by two avenues of analysis:

- an assessment of process compared to the literature on best practices in knowledge transfer, and evaluations of similar programs; and
- on-going performance measurement information collected by RMDD.

The following section is organized according to the immediate outcomes identified in the Logic Model. These immediate outcomes are key components for the generation of timely, quality and relevant research to be used by decision makers. The literature review validated these immediate outcomes as necessary for the subsequent outcome of knowledge transfer.

## **GENERATION OF REPORTS AND FINDINGS IN AREAS IDENTIFIED BY POLICY-MAKERS**

The structure of the PRWG is validated by the literature which found that users are more apt to use research that is a product of their own suggestions and input (Crosswaite & Curtice, 1994). Most PRWG members felt confident that the PRWG is identifying health policy research topics that are important and relevant to Health Canada, with research questions and priorities reached through a collaborative process. The collaborative process of the PRWG, which incorporates the input of decision makers, mirrors best practices outlined in the literature.

Interview participants were reluctant to speculate on the impact of HPRP research at this stage in the life cycle of the program. Analysis of the effectiveness/impact of the HPRP reports was premature and was limited by the recent release of the reports.

The HPRP builds on the experience of the former NHRDP, although some of the objectives and processes are different. Thus, it is interesting to compare some of the findings encapsulated in the 1994 Evaluation of the NHRDP against the key findings of this formative review of RMDD. First, the 1994 evaluation found that the NHRDP had a significant time lag between identifying the priority area for research and the actual production of a final report, sometimes extending over five or more years. Some projects funded by the NHRDP took seven or more years to submit a final report. RMDD has structured its competitions so that all research projects must be completed in 2-3 years.

Key informants in the 1994 evaluation of the NHRDP were critical of the review process. These informants cited displeasure with the slow turnaround time, the uncertainty inherent in the application review process, and the transparency of the process. Interview participants in the RMDD formative review were generally positive about the review process. They noted the process compares favourably with the similar processes employed by other funding bodies, such as CIHR.

The literature indicated that many funding programs have faced similar challenges with regard to dissemination and quality control activities. The evaluation of the NHRDP revealed that dissemination was an issue for the program. For RMDD, dissemination was frequently mentioned as a challenge by interview respondents internal and external to Health Canada. Specifically, more active dissemination strategies were suggested. The evaluation of the NHRDP in 1994 found that there was not a mechanism for assessing the quality of research submitted by external researchers. With regard to the quality of the HPRP reports, RMDD does not have a defined internal mechanism for determining if the final reports are relevant and/or of high quality. The literature indicated that the absence of a quality assurance mechanism and an active dissemination strategy might limit the impact of research reports (Lavis et al. 2003).

### **INCREASED ENGAGEMENT OF POLICY RESEARCHERS IN DIALOGUE ON POLICY RESEARCH**

Increased engagement of policy researchers on policy research practices is also an immediate outcome in RMDD's logic model. The literature identified this dialogue as an important method of increasing knowledge utilization by decision makers. Members of the PRWG indicated that some dialogue on policy research practices does occur at their meetings, although the ranking of themes is usually the main item discussed. Bulletin Steering Committee members also indicated that they sometimes engaged in discussions about policy research, particularly how a certain piece of research is policy relevant. However, beyond this RMDD has not sought to formally engage Health Canada policy decision-makers in dialogue on policy research.

### **INCREASED COMMUNICATION AND COLLABORATION BETWEEN AND AMONG POLICY DEVELOPERS AND RESEARCHERS**

The Logic Model also identified increased communication and collaboration between and among policy developers and researchers as one of the immediate outcomes for the Division. The literature review found that two-way exchange processes should be encouraged between researchers and decision makers, whereby a reciprocal learning process is created. Lack of interaction between researchers and decision makers has been identified as one of the main inhibitors to knowledge utilization (Landry, Lamari & Amara, 2000; Lavis et al., 2002).

