Foreword

The health research enterprise in BC engages a wide array of players:

- Those in the public, non-governmental, and private sectors who help develop research capacity within teaching and learning institutions, laboratories and clinical and community settings.
- Those who fund research, including the non-profit sector, funding agencies, industry and government.
- Investigators who produce research.
- Policy- and decision-makers who use research evidence to develop better programs and policies, bring products into use, or increase efficiency and effectiveness in our healthcare system.

The diversity of these players’ mandates makes for a rich research enterprise. It also means that effort is needed to ensure alignment of priorities where appropriate, and take advantage of opportunities to share resources and collaborate towards common goals related to improved health and health care through research.

In the interests of achieving greater coherence among these players and at developing a more strategic approach to health research, the BC Government requested the development of a provincial health research strategy. The key informant interviews summarized in this report were part of a planning phase toward developing that strategy.

Following the planning phase, the next step is to deliver a preliminary document to government this fall, with a more comprehensive strategy delivered in June 2013. The preliminary document will provide background on BC’s health research enterprise; directions for consideration by the BC Government towards maximizing their investments in health research; and a framework for prioritizing actions by a broad range of stakeholders as part of a more comprehensive provincial health research strategy.
Executive Summary

Background

Health research in BC engages a range of players who fund, produce, and use research and who help to develop the capacity to conduct, “translate” and apply research to address questions that are important to health systems and the health of British Columbians. In the interests of achieving greater coherence among these players and developing a more strategic approach to health research, the BC Government requested the development of a provincial health research strategy. The strategy would provide direction to organizations and individuals involved in health research but, most importantly, it would serve to more effectively address the health and health system needs of the province’s population.

In the interests of advancing work on the health research strategy for the province, the Michael Smith Foundation for Health Research (MSFHR), Health Research BC (HRBC), and the BC Ministry of Health (MoH) jointly hosted a preliminary planning meeting in April 2012. The meeting provided a forum for selected representatives of research institutes, university-based interests, health authorities, MoH, and research funding agencies/organizations to explore approaches to the development of a health research strategy for BC. To further develop the foundation for planning the research strategy, key informant interviews were undertaken with the April meeting participants as well as other selected key stakeholders. The objectives of the key informant interviews were to seek views on:

- The working definition of “health research.”
- The purpose of a health research strategy for BC.
- The core components of a strategy.
- Critical success factors for the strategy’s development.
- What background information about health research in BC would be helpful for consultations.

This document presents a summary of the findings from interviews conducted with 60 key informants between July and September 2012.

Results

Respondents were asked to classify themselves according to the category they felt most closely affiliated with (“research funder,” “research producer,” “research user,” “research capacity developer” or “other”). Respondents found it difficult to classify themselves into a single category, which suggests that care should be taken not to make assumptions about the roles players see themselves fulfilling.

Views were sought on what should be used as a working definition of health research for the purposes of developing the strategy. Most respondents felt the Canadian Institutes of Health Research (CIHR) definition, used by all other provinces that have developed health research strategies, was adequate. The majority viewed health research as a spectrum of types of enquiries. While it was agreed that this spectrum included the exploration of fundamental questions (discovery research), it was strongly held that health research should focus more heavily than it does at present on questions of importance to the health system and to individual and population health outcomes — questions of efficacy (can this work?), questions of effectiveness (does this work? how does this work? how to make this work?), and questions of efficiency (how can we make this work better?). Two respondents argued that health
research be tightly defined due to constraints on access to data and information for research under the province’s current privacy laws.

Respondents were presented with a list of possible purpose statements and asked for their views on which were most important, including which would fall into their “top three.” Most often identified (>10 percent of the total) as the key purposes of a health research strategy were:

- To provide a framework for determining priorities with the purpose of informing organizations’ investment and resource allocation decisions.
- To enable BC to respond or adapt to critical health and health system challenges.
- To ensure a better alignment of health research with health and health system outcomes.
- To help advance effective translation of knowledge into policy and practice.

Key informants were asked to respond to the list of core components for a health research strategy. Respondents saw the list as comprehensive and encompassing a good mix of “aspirational” (vision, goal statement, etc.) and “operational” elements (implementation plan, evaluation plan, etc.) but missing from the list were:

- A problem statement — the “burning platform” — that articulates what is wrong with the status quo and why a strategy is needed.
- Some form of asset and gap identification or verification in the light of identified health and health system needs.
- An explication of the governance structure for the strategy — identification of who owns the strategy, who will be the “keeper of the rules,” who will ensure fidelity to and follow through on the strategy?

Key informants were asked for their views on the critical success factors for the development of the research strategy — who needed to be involved, how would they define success, what would facilitate and what would jeopardize success. Many individuals and groups are seen to have a “stake” in the province’s research enterprise. Though considerably more time- and labour-intensive, a wide and inclusive engagement process was strongly urged by respondents so that the resultant health research strategy would be viewed as “collectively owned.” Defining success for respondents would be that:

- Everyone who felt they needed to be engaged, felt engaged.
- There are no surprises, no rabbits being pulled from hats.
- It’s absolutely clear to all — and fully accepted — what the strategy is a plan for and for whom.
- There is shared ownership.
- There is unanimous agreement among the stakeholders that the process was (a) relevant, (b) well done, and (c) that their views were honoured and respected.

