Issues in Linkage and Exchange Between Researchers and Decision Makers

Summary of a workshop convened by the Canadian Health Services Research Foundation

May, 1999
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Between Researchers and
Decision Makers

Summary of a workshop convened by the
Canadian Health Services Research Foundation
Montréal, Quebec

“Interpersonal links, spread through the life of a
given study, are the key to research use. They allow
nonresearchers to find their niche and their voice
while a study is still young... There are reciprocal
effects, such that we are no longer in a conventional
research-to-practice paradigm, but in more of a
conversation among professionals bringing different
expertise to bear on the same topic.”

Michael Huberman
Knowledge and Policy 1994; 7:22.
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Executive summary

In February 1999, the Canadian Health Services Research Foundation (CHSRF) organized a national workshop on “Issues in linkage and exchange between researchers and decision makers.” A first for the CHSRF, this workshop provided an opportunity to bring together over 100 researchers, research funders, and decision makers from across Canada to review and discuss the challenge of research dissemination and uptake. The workshop participants identified concrete actions to promote linkage and exchange among researchers and decision makers.

There was general agreement that the challenges to linkage and exchange for each of the perspectives were similar. The value of this activity is currently not well recognized within each of the perspectives. Workshop participants believed that the best way to foster exchange was to build it as a value within organizations and to provide incentives to reward and accommodate it. There was consensus among participants that the intellectual, financial, and emotional payoff from linkage and exchange was worth the effort, but that there was still a long way to go.

Researchers (universities), policy makers (ministries of health), managers (regional authorities/hospitals), and research funders (granting councils) convened in separate groups to identify concrete actions to improve linkage and exchange. Although each group identified different actions, reflecting their different perspectives, four overriding themes emerged:

- **Research funding bodies should take the lead to improve the environment for linkage and exchange.** Since the approach of research funders is so influential on the way research is conducted, and because these funders have the time and resources to contribute, participants supported a lead role for granting councils and other funders. This would allow them to change the way researchers and decision makers think about linkage and exchange.

- **All parties should provide resources and/or recognition for the ‘overhead’ costs of linkage and exchange.** Researchers and research funders stressed that the current definition of ‘research’ needs to be expanded to include at least the following as ‘fundable’ stages of the research process:
  - the initial consultations with decision makers (needed to inform relevant research questions);
  - the ongoing linkages (needed to maintain decision makers’ interest and researchers’ relevance); and
  - the post-project communication and exchange (needed to make all decision makers aware of the research results).

  Researchers also noted that recognizing these activities might lead to these types of efforts being rewarded when decisions about promotion and tenure are made.

- **Decision makers need to commit time and effort to prepare for and receive research for decision making.** Researchers have spent the last decade or more learning how to better communicate and partner with decision makers. It is now time for decision makers to commit as much effort to learning how to receive and use findings from researchers i.e. to develop “receptor capacity” as decision maker organizations.

- **All parties need to build linkage and exchange infrastructure.** There are few personnel, institutions, or processes to facilitate linkage and exchange. Investment is needed in people (e.g., knowledge brokers), institutions (e.g., think tanks), and processes (e.g., policy forums) to smooth the way for linkage and exchange. The emerging Canadian Institutes of Health Research was seen as a prime candidate to promote and invest in this kind of infrastructure.
Before the workshop, CHSRF investigators were asked to identify the three main challenges they faced in establishing effective linkage and exchange between researchers and decision makers. Since most CHSRF-funded projects are still in the early stages of implementation, a significant number of the challenges focused on the problems encountered in establishing a link between researchers and decision makers, rather than on the challenges in sustaining and exploiting the links. There was significant commonality in the challenges outlined by investigators, both within the group of researchers or the group of decision makers, and across the two groups. The challenges identified (see Table 1) were used as a basis for discussion at the workshop.

<table>
<thead>
<tr>
<th>RESEARCH ENVIRONMENTS</th>
<th>DECISION MAKING ORGANIZATIONS</th>
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<tbody>
<tr>
<td><strong>Time</strong></td>
<td>Time</td>
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<tr>
<td>- not enough given current workloads</td>
<td>- linkage with researchers not usually rewarded (financially or otherwise)</td>
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<tr>
<td>- finding commonly available time to meet</td>
<td>- easier to justify commitment for ongoing programs of research than for single projects</td>
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<td><strong>Timelines</strong></td>
<td>Understanding the research process</td>
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<td>- not enough lead time from funding agency for development of linkage</td>
<td>- poor understanding of what is involved in doing research, and few opportunities to learn</td>
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<td>- decision makers often need results faster than the research process can produce them</td>
<td><strong>Format of communications/presentations</strong></td>
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<td>- resource intensive to tailor a single project to the (sometimes competing) needs and agendas of multiple decision maker partners</td>
<td>- often hard to understand researchers’ presentations of ideas or findings</td>
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<td><strong>Finding decision makers</strong></td>
<td><strong>Potential volatility of findings</strong></td>
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<td>- no obvious or single “point of entry” into decision maker organization</td>
<td>- the control over release of findings for ‘political’ reasons is not always compatible with researchers’ publication needs</td>
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<td>- broad array of potential partners, with no way of knowing which ones are influential</td>
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<td><strong>Moving targets</strong></td>
<td><strong>Interaction structures</strong></td>
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<td>- frequent personnel changes discourage investment of time to establish linkage</td>
<td>- no established structures sensitive to the particular needs of the research interaction</td>
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<td>- frequent restructuring makes it difficult to find stable areas for evaluation</td>
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Table 1
At the workshop, the discussion of the challenges to linkage and exchange was based on the participants’ individual and shared experiences. The intriguing (and encouraging) aspect of the discussion was the fact that participants had difficulty articulating challenges without simultaneously discussing solutions.