According to the Literature Review, a knowledge broker is a key component of a successful knowledge transfer strategy (CHSRF, Annual Report 2002). RMDD has recently made communication between the Health Canada policy contact and the external researcher mandatory. The policy contact is intended to act as a tangible point of contact for the departmental decision-making process or, in other words, as a knowledge broker. Researchers are required to speak to the policy contact before their proposal is accepted, although communication after this event is not mandatory. At the time of this review, the main knowledge brokering activities of RMDD related to the role of the policy contact, although the Division intended to expand knowledge brokering activities.

In certain cases, the policy contact process has worked well according to stakeholders. Some policy contacts and external researchers have established on-going communication throughout the duration of the research project, but contradictory comments were noted regarding the expectations for levels of contact. In addition, other examples of the policy contact either leaving or not maintaining linkages with the researcher were cited. Stakeholders generally agreed that enhancing knowledge brokering activities of this type would increase knowledge utilization.

### **INCREASED AVAILABILITY AND ACCESSIBILITY OF EVIDENCE TO POLICY DEVELOPERS AND DECISION-MAKERS**

The Bulletin was identified by all stakeholders as a high-quality product. The development of the Bulletin brings together researchers from across the department, adding different perspectives to the product and facilitating horizontal linkages. This represents, according to stakeholders, the main impact of the Bulletin, which was cited as creating collaboration across the department.

Interview respondents, both internal and external to Health Canada, frequently mentioned the dissemination of research reports as a challenge for RMDD. Most respondents felt that the dissemination strategies of RMDD were passive and would not effectively promote knowledge uptake. More active dissemination strategies were suggested by interviewees. The literature review indicated an active/interactive dissemination strategy is most effective for facilitating knowledge uptake, and this approach could improve the uptake of information contained in HPRP reports.

### **SUMMARY**

The PRWG has incorporated best practices into the process for identifying research priorities. However, it is too early to determine the effectiveness/impact of the HPRP reports that have been released to Health Canada. This review did assess the structures of RMDD and if they will encourage knowledge transfer according to the literature. It was found that dissemination activities generally need to be more active and a quality-control mechanism might enhance the

impact of research reports. Furthermore, communication between policy researchers and decision-makers is conducted through the policy contact, however, more communication could be encouraged.

## **Performance Monitoring Activities**

The formative review found that RMDD has engaged in certain performance monitoring activities in order to assess the use of its products and performance.

First, a readership survey of the Health Policy Research Bulletin was conducted by RMDD in order to coincide with the divisional formative review. A two-page bilingual questionnaire was developed by the Policy Research Communication Unit with assistance from DPED. A copy of the questionnaire was included in some copies of the Bulletin, on “Antimicrobial Resistance: Keeping It In the Box!”, which was released on June 19, 2003. The sampling method resulted in a low response rate<sup>3</sup> and increased the potential for self-selection bias. Overall, it has been noted by RMDD and DPED that this survey does not permit generalization to the overall readership and results should be considered with caution. Though the results were not generalizable, survey results indicated that the Bulletin is regarded as relevant, readable and useful by readers. Bulletin readers also indicated that they use the document to inform other publications and papers they are responsible for writing. This finding does suggest uptake of knowledge, although it was not determined if uptake has informed policy development.

Second, RMDD sent out an evaluation form with 1100 copies of the Working Paper Series in May 2003 (this activity has since been discontinued) to assess the validity, usefulness, and structure of the Series. However, only 28 completed questionnaires were received by RMDD, yielding unrepresentative results.

In addition, RMDD has been documenting the use of its web site. This documentation includes figures on the number of papers that are downloaded from the site. These papers include the Working Paper Series and issues of the Bulletin. The web site section that is most frequently accessed is Request for Proposals and Requests for Letters of Intent information. RMDD has been maintaining a database pertaining to the final reports submitted to the HPRP.

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<sup>3</sup> A total of 6,186 copies of this Bulletin were distributed to 2,130 subscribers, therefore the exact number of survey recipients is not known. The number of returned questionnaires was 136 for a response rate of 2% calculated on the total distribution or 6% of the subscribers considered. This low rate limits the validity of the survey.

Finally, as this review was being finalized, RMDD conducted an informal survey of a few policy contacts after the research they had requested was completed and submitted. This survey was conducted over the telephone and RMDD had formulated the interview guide. Results from this survey were fairly inconclusive regarding effectiveness/impact. At that point, some of the policy contacts indicated they had not had time to read the final report, which they had only recently received.