To facilitate success, excellent communication, clear and transparent processes, leadership, and project structure (who does what) are needed; inclusive, audience-customized, multi-modal engagement processes and sufficient time to engage all key players will be required; a clear governance/oversight body, ideally a strong and representative advisory board, will be needed to advise MSFHR and the planning team.

Participants were asked to identify any key sources of information they thought would assist with the
engagement and dialogue surrounding a health research strategy for the province. Most commonly identified were:

- Documentation of the priority health and health care issues and needs across the province.
- Documentation of gaps in knowledge and/or capacity to respond to these needs.
- Documentation or mapping of provincial research assets.
- Documentation of how BC has fared in its research enterprise in comparison with other jurisdictions.
- Copies of the research strategies/plans, where they exist, of all the key players involved in BC’s health research enterprise.

Adopting an inclusive approach to acquisition and public posting of documents identified by stakeholders, and taking an iterative approach to presenting them as foundations for discussion as needed, is pragmatic and reasonable. The creation of a repository of key documents is a valuable service to the community.

**Conclusion**

There is, clearly, considerable interest in the development of a provincial health research strategy among the key players. While not without risks, the exercise of bringing them together to create a coherent system is one that could pay significant dividends in terms of better focusing activity and resources on serving the health and healthcare needs of the province.
1. **Background**

Health research in BC engages a range of players who fund, produce, and use research and who help to develop the capacity to conduct, “translate” and apply research to address questions that are important to health systems and the health of British Columbians. However, these players are often working in isolation, or at least without regular connections between them, leading them, at times, to work at cross purposes or, worse still, be in unhelpful competition and conflict with one another. In an ideal world one might wish to see these players working in a concerted manner within a system — a health research enterprise for the province — aimed at optimizing the positive outcomes from investments in health research at the many levels where these occur.

Recognizing the desirability of a more coherent provincial approach to health research, the BC Government requested the development of a provincial health research strategy that would help to shape a more comprehensive, coordinated and systems-oriented approach. The strategy would provide direction to organizations and individuals involved in health research but, most importantly, it would serve to more effectively address the health and health system needs of the province’s population.

To launch the process, the BC Ministry of Health (MoH), the Michael Smith Foundation for Health Research (MSFHR) and Health Research BC (HRBC), invited senior representatives from BC’s health authorities, research intensive universities and health authority research institutes to a meeting in April 2012 for a preliminary conversation about developing a strategy.

At the meeting there was considerable discussion on the definition of health research. Some participants advocated a broad conception: everything from “discovery” research to focused enquiries into the impact of a particular intervention in a particular setting. Others advocated a concise definition of health research: enquiries addressing questions of importance to society, undertaken with an accepted rigour of method, and with responses that could be generalized to other contexts and settings.

There was also extensive debate on the purpose of a health research strategy. Meeting participants initially reacted negatively to the notion of a “centrally derived framework” that would constrain their decision-making autonomy in any way. During the course of the discussion, though, they agreed that aligning with a common framework could enhance the impact of efforts across the many sites, settings, players and mandates of the key players in health research.

Ultimately, participants at the April meeting agreed on the need for a provincial health research strategy and to participate actively in its development. The group concluded that both process and product must be “owned” by all those who play a key role in ensuring its relevance, utility, and success, but that someone would need to lead the strategy development process, organizing the engagement of those who needed to be engaged and holding the pen as conclusions emerged. MSFHR was endorsed to play this role, facilitating the development of the strategy with the support of a planning team with representation from MSFHR, HRBC and MoH.

1.1 **Purpose of the Key Informant Interviews**

Following the preliminary meeting in April, the planning team determined that the best next step would be to conduct key informant interviews to collect information and views towards preparing an effective research strategy development process. Interviews were conducted with all participants at the April
meeting, as well as selected others with key perspectives on the province’s health research enterprise and reflective of the mix of health research funders, producers, users and capacity developers from government, non-governmental organizations, universities, research centres or institutes, and health authorities. Additional key informants were identified by planning team members and participants at the April meeting as they were interviewed.

The objectives of the key informant survey were to seek views on:

- The working definition of “health research.”
- The purpose of a health research strategy for BC.
- The core components of a strategy.
- Critical success factors for the strategy’s development.
- What background information about health research in BC would be helpful for consultations.

This document presents a summary of the findings from interviews conducted with 60¹ key informants between July and September 2012.

### 1.2 Method

An interview guide was developed based on the discussion at the April meeting and advice from the planning team (please see Appendix A for a copy of the interview guide). Interviews were scheduled by MSFHR staff and one-hour telephone interviews were conducted between July 9 and September 4, 2012. There was keen interest to participate in the interviews. Of the list of identified key informants, all but three were interviewed within the time frame, for a response rate of 95% (please see Appendix B for a list of interview participants).

A word about numbers...