Challenges were identified by “mixed” small groups, with participants from each perspective represented at the workshop. Nevertheless, the main challenges for each perspective were highlighted by each group.

**Universities and other research organizations**

The most important challenge faced by universities and other research organizations is overcoming the disincentives built into the reward and recognition systems for researchers.

This challenge to linkage and exchange from the perspective of universities is directly tied to the incentives and rewards of the promotion and tenure system. It provides little incentive for researchers to undertake linkage activities. Competition among university researchers is more focused on teaching and training students than on building professional relationships with the outside world. “Research” is often narrowly defined and rewarded, and an elitist perception deters external partners.

University researchers also face significant time pressures. The time investment to build the interaction, to prepare and present research results in easy-to-understand formats, and to address “public” issues at very short notice all contribute to increasing these pressures. Consequently, decision makers rely on consultants and other stakeholders such as pharmaceutical company representatives, and policy advisors in their own decision making process. These “policy entrepreneurs” tend to be better equipped than researchers to deliver timely information, if not always evidence-based research.

**The Policy Entrepreneurs**

Some participants talked about the role of “policy entrepreneurs.” They are defined as specialists who are actively promoting changes or shifts in policy to decision makers. Management consultants, insurance or pharmaceutical companies, professional associations, and managers within hospitals are all among those who can play the role of a policy entrepreneur.

At present, there is very little interaction between policy entrepreneurs and researchers. For instance, ministries of health often contract with management consultants who don’t make extensive use of research. Even though policy entrepreneurs are hired to address specific needs, decision makers sometimes generalize their recommendations to broader issues affecting the health system.

Policy entrepreneurs have been around—in one form or another—for a long time. They are a fairly common concept in fields such as political science where the role and activities of lobby groups are well defined and recognized, and in the U.S. where they are perceived more positively than in Canada.

Policy entrepreneurs exist to fill the gap between those who produce knowledge, and the information needs of decision makers. They also exist as a result of the absence of a relationship between decision makers and researchers. In addition to addressing specific needs, policy entrepreneurs are perceived as more responsive to the client’s problems.

Policy entrepreneurs actively seek out clients by making proposals and marketing their expertise to potential clients. They also tend to be very good at self-promotion, in contrast to researchers who often do not value the interaction with decision makers. Researchers operate in a system that places more value on academic papers than on developing relationships with decision makers. Academics who provide a service to decision makers often do not get rated as they would for papers. Contrary to what happens in business schools, there is little recognition or reward for professors in the health sciences who write popular books instead of erudite papers.
Other challenges affecting universities and their researchers include:

- Inflexible peer review and funding criteria that do not recognize how much time is required to create effective linkages.
- A difference in culture where universities tend to promote “openness” in contrast to decision makers who must operate with greater secrecy.
- Researchers receive little training in, and are not exposed to, the needs of decision making organizations and processes.
- The areas of interest of government are not clearly defined and openly identified.
- There are fears that research results will be abused by some decision makers who are interested only in results that support a pre-determined position on an issue.

Ministries of health and other policy making bodies

The key challenges faced by ministries of health and other public bodies are the nascent culture for using research, and the extremely short timeline available to use research results as an integrated management and decision making function. The discussions clearly demonstrated the urgent need to raise awareness that there is often an evidence base from research to assist decision making.

According to participants, ministries and other policy making bodies struggle with ever-changing visions, priorities, expertise, and personnel. The focus of control and decision levels change frequently or they are unclear. No individual is identified as being responsible for research and information gathering for policy making purposes. As a result, the politics of managing the health system are often dictated by the urgent overtaking the important. Time is rarely available to understand each other’s expectations, and to build relationships of shared values and a culture for research among decision makers.

In this context, the challenges to linkage are both practical and political. On the practical side, where do decision makers find researchers with the type of knowledge to help on specific issues? And, how do they involve researchers in issue management? On the political side, decision makers face very high pressure to be “right” and cannot necessarily make public the various options under consideration since it may suggest uncertainty. Similarly, there is no incentive to build in evaluation to a new policy because, if the research shows that the policy “doesn’t work,” it makes both the ministry and the politicians look bad.