In summary, performance monitoring activities have occurred in RMDD, particularly the Bulletin readership survey and the documentation of website usage. As the HPRP reports are completed, the results of this research will need to be assessed. Specifically, the HPRP reports need to be evaluated in terms of client perceptions of relevance and quality. RMDD also needs to determine if these reports are used by policy decision makers. Furthermore, if RMDD conducts any workshops or policy forums, they should be evaluated with feedback forms from participants. Finally, given that the recent survey of the Bulletin readership had limitations due to a low response rate, RMDD should design performance monitoring methodologies that will ensure adequate response rates and generalizability of results.

## CONTINUED RELEVANCE

This formative review examined the continued relevance of RMDD according to the original objectives and mandate. As a component of relevance, duplication of research efforts were also examined for this review. There are a number of internal and external health policy research programs that have a similar mandate to fund policy-relevant research for Canadian decision makers. To examine possible duplication of research efforts the document review examined the mandate, products and services of CIHR, the Canadian Health Services Research Foundation (CHSRF), the Women's Health Contribution Program (WHCP), and the Health Transition Fund (HTF).

In summary, an analysis of these similar funding programs found that RMDD can be considered unique for a number of reasons. First, RMDD is solely focussed on producing and funding research that benefits Health Canada and its decision-making processes. Second, the mandate of RMDD is generally much broader, in terms of generating policy relevant research, than comparable Health Canada programs. RMDD is not focussed on a particular policy topic, allowing the HPRP to be flexible in terms of funding of topic selections. RMDD is less specific in its research funding activities, funding research on a broad range of policy issues that are applicable to Health Canada.

RMDD conducted its own analysis of comparable external programs. The findings are presented in the following table.

## HPRP's Niche: External Comparisons

	<b>Health Policy Research Program</b>	<b>Canadian Institutes of Health Research</b>	<b>Canadian Health Services Research Fund</b>	<b>Canadian Population Health Initiative</b>
<b>Mandate &amp; Research Budget (N.B.: exclusive of any funds for in-house synthesis, policy analysis or knowledge transfer)</b>	timely research & analysis on Health Canada policy priorities; \$3.75 M/yr.	new knowledge, meeting standards of scientific excellence, to improve Canadians' health, health services/products, & health care system; \$~750/y(research, career & training)	management/policy research in health services & nursing to increase the quality, relevance and usefulness of this research; approx. \$~12M/yr (drawn from endowment). A substantial portion of this funding is dedicated to training initiatives.	new knowledge on health determinants; articulation of policy options to improve population health and reduce health inequities; \$1.M/yr. As of 2004, CPHI no longer funds research.
<b>Intended Users of Results, i.e., "Clients"</b>	Health Canada policy decision makers	researchers, policy makers & program planners, health care providers, voluntary organizations, individuals	health-system policy makers & managers	Health Canada decision-makers, the public and researchers
<b>Scope of Research</b>	health of Canadians or functioning of health care systems, excluding clinical & laboratory research	biomedical, clinical, health services & systems, determinants of health	governance, financing, effectiveness and efficiency of the health system; clinical research excluded	population health, communities & population health; children, youth, Aboriginal health; obesity, poverty/social inclusion, work/workplace, knowledge transfer, health status/services/planning
<b>Source of Priorities</b>	Health Canada policy researchers and analysts	"strategic initiatives" set with input from clients; balance spent on investigator-initiated research	Board of Trustees, based on consultation (e.g., Listening for Direction)	CPHI Council with input from consultations with policy/decision makers
<b>Priority Setting Cycle</b>	annual	"strategic initiatives" yearly	annual review of 3-5 year priorities	strategic plan for "Roadmap II": 2002-7