In the interests of supporting readers’ interpretations of the findings, the following “definitions” are provided for the numerical references (n=60):

<table>
<thead>
<tr>
<th>Description</th>
<th>Range</th>
<th>Note</th>
</tr>
</thead>
<tbody>
<tr>
<td>Most/The Majority</td>
<td>&gt;40</td>
<td>(65% +)</td>
</tr>
<tr>
<td>Many/A Significant Number</td>
<td>24 – 40</td>
<td>(40% – 65%)</td>
</tr>
<tr>
<td>More than Half</td>
<td>31+</td>
<td>(&gt;50%)</td>
</tr>
<tr>
<td>Fewer than Half</td>
<td>29 or less</td>
<td>(&lt; 50%)</td>
</tr>
<tr>
<td>A Number</td>
<td>12 – 21</td>
<td>(20% – 35%)</td>
</tr>
<tr>
<td>Some</td>
<td>6 – 12</td>
<td>(10% – 20%)</td>
</tr>
<tr>
<td>A Few/Several</td>
<td>3 – 5</td>
<td>(5% – 8%)</td>
</tr>
<tr>
<td>One or Two</td>
<td>1 – 2</td>
<td>(3% – 6%)</td>
</tr>
</tbody>
</table>

Bracketed numbers (x) refer to the number of respondents who explicitly made a given point. The “greater than” (>) sign is used when the point was implied by/aligned with other comments made by respondents.

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¹ Sixty separate interviews were scheduled; however, in two cases, two respondents were present at each interview. See Appendix B for a list of interviewees by name and organization.
2. Results

2.1 Self Classification of Respondents

Respondents were asked to classify themselves according to the category they felt most closely affiliated with (“research funder,” “research producer,” “research user,” “research capacity developer” or “other”). However, few respondents were able to limit themselves to a single category with a number seeing themselves in all categories. Many of the respondents’ self-classifications were not self-evident to the interviewer, suggesting that assumptions about how “players” in the health research enterprise ought to be categorized should not be made.

Takeaways
• Respondents found it difficult to classify themselves into a single category and the fact their self-classifications were not self-evident underscores the diversity of the players and the perception that they simultaneously fill many different roles in the health research enterprise.
• This suggests that care should be taken not to make assumptions about the roles players see themselves fulfilling. While some engagement/consultation modes will involve grouping participants into “homogeneous” groups, these classifications will need to be checked with participants and efforts may need to be made to ensure some self-classification so that all desired “voices” are heard.

2.2 Definition of Health Research

As a starting point for the development of a health research strategy views were sought on how to define health research. In developing their health research strategies, other Canadian provinces have acknowledged that “health research” is anything that is relevant to the understanding or betterment of human health, covers many types of research, is multidimensional and can be categorized a variety of ways (field of research, type of research along the innovation continuum, nature of the methodology, or driver of the research). For the purposes of their strategy development, all of them used the Canadian Institutes of Health Research (CIHR) definition to frame their discussion and engagement. The definition identifies four “pillars” of enquiry as follows:

• Population and public health: Focused on understanding how social, cultural, environmental, occupational and economic factors influence health.
• Health services: Centred on investigating the efficiency and effectiveness of the health system.
• Clinical: Involves testing of new therapies or devices and moves research findings out of the lab and to the patient’s bedside.
• Biomedical: Essentially laboratory research with the goal of understanding biological processes within the human body and the fundamental causes of disease.

Respondents were asked whether or not they felt this definition was “adequate” as a working reference to frame discussion and engagement around a BC health research strategy. Though many identified deficiencies in the definition (too “silo-ed”; does not speak to the Aboriginal conception of the four dimensions of health — emotional, mental, spiritual and physical well-being — and is lacking sufficient emphasis on implementation science, evaluation, and outcomes), most respondents (n=47) felt the definition was adequate. Several pointed to the difficulty of achieving agreement on a new definition
and counselled against “wasting” time on such an effort. A number recommended adopting the same definition as others in an effort to both ensure consistency across the country and to reduce confusion among those who do not work with these definitions, or in the field, every day.

Those who did not feel the definition was adequate (n=13) expressed views that it simply maintained a conception of “silos” of research activity with inadequate reference to, and emphasis on, the “translational” requirements of this activity. Several noted that the definition was “cumbersome” and incomprehensible to the lay public.

Respondents were also asked for their degree of agreement with the two different conceptions of health research — one envisioned it as a spectrum that extended from “fundamental science” to what one respondent called “program science,” and the other focused on a discrete, distinguishable subset of possible enquiries.

We are increasingly advocating attention to “program science,” that is scientific method to improve the quality of the evidence we use to improve programs and policies.

— University-based Capacity Developer/Researcher

While a number of respondents took issue with the wording of the statement presented to them (please see Appendix A for the interview guide), all but a few saw health research as an inclusive spectrum of enquiries, with a significant number arguing for a greater emphasis on the “program science” — implementation, evaluation — end of the spectrum.

The views of two respondents are worth reflecting here as they are both noteworthy and sobering. While they did not object to the conception of health research as a spectrum, two respondents argued that health research be tightly defined due to constraints on access to data and information under the province’s current privacy laws. The point made was that a wider conception of research would require many of the health authority-based evaluation and improvement initiatives to subscribe to the same protocols as enquiries defined as health research in the existing information privacy legislation. This would not only slow these initiatives down, but it would not be possible to complete many enquiries within time frames that would render their results beneficial to the proponents.