Participants also identified other issues that did not rank as high among the challenges. These include:

- The friction between user and researcher timelines, wherein politicians often focus on short-term issues, and researchers on medium- or long-term themes.
- The low level of research literacy among most decision makers makes it difficult for them to resolve either the real or apparent contradictions in results from different researchers. This often leads to a lack of confidence for decision makers in using research as a management function.
- Politicians often look for immediate results—an answer—that is not compatible with the researchers’ need for time to do research properly, and to be cautious in interpreting the results.
Regional authorities, hospitals, and other management organizations

The key challenge for regional authorities, hospitals, and other organizations mandated to manage the Canadian health system is the failure to incorporate research as part of their mandate, and the consequent lack of infrastructure to conduct or use research.

While the recent profile for “evidence-based decision making” has raised awareness, this has coincided with deep reforms and resource constraints that have made orientation and adaptation to evidence-based decision making difficult. As a result, there has been under-investment in the R&D function within these organizations. For most organizations, there is uncertainty about where research fits in to their corporate values and processes.

Other challenges identified for regional authorities, hospitals, and other management organizations include:

- Organizations have a limited capacity to participate in the research process. In addition to being asked to participate in an increasing number of strategic and policy exercises outside their organization, their own board members often lack the experience or background needed to lead them in the research process.

- Given the scarce funding available, different or competing priorities make it difficult to collaborate with other organizations or to identify research priorities for the research community.

- The instability of funding and programming over the last few years has made it hardly worthwhile for these organizations to build long-term relationships with researchers in a particular area. As a result, managers are isolated from the research community.

- Issues and topics of importance, at any given point in time, are different between researchers and decision makers. The researcher’s concept of relevance is not necessarily the same as the decision maker’s. This situation is being exacerbated by the absence of mechanisms to broker the competing internal priorities for research within a hospital or region.

A Strategic Approach to Health Research

In Quebec, the Fonds pour la recherche en santé du Québec (FRSQ) is the granting organization responsible for funding health research infrastructure within hospitals and region. Its mandate is to promote:

- the development of a research environment in Quebec institutions; and

- the competitiveness of Quebec researchers who apply for grants to the Medical Research Council of Canada (MRC) or other similar organizations.

Beyond the infrastructure programs, the FRSQ provides a research fellowship program that helps ensure international competitiveness by supporting career start-up and development for young researchers.

The Conseil d’évaluation des technologies de la santé is responsible for knowledge transfer between researchers and decision makers. Established in 1988 by the Quebec government, the Conseil has a clear mandate as well as the necessary resources to produce synthesis documents to support decision making on issues related to the health system. The Conseil’s documents are prepared at the request of government authorities.

Finally, the Conseil québécois de la recherche sociale—under the Ministry of Health and Social Services—is mandated to enhance the health and quality of life of people by supporting: research in the social sciences and humanities; the training of researchers and stakeholders; and knowledge-transfer activities. The Conseil’s Research Team Program helps bring together members with clinical, intervention, and policy making expertise. The team members are involved right from the beginning, and take an active role in the research project’s ongoing decision process. The Conseil supports teams that are investigating health-related issues, especially the psychosocial determinants of health.
**Granting bodies and applied research funders**

The most important challenge identified by participants is the lack of mechanisms to promote and facilitate exchange between decision makers and researchers.

This situation is the result of the narrow view of the research process taken by granting bodies. Existing funding programs and mechanisms are based on traditional peer review and driven by the need to disseminate research results only to others within the research community. Granting bodies are only just starting to recognize the additional demands on resources, time, and project design that come from developing and conducting research in partnerships between decision makers and researchers.

Granting bodies should value linkages between researchers and decision makers and consequently develop incentives to foster these processes. There is a need to shift the existing approach to funding to recognize that program, rather than project, funding rewards the efforts involved in linkage activities. For instance, few granting bodies provide pre-project development funds to build the partnership, or allow for multiple intra-project meetings to maintain the partnership. Funding agencies should act as intermediaries, or fund knowledge-brokers between researchers and users of research results and decision makers. Given their unique role in supporting research, granting bodies are perceived as key proponents to promote linkage activities and lead the cultural change that is required.

Other challenges affecting granting bodies and applied research funders include:

- Granting bodies do not have the criteria to measure linkage and exchange and they do not recognize the resources (in terms of time and funding) needed to build linkages with decision makers.

- The current funding structure encourages competition between researchers to access limited funds for individual projects. With the exception of programs such as the Networks of Centres of Excellence, it does not promote collaboration within networks to access more stable funding for programs of research with decision maker partners built in as part of the network.

- Granting bodies are faced with balancing the allocation of resources between applied research and curiosity research. They must also strike a balance when assessing the potential impact of research with its scientific merit.
Solutions to linkage and exchange

Solutions were identified by homogenous small groups with participants from only one of the four specific perspectives offering solutions for their own type of organization (e.g., university, ministry of health, regional authority, or granting council). The following criteria were identified at the beginning of the workshop to guide recommendations:

- simple solutions;
- easy to undertake or implement; and
- at a low cost.

Participants in each discussion group were asked to identify three concrete actions that could be initiated to promote linkage and exchange from the perspective of key stakeholders.

One action that was recommended in a variety of forms by all groups was the development of an intermediary role between researchers and decision makers. While there is a clear consensus around the need for such “knowledge brokers,” it is not clear where the responsibility for such a role lies. Participants also agreed that existing career paths did not lend themselves to the emergence of such a role. They recommended assessing the requirements of such a role from the perspective of all stakeholders. The resulting profile should blend training and expertise both from the researchers’ and the decision makers’ perspectives.