	<b>Health Policy Research Program</b>	<b>Canadian Institutes of Health Research</b>	<b>Canadian Health Services Research Fund</b>	<b>Canadian Population Health Initiative</b>
<b>Peer Review</b>	Health Canada policy researchers & analysts; external scientific experts	external scientific experts; Institutes assess relevance to strategic initiatives	committees: half researchers; half decision-makers (methods & impact)	expert review for research quality; CPHI Council for relevance & final decision
<b>Type of Research Funded (# months to obtain results)</b>	primary & secondary research (24 to 36), research synthesis (up to 12), workshops (up to 12)	investigator-initiated (24 to 60), strategic initiatives (12 to 36)	research grants (12-36)	secondary data analysis; quantitative models & decision-making tools; policy frameworks; systematic reviews (less than 12)
<b>Funding Mechanism</b>	contributions; 10% or \$10K withheld until final report received	grants; no holdback	grants; no hold back awards	contributions; 10% hold back
<b>IP Rights</b>	researcher or institution; HC rights to reproduce, repackage and/or distribute	researcher or institution; no special use privileges to Crown	researcher or institution; no special use privileges to Crown	researcher or institution; CPHI rights to reproduce, repackage and/or distribute

The majority of interview respondents believed that the research activities of RMDD are unique in Health Canada. Furthermore, respondents were confident that there is neither duplication nor significant overlap with other federal health policy research programs. A number of respondents indicated that CIHR funds similar research, although not identical research priorities. For instance, the Institute of Health Services and Policy Research (IHSPR), one of the components of CIHR, is focussed on policy relevant research. However, the policy community targeted is much larger and encompasses all provincial and territorial ministries of health, unlike RMDD which is solely focussed on a Health Canada audience. RMDD has endeavoured to avoid duplication by investigating proposed themes to ensure they are not researched elsewhere. Furthermore, RMDD and CIHR share details regarding their chosen theme areas, in an attempt to avoid duplication.

Stakeholders generally agreed that the original mandate of RMDD remains relevant. This mandate allows RMDD to address a range of issues. However, it was noted that certain features of the RMDD mandate have changed focus and/or are not as high profile as originally intended. Stakeholders reported the Health Services Advisory Committee and the Policy Research Initiative are no longer as high profile and they work with the Health Policy Branch on a project basis. As the Health Services Advisory Committee has now disbanded, RMDD has not funded any projects in this class. The Policy Research Coordination Unit was mandated to engage in federal/provincial/territorial (F/P/T) collaboration through existing mechanisms. This was to include participating in, or managing such groups and using them as a conduit for knowledge exchange. Respondents did not highlight a need to increase RMDD's activities in F/P/T collaboration.

# SUMMARY OF FINDINGS AND RECOMMENDATIONS

## **FINDING: RMDD HAS ENGAGED IN PRELIMINARY KNOWLEDGE BROKERING ACTIVITIES**

This review found that RMDD has engaged in some preliminary knowledge brokering activities. For instance, the Health Canada policy contact for a HPRP project is intended to act as the conduit between the researcher and the departmental decision-making process or, in other words, as a knowledge broker. Originally, communication between the policy contact and the policy researcher was not mandatory. However, researchers are now required to speak to the policy contact before their proposal is accepted, although communication after this event is not mandatory.

Overall, it was found that on-going communication between policy contacts and external researchers is limited, possibly resulting in lost opportunities to improve the relevance of research products. The literature review identified a lack of communication between decision makers and researchers as an inhibitor to evidence-based decision-making. Stakeholders generally agreed that enhancing knowledge brokering activities of this type would increase knowledge utilization.

### **RECOMMENDATION:**

**Knowledge brokering activities should be expanded**

It is recommended that RMDD facilitate improved linkages between policy contacts and external researchers. If the policy contact happens to vacate their current position, RMDD must make every effort to find a suitable replacement. Formal requirements (i.e., mandatory communication) should be established to ensure ongoing communication between policy decision-makers and researchers. Furthermore, RMDD could organize a greater number of policy forums to discuss research practices and further knowledge brokering strategies.

## **FINDING: RMDD HAS ENGAGED IN PRELIMINARY DISSEMINATION ACTIVITIES, BUT THESE ACTIVITIES SHOULD BE EXPANDED**

At the time of this review, RMDD had just begun to deal with the challenge of disseminating HPRP research reports upon receipt. Planned dissemination activities were characterized by a three-pronged approach that involves: (1) informing Health Canada officials, external academic and policy researchers of the availability of final research reports through broadcast

electronic messages and through announcements in the Department's Health Policy Research Bulletin; (2) posting bilingual executive summaries of final reports on the Health Canada website; and (3) distributing, upon request, electronic copies of the final reports in the language of submission, and making copies of the reports available for inter-library loans from the Health Canada Library.