Purely pragmatically, we should define research as narrowly as possible. The bureaucracy that has arisen from the perversion of privacy legislation has made it impossible to do research in this province. Patients are being systematically disadvantaged by the very narrow interpretation of privacy in Canadian law. If the aim is to shut down research in BC, privacy legislation is doing a cracking job.

— University-based Capacity Developer/Researcher

Takeaways

- Although it is viewed as “clumsy,” the CIHR definition may be the best option as one to frame the strategy development exercise as it is consistent with what has been used by other jurisdictions and is familiar to the health research community. The fact it may not be well understood by the lay public suggests that another definition may need to be developed if and as communications extend to them.
- Several respondents reacted negatively to the wording of the conception of health research presented to them in the interview guide; this underlines the fact that “language matters.” In the
current climate of constrained funding for health research, sensitivities to language that may be viewed as pejorative are acute.

- Most respondents see health research as a spectrum of enquiries ranging “from cell to society.” While this is seen to include exploration of fundamental questions (discovery research), there are strong views that it should focus more heavily on questions of importance to the health system and to individual and population health outcomes — questions of efficacy (can this work?), questions of effectiveness (does this work? how does this work? how to make this work) and efficiency (how can we make this work better?).

### 2.3 Purpose of a Health Research Strategy

The following list of potential purposes of a health research strategy was presented to key informants for comment, with a request that they identify those statements of purpose that would fall into their “top three,” including any statements of purpose that might be missing.

#### Exhibit 1: Number of times each statement of purpose was among respondents “top 3”

<table>
<thead>
<tr>
<th>Statements of Purpose</th>
<th>In Top 3 (#)</th>
<th>In Top 3 (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>a to provide a framework for determining priorities with the purpose of informing organizations’ investment and resource allocation decisions</td>
<td>22</td>
<td>11%</td>
</tr>
<tr>
<td>b to articulate the advantages of investing in BC-based health research with the idea of attracting financial support</td>
<td>9</td>
<td>5%</td>
</tr>
<tr>
<td>c to identify what BC can do better than others, where its strengths and unique contributions lie</td>
<td>9</td>
<td>5%</td>
</tr>
<tr>
<td>d to enable BC to continue to play a key role in advancing new, world-class knowledge</td>
<td>9</td>
<td>5%</td>
</tr>
<tr>
<td>e to enable BC to respond or adapt to critical health and health system challenges</td>
<td>26</td>
<td>13%</td>
</tr>
<tr>
<td>f to ensure better alignment of health research with health and health system outcomes</td>
<td>28</td>
<td>14%</td>
</tr>
<tr>
<td>g to help advance effective translation of knowledge into policy and practice</td>
<td>33</td>
<td>17%</td>
</tr>
<tr>
<td>h to help improve the effectiveness and efficiency of the provincial research community (including through improved access to essential data and streamlining of administrative processes such as ethics approval and peer/merit review)</td>
<td>18</td>
<td>9%</td>
</tr>
<tr>
<td>i to ensure a future supply of highly qualified health researchers (including through capacity development and the creation of a better environment for health research)</td>
<td>12</td>
<td>6%</td>
</tr>
<tr>
<td>j to improve the competitive advantage of the provincial research community nationally and internationally</td>
<td>11</td>
<td>6%</td>
</tr>
</tbody>
</table>

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2 Emphasis reflects words added by a large number of respondents as accepted as a “friendly amendment” to the purpose statement.
Respondents were also asked what key purpose, if any, was missing from the list. Among those mentioned by at least four respondents were:

- To improve intentionality and coherence.
- To increase complementarity between research efforts — to make research translational — for the benefit of the population.
- To prove today — and on a continual basis — what difference research is making for the lives of patients and families.
- To enable improvement of the health and well-being of communities and people.

Most often named (>10 percent of the total) were the statements:

- To provide a framework for determining priorities with the purpose of informing organizations’ investment and resource allocation decisions (a).
- To enable BC to respond or adapt to critical health and health system challenges (e).
- To ensure a better alignment of health research with health and health system outcomes and (f).
- To help advance effective translation of knowledge into policy and practice (g).

Respondents also identified a number of purposes they felt were missing from the list. A sample of the most common messages in this regard is presented at the bottom of Exhibit 1.

**Takeaways**
- There are high expectations for the health research strategy and there is some diversity in views about the top three most important purposes. However, underpinning the most popular purpose statements are the principles of increased coherence, and the health and health system impacts of the research enterprise.

**2.4 Core Components of a Health Research Strategy**

Key informants were asked to respond to the list of core components for a health research strategy presented in Exhibit 2 below.