Universities and other research organizations

Two university discussion groups (one with English-speaking researchers, and one with French-speaking researchers) were mandated to identify key actions to promote linkage and exchange between researchers and decision makers. Both groups were largely comprised of researchers who focused their recommendations on actions that could be taken by funders rather than by universities. Their recommendations were made in the context of the narrow view of research that is embraced by academic institutions and other funders, and of the resulting disincentives and the lack of recognition of linkage activities among those institutions.

The first set of recommendations reflects those of the English-speaking discussion group.

RECOMMENDATION 1

The CHSRF should assess and review the incentive structures in place at university and research organizations within Canada and internationally to determine best practices, and to communicate them to academic and research-funding communities.

This recommendation is aimed at addressing the current academic incentive structure that rewards a narrow vision of the research function, and that results in many disincentives, especially regarding the recognition for linkage activities. It is also aimed at promoting the cultural shift needed to align institutions with the CHSRF’s broader vision of policy linkage and dissemination activities. The results should lead to the development of appropriate quantitative indicators to assess these qualities, and of criteria to recognize citation in policy documents, the press, and the media.
RECOMMENDATION 2
Research programs of longer duration (five years or more) should be developed that would integrate core functions such as research, linkage, and dissemination activities. These programs would also include an expectation, as well as the resources required, to build networks across researchers, across decision makers, and between researchers and decision makers.

The proposed programs are aimed at addressing the scarcity of research resources, and the lack of continuity in lines of inquiry. Participants suggested that these networks:

- provide mentoring and training development opportunities;
- provide value linkage and interaction activities;
- encourage interdisciplinary teams; and
- offer sufficient flexibility to undertake research that is less “project-oriented” and that involves both decision makers and researchers in the establishment of research priorities.

The establishment of networks of researchers and decision makers could result in an increased use of funded work, and could help to identify future lines of enquiry. Even though they did not identify funding sources, participants recognized that this networking activity should be funded as a freestanding activity. They suggested that funding be available to:

- convene more (focused) workshops and meetings;
- develop list and bulletin board services;
- develop a Web site and concept dictionary;
- add on forum days to other events to develop linkage opportunities; and
- support more annual meetings and forums for these networks.

Participants also identified complementary activities to the establishment of these networks, including:

- summer/student placements;
- better marketing of available funds, especially those for junior researchers and undergraduates;
- placements for researchers outside the university, in clinical, management, and policy settings, and across jurisdictions;
- the use of cross appointments; and
- the use of Masters students to develop links with operational organizations.

RECOMMENDATION 3
Establish funding programs aimed at enhancing and supporting the development of skills and infrastructure requirements in the areas of research, communication, linkage facilitation, and knowledge transfer.

This recommendation is aimed at addressing the scarcity of researchers and other personnel with brokering and communications skills. While universities have internal resources for public relations and marketing work, participants expressed concerns that they did not have adequate access to these resources.

Participants are also recommending that greater flexibility be provided to permit cross appointments or exchanges for personnel who can bridge or cross cultures. They strongly encouraged the development of mechanisms to facilitate a variety of exchanges and interchanges, including:

- linkage by new personnel between interdisciplinary research centres and decision maker organizations; and
- cross-centre organizational placements with a focus on communicator roles.
The second set of recommendations reflects those of the French-speaking discussion group.

**RECOMMENDATION 1**
Establish forums aimed at identifying and articulating the demand for evidence around themes that are relevant to the users of research results and decision makers.

This recommendation is aimed at raising the awareness among research users and decision makers by encouraging them to take part in the activities of scientific associations and other informal groups or networks that promote linkage and exchange. To promote exchange and knowledge transfer, activities such as the following were recommended:

- literature syntheses;
- digests;
- briefings on recent research developments;
- Web-based thematic reference material; and
- targeted seminars.

**RECOMMENDATION 2**
Promote greater interaction between researchers and decision makers through knowledge-brokering activities or targeted funding by granting agencies.

This recommendation is aimed at developing new career paths that would lead to the establishment of knowledge brokers who have the training and skills required to effectively promote greater interaction and exchange between researchers and decision makers. Granting agencies should investigate supporting new granting models that would help promote a better understanding of the pressures and demands faced by researchers and decision maker partners.

**RECOMMENDATION 3**
Establish mechanisms to promote the training of students who are better prepared for linkage and exchange activities, and encourage granting agencies to recognize these activities in their own rules.

This recommendation is aimed at addressing the need to better prepare students to undertake linkage and exchange activities. It is suggested that projects be set up that offer students the opportunity to spend time in decision making or other relevant environments.

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**Ministries of Health and other policy making bodies**

The recommendations put forward by this group assumed that there was already some recognition of the value of research to policy decisions, but that concrete actions to improve acquisition and application of research were missing.

**RECOMMENDATION 1**
Require Treasury Board submissions and proposals to include signoff on supporting research, evidence, etc., to promote the development of a scientific culture among ministries of health and other policy making bodies.