Interview respondents, both internal and external to Health Canada, frequently mentioned the dissemination of research reports as a challenge for RMDD. Most respondents felt that the dissemination strategies of RMDD were passive and would not effectively promote knowledge uptake. More active dissemination strategies were suggested by interviewees. The literature review indicated an active/interactive dissemination strategy is most effective for facilitating knowledge uptake, and this approach could improve the uptake of information contained in HPRP reports.

#### **RECOMMENDATION:**

#### **Improve the dissemination strategy for funded research products**

The document review and the interview component found that the dissemination strategy for HPRP reports needs to be improved. In particular, RMDD should consider employing a more active dissemination strategy for funded research reports. The final reports need to be disseminated interactively through policy forums. RMDD should consider presenting findings in a more targeted fashion, providing specific decision-makers with findings in a summary format. Interview respondents suggested that the Bulletin could be used to disseminate research abstracts and HPRP research findings. In the future, a dissemination strategy for each of the HPRP final reports should be developed at the initial planning stages of a project, including the identification of the target audience for the final report.

#### **FINDING: PERFORMANCE MONITORING ACTIVITIES HAVE BEEN LIMITED**

The formative review found that RMDD has engaged in certain performance monitoring activities in order to assess the use of its products and performance. First, a survey of readers of the Health Policy Research Bulletin was conducted in order to coincide with the divisional formative review. However, the sampling method resulted in a low response rate<sup>4</sup> and increased the potential for self-selection bias. Second, RMDD sent out an evaluation form with 1100 copies of the Working Paper Series in May 2003 to assess the validity, usefulness,

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<sup>4</sup> A total of 6,186 copies of this Bulletin were distributed to 2,130 subscribers, therefore the exact number of survey recipients is not known. The number of returned questionnaires was 136 for a response rate of 2% calculated on the total distribution or 6% of the subscribers considered. This low rate limits the validity of the survey.

and structure of the Series. However, only 28 completed questionnaires were received by RMDD, yielding unrepresentative results. In addition, RMDD has been documenting the use of its web site. Finally, as this review was being finalized, RMDD conducted an informal survey of a few policy contacts after the research they had requested was completed and submitted. Results from this survey were inconclusive since many of the recipients had not yet had the opportunity to review the reports. As a greater number of research reports are received, it will be essential for RMDD to formally assess the perceived relevance, quality, and use of the reports.

**RECOMMENDATION:**

**Increase performance monitoring.**

It is recommended that RMDD increase their performance monitoring activities, particularly with respect to knowledge utilization. The HPRP reports need to be evaluated in terms of client perceptions of relevance and quality. RMDD also needs to determine if these reports are used by policy decision makers. This could be accomplished by utilizing a formal survey and/or case studies. If RMDD conducts any workshops or policy forums, they should be evaluated with feedback forms from participants.

Given that the recent survey of the Bulletin readership had limitations due to a low response rate, RMDD should design performance monitoring methodologies that will ensure adequate response rates and generalizability of results.

**FINDING: SENIOR MANAGERS ARE NOT SUFFICIENTLY ENGAGED IN THE SELECTION AND CONDUCT OF RESEARCH PRIORITIES**

PRWG members reported that the priority setting exercise is beneficial to Health Canada in identifying relevant priorities and successfully soliciting input from the branches. It was noted that the process is collegial, client focussed and encourages cross-branch dialogue, collaboration and sharing. In addition, this forum provides an opportunity for challenging the policy and research agenda of Health Canada.

However, some internal respondents expressed concern that the representatives on the PRWG, who are often senior policy analysts, may not always have direct links with branch senior management. For instance, branch executive committees are sometimes engaged in the selection of research priorities for the PRWG, but this not the case for every branch. Thus, optimal alignment between the selection of research priorities by the PRWG and with the needs of senior decision makers may not always be achieved.