**Exhibit 2: Components that should be part of a health research strategy for BC**

- [ ] articulate a vision for health research for BC
- [ ] identify a priority-setting process and mechanism
- [ ] articulate high level provincial goals (high level aspirations such as building health research expertise and activity in target areas); ensuring health research knowledge translates into benefits; strengthening capacity (people and infrastructure)
- [ ] articulate objectives (specific targets with timelines attached)
- [ ] identify and, at least notionally, assign roles and responsibilities
- [ ] include an implementation plan (timelines, accountabilities)
- [ ] include an evaluation plan (targets, timelines, measures)
Respondents were impressed by the list, viewing it as comprehensive and encompassing a good mix of “aspirational” (vision, goal statement, etc.) and “operational” elements (implementation plan, evaluation plan, etc.). The rendering of more precise operational elements was seen as a helpful discipline in achieving clarity on what the vision and goals actually meant when put into action and in testing the feasibility of what was being envisioned. Many participants identified as missing from the list:

- A problem statement — the “burning platform” — that articulates what is wrong with the status quo and why a strategy is needed.
- Some form of asset and gap identification or verification in light of identified health and health system needs.
- An explanation of the governance structure for the strategy — identification of who owns the strategy, who will be the “keeper of the rules,” who will ensure fidelity to and follow through on the strategy?

**Takeaways**

- A clear problem statement that justifies the importance of work on the health research strategy is needed as a basis for engagement of the range of players involved. This will form the basis for the development of a clear purpose and vision and identification of action steps required to reach the desired future state.
- During the consultation, a list of necessary components of a health research strategy — those that relate to its agreed upon vision — must be further tested. Options for achieving a broad sense of ownership should also be explored.

### 2.5 Critical Success Factors

Key informants were asked for their views on the critical success factors for the development of the research strategy — who needed to be involved, how would they define success, what would facilitate and what would jeopardize success.

**Key players**

All but a few respondents applauded the breadth of “key players” identified in the survey guide. Many added players to the list. A comprehensive list, with which all but a few respondents agreed, is presented in Exhibit 3.

**Exhibit 3: Key players who need to be engaged in the development of health research strategy for BC**

- researchers representing a good balance from all four “pillars” of research
- government policy makers from all relevant government ministries (those with involvement in health research)
- clinicians/health professionals/health and healthcare workers
While some respondents urged the engagement of the general public, in addition to “patients/patient voices,” most respondents felt it was premature to do so. Rather, they counselled that the public should be engaged once a vision and work plan have been articulated so that their views may inform the action steps taken.

The explicit engagement of Aboriginal interests was identified by most respondents as critical to success given the past experiences of Aboriginal people with research initiatives not seen to serve their interests. The new First Nations Health Authority will also be developing a research strategy and a degree of complementarity between this and the provincial strategy is highly desirable.

The engagement of municipal leaders — in addition to provincial leaders — was seen as important in helping to recognize the broader “determinants of health” and the role that the housing and the built environment, among other forces, play in people’s health.

When asked to identify specific individuals, or groups or “tables” of individuals, who should be engaged, respondents named both luminaries or “thought leaders” from within their own sector and the health research enterprise generally, but also counselled the engagement of some of the voices that are not often heard. Not only would these include students, trainees and junior researchers but also the managers within health authorities who are the receptor sites for new knowledge/research results, and players from industry sectors outside “health” — one respondent suggested, for example, “the people who create video games and smart phone apps,” another suggested “architects” and another “the business people affected by the health care system” — who might be instrumental in creating the novel synergies that lead to innovation.

*If you have the same folks as always you’ll get the same old stuff*

— Health Authority-Based Research Funder, Producer, User and Capacity Developer

While some respondents encouraged better connections with industry where internal “pockets of research genius” might be accessed and new markets for research results presented, others counselled caution. A number of respondents cautioned that the aims of industry — to move products to market and generate profits — differ fundamentally from the aims of those trying to manage the sustainability of the health care system — to keep people healthy, and to limit or eliminate unnecessary treatment and interventions. While industry is focused on “research and development,” those trying to manage the health care system are more often challenged by the task of “research and decommissioning.”
Other differences between government-funded and industry-funded research were identified as well. On the one hand, the business model employed by industry — one focused on “translation” of research knowledge to real life impacts in as timely a way as possible — is lauded as ensuring best use of limited research dollars, especially important when public tax dollars are the source of funding. On the other hand, it is argued that this is precisely where the legitimate place of “government” or publicly-funded activity is: those areas of research where the market fails. However, without a calculable return on investment (ROI) and without a decision rule for when to stop investing this can lead to “government failure.” Where the market moves quickly to de-invest based on a “fast failure” model, government funding with no clear exit criteria can lead to “experimentation without end.” While some argue that this commitment of government funding may be the only way to achieve scientific breakthroughs, the ROI of taxpayers’ money is not demonstrably a positive one. Industries’ restricting of investments based on the prospect of profitability can lead to a situation where government subsidizes private enterprise: industry derives the benefit of the breakthroughs when these occur but does not have to carry the risk of negative ROI.

Respondents identified some successful government-industry partnership initiatives where the respective roles of — and payoffs to — the players and payers were clearly delineated.

*The industry category is huge — who’s going to buy this, use this. When bundled you lose the differences between them — each industry will have different “hot buttons.”*

—Industry Association Representative

*When you do translational research you’re saying “I’m committed to taking these findings and seeing if they’re clinically relevant.” Ninety percent of the findings fail in this regard. In industry we’ve been doing this for the past 50 years: we build into our research plan a “fast failure” model that say if it’s likely to fail, you fail it and you move on.*

—Non-Governmental Research Funder

Breaking with the trend, one or two respondents counselled a *limited* engagement of stakeholders. While the creation of a coherent “community of practice” aimed at achieving a common vision has many merits, the organized interests also become a powerful force in their own right. Unless there is true buy-in to the vision and action plan from all affected, and clear structures, fair processes, and clear accountabilities built in, this force could easily become seen as a “bully” forcing compliance by unwilling “partners.”