Participants felt that this would contribute to the development of a scientific culture within health ministries. It would make decision making accountable to any research evidence that was available.

**RECOMMENDATION 2**
Policy making bodies should establish a management function mandated to act as the organization’s research receptor to: identify and prioritize needs; synthesize and disseminate research results; and manage the relationship with other stakeholders such as researchers, politicians, and other provinces.

Ministries and policy making bodies should invest in the creation of some internal structure that would act as a “research receptor” for the organization. This type of structure would be mandated to develop linkages with appropriate researchers or research groups, and review evidence. This is essential to ensuring a sustained and informal relationship between the research community and the ministries beyond the “one off” meeting. In this model, evidence is fed into the decision making process on an ongoing rather than a periodic basis.
RECOMMENDATION 3

Ministries and policy making bodies should improve the identification of emerging issues and the communication of priorities to researchers.

Ministries do not effectively communicate their vision or needs to the research community. Routine environmental scans conducted by these organizations could be used to identify emerging issues, and to keep the research community informed of new or changing priorities. At the same time, it is suggested that ministries and similar bodies build sustained relationships with research groups as part of their regular policy making activities. The development of this capacity within the organization would enable ministries to devote the time and resources needed to identify priorities and needs, and to build the linkages with the relevant research groups.

Participants also recommended several secondary actions and approaches to strengthen linkages and exchanges between policy making bodies and the research community. They include:

- the establishment of liaison committees comprised of cabinet ministers to look at research and its use in decision making;
- the development of reference material aimed at helping managers interact with researchers;
- the development of best practices material aimed at explaining evidence-based decision making, or the creation of a “journal” of abstracts for evidence-based research for use by decision makers;
- the development of syntheses of existing literature on particular themes to help identify research gaps; and
- the requirement that research results be presented in plain language and refer to clearly identified implementation steps.

THE MANITOBA EXPERIENCE

The Manitoba Ministry of Health has a departmental committee responsible for identifying and disseminating research deliverables from projects funded by the ministry.

The committee is an informal structure with members appointed according to the requirements and deliverables of each project. Members are generally at the deputy minister, assistant deputy minister, and director levels and bring to the committee a high level of both government policy and technical expertise.

One example of research that was reviewed by the committee is a project based on the Manitoba Health Services Database, which involved an evaluation of the downsizing and reform of the Manitoba health care system. Other examples include studies on waiting lists, primary care, and the impact of socio-economic conditions on practice delivery.

Research uptake through this committee has varied depending on the committee’s capacity to understand the research, and on the availability of people to interpret the evidence provided. At first, researchers had the tendency to write in an academic style and were not as comfortable with the information needs or interests of government officials. Since then, however, researchers have learned to highlight the aspects of their research that are of interest to policy makers—while still maintaining academic standards. As part of their dissemination activities, researchers provide report summaries specifically targeted at policy makers and non-scientific government officials.

At the higher level, the Manitoba Human Services Committee, comprised of cabinet ministers, is responsible for shaping public policy in many areas. Although this committee is not directly involved in research dissemination activities, it receives advice based on research results that were disseminated to government officials.
Regional authorities, hospitals, and other management organizations

The recommendations put forward by this group are aimed at raising awareness, at low cost, by focusing on education activities and by targeting key decision makers within the organization.

RECOMMENDATION 1
Hold similar workshops to this one with regional health authorities and senior staff from hospitals.

This recommendation is based on the participants’ belief that there is a need to raise awareness of the issues and to sensitize staff about the benefits of building linkage and exchange with researchers.

RECOMMENDATION 2
Regional authorities and hospitals should contribute to raising the awareness of research by instituting a “research day” each year for their own board members and key managers.

This recommendation is aimed at raising awareness among those who are responsible for setting the organization’s policy. These events should be organized to provide an opportunity to promote interaction and exchange between researchers and board members. A critical objective of these sessions is to have board members communicate important issues and questions to the researchers, not just to have researchers provide “answers” or make “one way” presentations to board members.

RECOMMENDATION 3
Regional authorities and similar bodies should contact local research organizations to develop an inventory of the skills and interests of local researchers.

This recommendation is aimed at highlighting what might be possible in the way of local linkage and exchange. Some participants went as far as suggesting the formation of local knowledge networks of interested researchers and potential users, with the cost subsidized by the management organization.

WHAT GETS DONE IS WHAT YOU SPEND ON

The idea to establish a position of Director of Nursing Research at the Kingston General Hospital came about in the mid-1990s. During that period, it became clear that not much would happen in terms of nursing research without having someone dedicated full time to this activity. Even though it was formally established in 1992 at the Kingston General Hospital, this type of position is still fairly rare in Canadian hospitals.

The role of the Director of Nursing Research is two-fold:

- to promote the concept of nursing and nursing research among personnel, including clinical staff; and
- to prepare proposals and seek funding for nursing research projects.

The Director has an important role in supporting the evaluation function within the organization by running patient satisfaction surveys, and acting as a focal point for surveys aimed at validating tools and services. The resulting evidence is then integrated into the hospital’s decision making process and management function.