**RECOMMENDATION:**

**RMDD should ensure that senior managers are engaged in the selection of research priorities.**

It is recommended that RMDD attempt to encourage greater senior management engagement in the proceedings of the PRWG. If possible, RMDD should put in place more formal mechanisms to ensure the commitment of branch senior management to research priorities and projects. Efforts to further engage senior management could also be facilitated by promoting and raising the profile of RMDD in the department. A greater profile for RMDD could be achieved by more active dissemination of research products and through policy research forums focussed on a particular topic from a HPRP report or from the Bulletin.

**FINDING: ORGANIZATIONAL UNITS OF RMDD TEND TO WORK IN ISOLATION**

RMDD is composed of three separate units, and each of their responsibilities contributes to the overarching objective of enhancing the use of evidence in Health Canada's decision-making process. However, RMDD interview respondents generally agreed that the three units of RMDD tend to work in isolation and often do not view their roles as complementary. As a result of this tendency, there are tensions around areas of complementary responsibility, and some activities that will be important for ensuring knowledge uptake in the future (i.e., dissemination) have not been fully developed. Interview respondents believed that the common objective of the Division needs to be stressed to each unit, highlighting the importance of working together as a cohesive whole.

**RECOMMENDATION:**

**RMDD's internal integration needs to be improved**

To ensure that the units of RMDD work in a co-ordinated and integrated manner, roles and responsibilities in certain areas of responsibility, such as generating RFPs for identified research priorities and disseminating research reports, need to be discussed. The contribution of each unit to these areas of responsibility also needs to be clarified. Other potential areas for collaboration should be explored in strategic planning sessions/retreats.

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# APPENDIX A

## HEALTH POLICY RESEARCH PROGRAM PROJECTS

Funded Projects	Principal Investigator	Insitution	Funding	Lead Branch(es)/Directtion(s)					
				FNHIB	HPCB	HPFB	HECSB	IACB	PPHB
Theme: Climate Change and Population Health									
Synergistic Impacts of Winter and Summer Weather and Air Pollution Due to Global Warming on Human Mortality in South Central Canada	Monica Campbell	City of Toronto	\$255,473.00				●		●
Climate Change, Extreme Weather Events, and Health-Effects in Alberta	Colin L. Soskolne	University of Alberta	\$182,702.00				●		●
Links Between Climate, Water and Waterborne Illness, and Projected Impacts of Climate Change	David Waltner-Toews	University of Guelph	\$274,800.00				●		●
Theme: Assessing the Effectiveness of Marketed Pharmaceutical Products in the Real World									
Evaluation of an Integrated Model and Iterative Loop for Assessment of Drug Effectiveness	Coleen Jane Metge	University of Manitoba	\$195,150.00		●				
Evaluation of Data Sources to Support Pharmacosurveillance	Dr. Anne Holbrook	St-Josephs Health Care, Hamilton	\$103,800.00		●				
Development and Evaluation of a Framework for Incorporating Pharmacosurveillance in Provincial Formulary Decision-making	Geoffrey Anderson	Institute for Clinical Evaluative Sciences	\$209,600.00		●				
Production and Use of Evidence of Drug Effectiveness: A Systematic Review, Evaluation and a Guidebook for Decision Makers	Bruce Carleton	The University of British Columbia	\$199,900.00		●				

Funded Projects	Principal Investigator	Insitution	Funding	Lead Branch(es)/Directtion(s)					
				FNHIB	HPCB	HPFB	HECSB	IACB	PPHB
Effectiveness and Cost-Effectiveness of New Multiple Sclerosis Drugs in the Real World	Murray Brown	Capital District Health Authority	\$299,500.00		●				
Theme: Health Policy Workshops, Seminars and Conferences									
Developing Operational Standards, Skills and Core Competencies for Telehealth: Implementing the Results of the 2002 CST Telehealth Coordinators Conference	Jocelyn Picot	Atlantic Health Sciences Corporation	\$85,900.00					●	
Workshop on Present Practices and Policies and Future Directions for Early Intervention Services in Canada	Mary E. Lyon	Mount Saint Vincent University	\$17,600.00		●				
Integrative Medicine: Defining and Operationalizing the Fundamental Principles	Heather Boon	The Governing Council of the University of Toronto	\$59,300.00		●				
Health Care Settings and Public Policy: An International Collaborative Workshop	Peter Coyte	The Governing Council of the University of Toronto	\$56,800.00		●				
Theme: Integrated Health Systems									
The Organization of Health Care Services for Children and Youth: Synthesis of the Evidence to Help Guide the Integration and Consolidation of Pediatric Health Services	Terry P. Klassen	University of Alberta	\$82,240.00		●				
Theme: Community Capacity									
Measurement of Community Capacity	James Frankish	The University of British Columbia	\$99,340.00						●