**Definition of success**

Responses to the question “how would you define success” closely paralleled views on engagement, namely that a very broad and inclusive engagement process is highly desirable. Exhibit 4 below presents the statements that resonated most with respondents.

**Exhibit 4: Definition of success**

- Everyone who felt they needed to be engaged, felt engaged.
- There are no surprises, no rabbits being pulled from hats.
- It’s absolutely clear to all – and fully accepted – what the strategy is a plan for and for whom.
- There is shared ownership.
• There is unanimous agreement among the stakeholders that the process was (a) relevant, (b) well done, and (c) that their views were honoured and respected.

Many respondents were sensitive to the perception that a health research strategy might lead to identification of “winners” and “losers.” Some respondents from the Lower Mainland expressed fears that a research strategy might seek equity over excellence and, thus, see resources being moved to areas currently under-represented in large research initiatives. Interestingly though, respondents from northern and interior regions of the province argued in favour of investing where it “made sense,” not for the sake of building a resource where it was not needed, nor could be supported or sustained.

_The process needs to strike the right balance between acknowledging the wealth of activity in Vancouver and the needs elsewhere in the province that is not to the detriment and deterioration of either._

— Health Authority-based Research Funder, User and Capacity Developer

A number of respondents raised the question of who “owns” the research strategy development process and who would “own” the resulting strategy. Answering this question was deemed by many people to be essential to the success of both the process and the outcome.

_What would facilitate or jeopardize success_

When asked what would facilitate success, respondents most often identified:

- Effective communication
- An open, transparent, coordinated and professional process
- A wide and inclusive consultation with multiple modes and points of engagement
- If each group feels that they have a place and a role to play
- There was genuine openness to new ideas
- There were credible people involved

In addition to disregard for these facilitators, what would jeopardize success would be:

- Failing to engage critical stakeholder groups
- Setting players up against one another
- If there is the appearance of a pre-determined agenda or dominated by one group or another
- If the process was rushed so that people did not feel adequately or respectfully engaged

A sample of common responses (identified by at least five — or 8 percent of — respondents) to the question of what would jeopardize success is presented in Exhibit 5 below.

_Exhibit 5: What would jeopardize success of the research strategy development process_

If the result is seen as Lower Mainland or catering to a hidden agenda or special interests.

If MSFHR is not transparent about its stake in the game. MSF needs to define its stake and clearly state its role.
If it is not clear who is accountable for the process. Somebody needs to be viewed as the focal point of this effort.

That this would be prescribed by the Ministry.

If this goes to looking like a very large request for money and a request from the research community; if it moves to the money it will kill it, especially if it is linked to roles (winners and losers).

If people don’t move from the starting points of either (a) we don’t need a plan or (b) it must be my plan.

**Takeaways**

- *Many individuals and groups are seen to have a “stake” in the province’s research enterprise.* Though considerably more time- and labour-intensive, a wide and inclusive engagement process is strongly urged by respondents.
- *In creating a community of practice, care must be taken to ensure that it is truly inclusive, viewed as fair and accountable, so that it does not become seen as a force that imposes its will on those who are unwilling or unable to comply with its views.*
- *The research enterprise in the province comprises key non-governmental players such as industry, charities and foundations. These groups need to be engaged in meaningful ways to create a system of health research that better serves the health and health care needs of British Columbians.*
- *MSFHR has been endorsed as the lead for the strategy development process. This is a challenging role given the keen interest in the process and its outcome. Care will need to be taken to ensure that MSFHR continues to be seen as capturing the voices it is listening to and not catering to a biased, predetermined, or self-serving agenda.*
- *Excellent communication, clear and transparent processes, leadership, and project structure (who does what) are needed for the strategy development process to succeed.*
- *Inclusive, audience-customized, multi-modal engagement processes and sufficient time to engage all key players will be required.*
- *A clear governance/oversight body, ideally a strong and representative advisory board, will be needed to advise MSFHR and the planning team.*

2.6 Information to Support Engagement

Participants were asked to identify any key sources of information they thought would assist with the engagement and dialogue surrounding a health research strategy for the province. Most commonly identified were:

- Documentation of the priority health and health care issues and needs across the province.
- Documentation of gaps in knowledge and/or capacity to respond to these needs.
- Documentation or mapping of provincial research assets.
- Documentation of how BC has fared in its research enterprise in comparison with other jurisdictions.
- Copies of the research strategies/plans, where they exist, of all the key players involved in BC’s health research enterprise.
Recognizing that information is not static — that current health needs may not be the same as they were 10 years ago, or that research assets or gaps apparent today may not be present in the future — respondents advised reporting on trends rather than absolutes.

Although a wide range of possible sources of information were identified, most respondents advised that “less is more” and counselled an iterative approach to making information available. Posting key documents to a website and allowing interested readers to peruse them at their leisure was seen a valuable contribution to the community. Requiring people to review long and detailed reports in order to be prepared to engage in discussions as part of the consultation process was strongly opposed.