The Director of Nursing Research also sits on committees such as the Nursing Practice Committee to help facilitate nursing-related issues. As co-leader of an investigative team, the Director is responsible for bringing the nursing perspective to the project and to other team members.

The success of the position is measured not only by the amount of external funding that is attracted to the hospital, but also by the higher profile it gives to nursing research and the nursing profession within the organization. When asked what the key attributes are to ensuring the success of this type of position, hospital officials quickly point to the strong interest for both nursing and research, as well as the fact that the person in the position has Ph.D. status to deal on an equal footing with researchers and senior managers.
Other potential actions identified by the group include:

- the creation of facilitators or knowledge-broker positions within the organization who would be mandated to bridge the culture gap between researchers and decision makers;
- the appointment of a Director or Directors of Research in the organization to champion the conduct of in-house research and the acquisition of external research; and
- the establishment of a local multi-sectoral group responsible for setting a research agenda in the context of local policy and circumstance.

Granting bodies and applied research funders

The perception among participants was that granting agencies and applied research funders are ideally positioned to take the lead in overcoming the challenges to linkage and exchange between researchers and decision makers. Since they have the funds needed to support this activity, granting agencies can have a direct impact on promoting a cultural shift among researchers and decision makers while demonstrating a strong measure of accountability in handling public funds.

RECOMMENDATION 1

**Funding agencies should contribute to building linkage and exchange capacity by reviewing and changing their processes, expectations, and rewards.**

Granting agencies should place greater emphasis on dissemination activities and the implementation of research results. One way to achieve this is by inviting decision makers to take part in the merit review process. These agencies should also place greater emphasis on the potential impact of a project, not just on its scientific merit. In this context, decision makers should no longer be viewed as receptors, but as shapers of research. These agencies also have a critical role to play by encouraging applied researchers who receive their support to communicate in the same language as decision makers.

RECOMMENDATION 2

**Granting agencies and other research funders should support interchange projects between researchers and decision makers.**

This recommendation may lead to the development of a new career path where funding agencies will sponsor research scholars/communicators who could champion the use of research results by decision makers. This would be made possible by supporting interchange projects with funding available to cover the cost of release time for the participating researchers and decision makers.

RECOMMENDATION 3

**Funding agencies should capitalize on their ability, and on their credibility among researchers and decision makers, to convene and hold policy forums on specific issues.**

Granting agencies do not carry the same baggage as other organizations within the research community. In this position, they are widely respected and recognized for their ability to hold policy forums. These activities would allow for debates, and contribute to research agendas. By inviting researchers, research managers, policy makers, and managers, granting agencies could have a direct impact on the cultural shift that is required to allow for linkages to take place.
Some of the steps taken by the CHSRF to promote linkage and exchange

- Sustaining themes for research funding based on extensive consultations with decision makers about priorities.
- Researchers and decision makers equally represented on peer (merit) review panels.
- Equivalent weighting given to scientific merit and potential impact on application review criteria.
- Requirement for researcher-decision maker partnership as part of an application for research funding.
- A Communications Primer to guide the activities of funded investigators.
- Availability of a Communications Advisory Panel of experts to give “free” support to funded investigators.
- Periodic workshops to bring together funded researchers and decision makers.
- A one-time development fund for communications infrastructure.
- Funding assistance for junior investigators and decision makers to develop partnerships to underpin research applications.
- Survey of university promotion and tenure criteria to evaluate the career incentives for linkage and exchange.
Appendices

1. Workshop agenda

2. Presentation summaries

3. Biographies

4. List of participants
GOAL
To explore best practices in research project- and program-specific linkage and exchange between applied researchers and decision makers designed to advance the relevance and use of research in the health sector.

OBJECTIVES
1. To learn about experiences in other jurisdictions.
2. To identify the difficulties in creating and maintaining linkage and exchange, and the practical steps that can be taken to overcome these difficulties.
3. To identify the benefits of linkage and exchange, and the practical steps that can be taken to enhance these benefits.

PARTICIPANTS
Invited speakers and guests; one researcher and one decision maker from each of the CHSRF’s funded projects; national and provincial applied research funders; CHSRF staff and Trustees.

LANGUAGE
Plenary: Bilingual English and French
Groups: Unilingual English or French
Agenda

08:30 – 08:45
Introduction and Overview
Mr. Jonathan Lomas, Executive Director, CHSRF

08:45 – 10:15
Session I: Plenary – International Experiences
Chair: Dr. Arnold Naimark, Chairperson, CHSRF Board of Trustees
Dr. Réjean Landry, Department of Political Science, Université Laval, Québec,
Linkage and Exchange as Determinants of Research Utilization: The Rationale and Some International Evidence
Prof. Maggie Pearson, Director of Research and Development, U.K. National Health Service, North West Region,
Involving Dental Practitioners in a Primary Dental Care Research Programme: Practical Experience in Linkage and Exchange

10:15 – 10:45
Break

10:45 – 12:00
Session II: Small Groups – The Challenges to Ongoing Linkage and Exchange
The small groups have mixed membership from the different sectors or perspectives.