Funded Projects	Principal Investigator	Insitution	Funding	Lead Branch(es)/Directtion(s)					
				FNHIB	HPCB	HPFB	HECSB	IACB	PPHB
Measuring and Operationalizing Community Capacity	Richard Crilly	Lawson Research Institute	\$99,900.00						●
Is it Useful? Assessing the Practical Relevance of the Community Capacity Literature for Rural Policy-making and Programming	Neale Smith	David Thompson Health Region	\$45,523.00						●
Theme: Private Sector Delivery in Canada's Current Health Care System: Research into the Scope and Extent									
One project has been recommended for funding					●				
Theme: Migration Health Workshop, Seminar or Conference									
Towards a Migration Health Framework for the 21st Century	Sheela Basrur	Association of Public Health Agencies	\$149,750.00		●				
Theme: Open Category: Health Policy Workshops, Seminars and Conferences									
Social Determinants of Health Across the Life-Span: Canadian perspectives Conference, November 29-December 1, 2002	Dennis Raphael	York University	\$113,041.00						●
Telehealth Research Summer Institute III, July 21-23, 2002	Marilynne Hebert	University of Alberta	\$23,243.00					●	
Theme: Public Perception and Acceptable Levels of Health Risk Among Canadians									
One project has been recommended for funding							●		
Theme: Integration of Care at the End of Life									
Integrated End of Life Care	Donna Wilson	University of Alberta	\$197,300.00		●				

Funded Projects	Principal Investigator	Insitution	Funding	Lead Branch(es)/Directtion(s)					
				FNHIB	HPCB	HPFB	HECSB	IACB	PPHB
Theme: The Development of a First Nations and Inuit Health Policy Research Framework - Phase I									
No applications recommended for funding				●					
Theme: Integrated Approaches to Chronic Disease Prevention: A Focus on Promoting Healthy Weights and Preventing Overweight/Obesity									
Integrated Approach to Chronic Disease Prevention: A Focus on Promoting Healthy Weights and Preventing Overweight/Obesity	Alan Shiell	University of Calgary	\$111,422.00		●				
Systematic Literature Review: Effectiveness of Physical Activity Enhancement and Obesity Prevention Programs	Helen Thomas	McMaster University	\$73,260.00		●				
Best Practices for the Prevention of Overweight and Obesity in Children: A Focus on Immigrants New to Industrialized Countries	Mary Flynn	Calgary Health Region	\$137,258.00		●				
Theme: Policy Development for the Control of Foodborne Zoonoses									
No applications recommended for funding						●			
Theme: Health Impact of Economic Change									
Five applications recommended for funding					●				
Theme: Primary/Secondary Research on Public Disclosure of Potential and Theoretical Health Risks									
Five applications under review							●		
Theme: Governance Choices and Health Care Quality: A Focus on Patient Safety									
Eleven applications under review					●				
Theme: Quality Workplaces for Health Professionals: Research on Knowledge Utilization									
Eleven applications under review					●				

Funded Projects	Principal Investigator	Insitution	Funding	Lead Branch(es)/Directtion(s)					
				FNIHB	HPCB	HPFB	HECSB	IACB	PPHB
Theme: Women's health indicators									
RFLOI posted on the website					●				

FNIHB \$0.00

HPCB \$1,892,880.00

HPFB \$0.00

HECSB \$712,975.00

IACB \$109,143.00

PPHB \$1,070,779.00