**Takeaways**
- *Adopting an inclusive approach to acquisition and public posting of documents identified by stakeholders, and taking an iterative approach to presenting them as foundations for discussion as needed, is pragmatic and reasonable. The creation of a repository of key documents is a valuable service to the community.*

3. **Summary and Conclusions**

Many respondents took the time to provide parting comments. These generally related to the excitement and passion they felt for health research, their interest in the strategy development exercise, and their gratitude for being asked to share their views.

There is, clearly, considerable interest in the development of a provincial health research strategy among the key players. While not without risks, the exercise of bringing them together to create a coherent research enterprise is one that could pay significant dividends in terms of better focusing activity and resources on serving the health and healthcare needs of the province. Attention could fruitfully be given to determining how to optimize government’s role and investment in the province’s health research enterprise and could become the focus of priority work that flows from this report.
Appendix A: BC Health Research Strategy Key Informant Interview Guide

Dial-in information for this interview is as follows:
1 877 385-4099
Participant access code: 5728021#

Name and Title of Respondent:

Name of Organization:

Preamble:
The Michael Smith Foundation for Health Research (MSFHR) is facilitating the development of a health research strategy, working in partnership with the health care and health research communities. I am working with MSFHR to seek the views of selected key informants. The information gleaned through these interviews will help to establish a foundation and framework for the health research strategy.

The objectives of the survey are to seek views on:
- The working definition of “health research”
- The purpose of a health research strategy for BC
- The core components of a strategy
- Critical success factors for the strategy’s development
- What background information about health research in BC would be helpful for consultations

Your responses will be kept confidential and, while I may select some direct quotes to report out as representative of informants’ views, comments will not be reported in any way that could potentially identify an individual respondent.

Do you have any questions for me before I go on to the formal interview questions?

1. In terms of affiliation, which of the following respondent categories do you identify with most?
   a. Research Funder
      □ Government
      □ Non-governmental organization/charity
      □ Other research funder:

   b. Research Producer
      □ in a university setting
      □ in a research centre or institute
      □ in a health authority
      □ other research producer setting:

      □ Other research producer setting:
c. Research User
   - health/healthcare provider
   - health/healthcare decision-maker/administrator
   - government decision-maker (policy-maker)
   - industry
   - patient/member of the public
   - other research user:

   ___________________________________________


d. Research Capacity Developer
   - university administrator
   - college administrator
   - research institute leader/administrator
   - other research capacity developer:

   ___________________________________________


e. Other category
   Please specify:

   ___________________________________________


**Definition of Health Research**

As a starting point for the development of a health research strategy we are seeking views on how to define health research.

Other Canadian provinces, in developing their health research strategies, have acknowledged that “health research” is anything that is relevant to the understanding or betterment of human health, covers many types of research, is multidimensional and can be categorized a variety of ways (field of research, type of research along the innovation continuum, nature of the methodology, or driver of the research).

However, for the purposes of their strategy development, they have used the Canadian Institutes of Health Research (CIHR) definition as follows:

- Population and public health: Focused on understanding how social, cultural, environmental, occupational and economic factors influence health.
- Health services: Centred on investigating the efficiency and effectiveness of the health system
- Clinical: Involves testing of new therapies or devices and moves research findings out of the lab and to the patient’s bedside.
- Biomedical: Essentially laboratory research with the goal of understanding biological processes within the human body and the fundamental causes of disease.
2. **Is the CIHR definition adequate for BC’s health research strategy?**

- [ ] Yes
- [ ] Maybe
- [ ] No, If not, why not? What is missing?

3. **What is your level of agreement with the following statement?**

_Health research encompasses a spectrum from evaluation and performance improvement initiatives to more narrowly defined “scientific” enquiries._

<table>
<thead>
<tr>
<th>Strongly agree</th>
<th>Agree</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
<th>Don’t know</th>
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Please elaborate on why you answered the way you did?

4. **Please indicate your degree of agreement with the following statements on the purpose of a health research strategy for BC:**

<table>
<thead>
<tr>
<th></th>
<th>Strongly agree</th>
<th>Agree</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
<th>Don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>a</strong></td>
<td>To provide a framework for determining priorities with the purpose of informing organizations’ investment and resource allocation decisions</td>
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<td><strong>b</strong></td>
<td>To articulate the advantages of investing in BC-based health research with the idea of attracting financial support</td>
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<tr>
<td><strong>c</strong></td>
<td>To identify what BC can do better than others, where its strengths and unique contributions lie</td>
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**Comments:**
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<tr>
<th></th>
<th>Strongly agree</th>
<th>Agree</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
<th>Don’t know</th>
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<tbody>
<tr>
<td>Comments:</td>
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<td><strong>d</strong> To enable BC to continue to play a key role in advancing new, world-class knowledge</td>
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<td>Comments:</td>
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<td><strong>e</strong> To enable BC to respond or adapt to critical health and health system challenges</td>
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<td>Comments:</td>
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<td><strong>f</strong> To ensure better alignment of health research with health system outcomes</td>
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<td>Comments:</td>
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<td><strong>g</strong> To help advance effective translation of knowledge into policy and practice</td>
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<td>Comments:</td>
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<td><strong>h</strong> To help improve the effectiveness and efficiency of the provincial research community (including through improved access to essential data and streamlining of administrative processes such as ethics approval and peer/merit review)</td>
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<td><strong>i</strong> To ensure a future supply of highly qualified health researchers (including through capacity development and the creation of a better environment for health research)</td>
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<td><strong>j</strong> To improve the competitive advantage of the provincial research community nationally and internationally</td>
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<td>Comments:</td>
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<td><strong>k</strong> What, if any, key purpose is missing from the list?</td>
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<td>Comments:</td>
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</table>
5. Of the purposes for a BC health research strategy listed above, which would you consider your top three with respect to importance?