12:00 – 13:30
Lunch
Lunch is organized around tables of common interest. See “Lunch Tables List” in your package for your seating assignment.

13:30 – 14:00
Session II (cont.): Plenary – Reporting Back from Small Groups and Discussion
Chair: Ms. Linda Murphy, Manager, CHSRF Research Programs
A rapporteur from each group will provide the four most important challenges (one for each of the four perspectives).

14:00 – 15:15
Session III: Small Groups – Improving Ongoing Linkage and Exchange
Small groups with membership organized around perspective (policy makers, managers, researchers, and research funders) will address the question of what they and their organizations can do to overcome the challenges to effective linkage and exchange.

15:15 – 15:30
Break

15:30 – 16:00
Session III (cont.): Plenary – Reporting Back from Small Groups and Discussion
Chair: Dr. Michel Bureau, Chair, CHSRF Research Committee
Each group will report on three concrete steps that could be taken to improve ongoing linkage and exchange.

16:00 – 16:25
Session IV: Plenary – Lessons from the Canadian Experience
Chair: Dr. Michel Bureau, Chair, CHSRF Research Committee
Mr. Steven Lewis, CEO, Health Services Utilization Research Commission, Saskatchewan,
The Health Transition Fund Project on Waiting Lists: An Experiment in Linkage and Exchange

16:25 – 16:30
Closing remarks
Presentation Summary

Understanding the issues and questions is a critical step in promoting a greater use of evidence in policy- and decision making.

Four theoretical models on how research is produced and utilized can be used to explain the factors that have an impact on the degree of coordination between researchers and decision makers:

- the science push model;
- the demand-pull model;
- the dissemination model; and
- the interaction model.

The science push model stresses the supply of advances in research provided by researchers. In this model, co-ordination between researchers and decision makers is automatic and informal. It is based on the assumption that advances in research will automatically and rapidly induce decision makers to use research to solve practical problems.

In the demand-pull model, co-ordination between researchers and decision makers is the result of a customer-contractor relationship. It is based on the assumption that short-term needs drive decision makers to order research that they will use because it perfectly fits their needs.

The dissemination model highlights the need to add an information distribution mechanism to research activities. This model assumes that dissemination of the research will occur when potential users become aware of the research results.

Finally, the interaction model emphasizes linkage and exchange between researchers and decision makers. This model is based on the assumption that knowledge utilization depends on various disorderly interactions between researchers and decision makers.

Each model presents inherent problems that reduce its capacity to fully address the basic issue of co-ordination between researchers and decision makers. These problems include:

- putting too much importance on the instrumental use of research;
- the fact that research results are not “products” available off the shelf; and
- the lack of incentives for researchers and decision makers to invest in linkage and exchange activities.

However, while no single model can fully address the issue, an integrated model using explanatory factors identified in all four of them appears to be best suited to address the issue of co-ordination and linkages between researchers and decision makers. As a result, two research designs—the output-input design and the process design—were developed involving a review of international literature and case studies from the perspective of researchers and decision makers.

A review of international literature on the output-input design demonstrates a very low rate of knowledge utilization by decision makers. On the other hand, case studies on the process design revealed that utilization of research by decision makers is frequent. The case studies also showed that the level of use was higher when decision making is viewed as a “process,” and when research knowledge is considered as “input” among others in the process.

The most important findings in the international literature reveal that the utilization of evidence depends much more on factors related to the behavior of researchers and the receptivity of decision makers, than on the attributes of the research itself. Therefore, it suggests that the use of evidence could be increased by focusing on:

- the behavior of researchers and decision makers in linkage and exchange activities;
- the factors related to the receptivity of users; and
- the creation of incentives for researchers and decision makers.

Finally, the study showed that the use of evidence is explained by similar factors in the social sciences, the natural sciences, and the health sciences.
The National Health Service (NHS) National R&D Programme in Primary Dental Care

By Dr. Maggie Pearson
National Health Service, United Kingdom

Presentation Summary
The National Health Services (NHS) National R&D Programme in Primary Dental Care is one of ten National R&D Programmes that aims to develop the evidence base for the NHS.

The programme sets out to actively involve primary dental care practitioners, among whom research skills are relatively underdeveloped. An extensive consultation exercise identified priorities for the programme, and the need to encourage and enable practitioners to participate in the programme.

Given the under-development of research skills among dental practitioners, the commissioning process for the R&D programme included a phase that offered limited funds to enable dental practitioners to develop promising outline proposals into full project proposals. This is the first National NHS R&D Programme to adopt such an approach.

Of the 369 outline applications received, 52 were finally recommended for funding. Of the applications, 26 percent were led by a GDP or community dentist, and 89 percent included a dental professional as a joint applicant.

The programme is now taking active steps to ensure that the dental practitioners involved in the commissioned projects are not just tokens, but active participants whose R&D skills are developed.

The Western Canada Waiting List Project: Hitting the Beach and Keeping the Platoon Together (and Alive)

By Steven Lewis
Health Services Utilization and Research Commission, Province of Saskatchewan

Presentation Summary
Waiting lists are “hot button” issues in the health system. To some, they confirm that Medicare no longer works and is no longer sustainable. To others, they are evidence of under-funding. Many perceive that these lists and waiting times are not fair; that some people work the system better than others to jump the queue.

Waiting list anxiety and the related discourse are chronic conditions in Canada. Some patients waiting for care genuinely suffer from stress, health and psychological problems, as well as a decline in quality of life as a result. Despite the prominence of the issue, recent work has confirmed that there is very little genuine information and data available on waiting lists, and there are few valid tools for managing real and perceived problems.

To start addressing the issue, the Saskatchewan Ministry of Health and the Saskatchewan Health Services Utilization and Research Commission recently invited 20 Western Canada organizations to join forces in a research project. The project would look into the issue of waiting lists and identify joint tools to manage the situation. Following the invitation, the seven largest regional health authorities in four Western provinces, as well as four medical associations, four ministries of health, and four research organizations attended a one-day meeting where they reached a consensus on the basics of a joint proposal.
What was the outcome? Participants at the meeting agreed to take part in the Health Transition Fund research project aimed at developing practical tools to deal with the problem of waiting lists in a number of areas including: diagnostic/therapeutic issues; pressing or less urgent cases; and surgical/medical procedures. They also agreed to look for system solutions and approaches that require cross-cutting rather than area-specific tools. The overall approach called for establishing multi-perspective clinical panels for individual areas, using evidence where available, and adopting common measures and tools.

The success of the information dissemination activities that took place as part of the project can be traced to several aspects including:

- the establishment of a Steering Committee where all four main partnership groups are represented;
- the involvement of clinical leaders in all phases of the study;
- the appointment of a project director experienced in applied research partnerships;
- the appointment of a research director with international experience in the identified areas;
- a broad representation of perspectives;
- a commitment to use evidence-based approaches to resolve differences;
- mechanisms to communicate effectively to the media and politicians;
- the dissemination of findings and developments in an effective and transparent way; and
- the development of communications activities tailored to the audience’s needs.

The study is the first major developmental project to attempt to bring order to waiting lists both within and across health procedures. It is expected to result in more precise and effective resource allocation, and provide managers with the tools to ensure that the system is fair. Its success will be based on:

- the marriage of research validity with practical imperatives;
- ongoing dialogue and information exchange between the researchers and the various decision makers at the clinical, managerial, and legislative levels;
- the prioritization of principles acceptable to both the public and clinicians;
- the creation of effective tools to assist regional health authorities to compare and decide among competing silos; and
- the development of tools that will improve care by providing valid, reliable assessment of need.
Dr. Réjean Landry

Réjean Landry obtained a Ph.D. in political science at York University in 1975. Since then, he has taught at the Department of Political Science at Laval University in Quebec City. He has published approximately 80 articles and book chapters on the topic of public policies.

Dr. Landry has also been a member of many expert groups in the fields of science and technology policies at the provincial level (Conseil de la Science et de la technologie du Québec), as well as at the national (Science Council of Canada) and international levels (World Bank).

Currently, Dr. Landry is heading the Réseau du Québec sur l’étude et la promotion des systèmes d’innovation (the Quebec network on the study and promotion of innovation systems), which brings together 23 university researchers and 27 partners from public, private, and not-for-profit organizations.

His main research projects concern the utilization of research results by decision makers of public policies, and the utilization of external sources of information by manufacturing firms in the development of product and process innovations.

Dr. Maggie Pearson

Professor Maggie Pearson is Regional Director of R&D for the National Health Service (NHS) Executive North West, and Professor of Health and Community Care at the University of York. She is also Director of the National R&D Programme on Service, Delivery and Organisation, and is an Honorary Member of the Faculty of Public Health Medicine.

Dr. Pearson was previously a health services researcher, and Director of the Health and Community Care Research Unit at the University of Liverpool. She has worked for the European Commission in Brussels as an expert on ageing and social policy. She is a registered nurse, has a degree in geography from Cambridge University, and wrote her Ph.D. thesis on leprosy control in Nepal.

Her current research interests include the interfaces within and between health and social care, and users’ and carers’ experiences of services.

Dr. Steven Lewis

Steven Lewis received a B.A. and an M.A. in political science from the University of Saskatchewan (Canada). Since 1974, he has worked as a health care planner, researcher, program evaluator, and research administrator. He is currently Chief Executive Officer of the Health Services Utilization and Research Commission, Province of Saskatchewan, which includes responsibility for the province’s extramural research-granting programs. The Commission analyses the use of health services and develops recommendations to improve effectiveness and efficiency, and in general, promotes evidence-based change.

Dr. Lewis is on the management committee of, and is an investigator in, HEALNet, a major national project linking research and evidence to decision making in health care. HEALNet is funded under the Networks of Centres of Excellence program. He has been a member of: the National Forum on Health; the Advisory Committee on Health Services to the Federal/Provincial/Territorial Deputy Ministers of Health; the board of directors of the Canadian Nurses’ Association; the board of the Saskatchewan Health Information Network; the Health Services Research review committee of the Medical Research Council of Canada; and the Steering Committee of the Western Canadian Waiting List project funded by Health Canada.
Appendix 4 – List of participants

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