Core Components of a Health Research Strategy

6. Please indicate which of the following components should be part of a health research strategy for BC:

The health research strategy should:

- ☐ articulate a vision for health research for BC
- ☐ identify a priority-setting process and mechanism
- ☐ articulate high level provincial goals (high level aspirations such as building health research expertise and activity in target areas); ensuring health research knowledge translates into benefits; strengthening capacity (people and infrastructure)
- ☐ articulate objectives (specific targets with timelines attached)
- ☐ identify and, at least notionally, assign roles and responsibilities
- ☐ include an implementation plan (timelines, accountabilities)
- ☐ include an evaluation plan (targets, timelines, measures)
- ☐ identify milestones for the short, medium and longer term over a 10-year time horizon
- ☐ include a process for regular review and refreshing of the goals as necessary over its lifespan

What, if any, core components are missing from this list?

Critical Success Factors

7. Please identify the key players who need to be engaged in the development of a health research strategy for BC.

- ☐ researchers representing a good balance from all four “pillars” of research
- ☐ government policy makers from all relevant Ministries (those with involvement in health research)
- ☐ clinicians
- ☐ health authority administrators and managers
- ☐ private sector/industry
- ☐ non-governmental organizations/charities
8. Are there any specific individuals we should include in the engagement?

9. How would you define “success” for the process of developing a health research strategy?

10. What would facilitate or ensure success of the process?

11. What — if not attended to — would jeopardize the success of the process?

**Information Needed**

12. What information about health research in BC is needed to support stakeholder consultations (e.g. in “environmental scans,” “backgrounders,” or “inventories”)?

13. What sources would you recommend for the needed information?

In Closing… Thank you very much for making the time to participate in this interview. Do you have any final questions for me?
Appendix B: List of Key Informant Interview Participants

<table>
<thead>
<tr>
<th>Key Informant Interviews</th>
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<tbody>
<tr>
<td>Sam Abraham, BC Cancer Research Agency</td>
</tr>
<tr>
<td>Ken Armour, Research Universities' Council of British Columbia</td>
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<tr>
<td>Leslie Arnold, PHSA</td>
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<tr>
<td>Morris Barer, Centre for Health Services and Policy Research, UBC</td>
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<tr>
<td>Bill Barrable, Rick Hansen Institute</td>
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<tr>
<td>David Babiuk, PHSA</td>
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<tr>
<td>Kelly Barnard, BC MoH</td>
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<tr>
<td>Fraser Bell, NH</td>
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<tr>
<td>Bernie Bressler, UBC</td>
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<tr>
<td>Bob Brunham, BC Centre for Disease Control</td>
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<tr>
<td>Helen Burt, UBC</td>
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<tr>
<td>Jan Christilaw, BC Women’s Hospital</td>
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<tr>
<td>James Coyle, IH</td>
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<tr>
<td>Lynda Cranston, PHSA</td>
</tr>
<tr>
<td>Bill Dow, British Columbia Institute of Technology</td>
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<tr>
<td>Dianne Doyle, Providence Health Care</td>
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<tr>
<td>Alistair Duncan, Chromos Molecular Systems, Inc.</td>
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<tr>
<td>Don Enns, LifeSciences BC</td>
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<tr>
<td>Jan Friedman, Child &amp; Family Research Institute</td>
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<tr>
<td>Larry Gold, BC Children’s Hospital</td>
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<td>Tanis Hampe, NH</td>
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<tr>
<td>Michael Hayes, UVic</td>
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<tr>
<td>Bill Honer, BC Mental Health &amp; Addictions Research Institute</td>
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<tr>
<td>Barbara Kaminsky, Canadian Cancer Society – BC &amp; Yukon</td>
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<tr>
<td>Miranda Kelly, First Nations Health Authority</td>
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<tr>
<td>Yvonne Lefebvre, Providence Health Care Research Institute</td>
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<tr>
<td>Adeera Levin, BC Renal Agency</td>
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<tr>
<td>Ron Lindstrom, Royal Roads University</td>
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<tr>
<td>Eric Lun, BC MoH</td>
</tr>
<tr>
<td>Lori MacKenzie + Connie Marczyk, BC Ministry of Advanced Education</td>
</tr>
</tbody>
</table>

BC MoH = BC Ministry of Health
FH = Fraser Health
IHSS = Institute for Health Systems Sustainability
IH = Interior Health
NH = Northern Health
PHSA = Provincial Health Services Authority
SFU = Simon Fraser University
UVic = University of Victoria
VCH = Vancouver Coastal Health
VIHA = Vancouver Island Health Authority
UBC = University of British Columbia