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EXECUTIVE SUMMARY

Health research and health-care leaders met in 2012 to discuss the potential of a health research strategy to shape a more comprehensive, coordinated and systems-oriented approach to health research in BC. Participants agreed on the need for such a strategy, and endorsed the Michael Smith Foundation for Health Research to consult with the community and facilitate its development.

Development of the strategy involved multiple phases of consultation, including a survey to solicit feedback on the emerging strategy from a broad cross-section of BC health research stakeholders. The survey tested three elements of the strategy: a draft vision and goals, potential provincial level actions, and key research program gaps that a provincial health research strategy could help address. This document summarizes the findings of the online survey, which was conducted in June 2013.

A total of 950 individuals completed the survey. Of these, 926 met the eligibility criteria\textsuperscript{1} for inclusion. Survey respondents represented a wide cross-section of BC health research stakeholders, including diverse workplace locations, professional roles, work environments, and types of research.

The draft vision statement, “A healthy, prosperous British Columbia through world-class transformative health research,” received a lower level of endorsement from health research stakeholders than anticipated, and respondents offered many suggestions for improvement.

The draft goals, “A high performing health research and innovation ecosystem” and “Integration of transformative research into our health and wellness systems,” received somewhat stronger endorsement. However, survey results suggest there is still significant room for improvement, particularly with respect to specificity.

Of the 10 potential provincial level actions that emerged from previous phases of consultation, seven were perceived as important. This suggests broad support for the actions identified to date. The need for an accessible and robust provincial data platform emerged as the highest priority overall and relatively consistently across all stakeholder groups. Other high priorities included:

- Establishing formal academic health sciences network(s)
- A provincial mechanism to support evidence-based decision-making
- A provincial forum for ongoing dialogue and direction-setting
- Harmonized ethics review processes
- A plan for public engagement in health research

Twelve research program gaps were identified in previous consultation phases. Survey results indicate that eight of the 12 were perceived as important. This also suggests broad support for the directions identified to date. The following five research gaps emerged as top priorities:

- Research programs that focus on health promotion and disease prevention
- Programs that support implementation of research evidence into practice or policy
- Complex problem-based research programs involving researchers from different disciplines as well as research users
- Programs that support health professional involvement in research
- Targeted research on health issues of priority to BC

\textsuperscript{1} Twenty-four people identified their workplace as outside BC only. These respondents were not included in the analysis.
For both the provincial level actions and research program gaps, there were some differences in priorities between different stakeholder groups. These will need to be considered in the development of the final research strategy and its implementation.

Finally, a number of high level themes emerged through analysis of respondents’ comments on the strategy:

- Respondents expressed divergent views about how “value” should be defined in health research, and the implications of this for health research funding priorities.
- Respondents expressed concern about who should be involved in defining various aspects of the health research agenda, and how to balance the need for expertise against the need for inclusiveness.
- Respondents stressed the need to build upon and draw on existing infrastructure and resources.
- There was a strong desire for the content of the BC health research strategy to be sufficiently concrete to guide action and decision-making.

Overall, the survey results suggest an emerging consensus about provincial level actions and research program gaps that a provincial health research strategy could help address. However, the findings should be interpreted cautiously as they form only one element of a broader consultation process.

In developing the health research strategy, the planning team and advisory board will need to pay close attention to the survey results, using due caution in their interpretation and considering the broader context of the face-to-face consultations and BC’s current health research environment.
BACKGROUND

Introduction

Health research and health-care leaders met in 2012 to discuss the potential of a health research strategy to shape a more comprehensive, coordinated and systems-oriented approach to health research in BC. Participants agreed on the need for such a strategy, and endorsed the Michael Smith Foundation for Health Research (MSFHR) to consult with the community and facilitate its development.

The strategy has two aims:

- Identify specific actions for collaborative implementation by the health research community.
- Provide a framework from which other organizations can determine their own priorities, plans and investment decisions.

Preliminary planning included the establishment of an advisory board, planning team and reference group as well as key informant interviews. The planning team conducted a high level analysis of health research in BC based on a measurement framework developed by the Canadian Academy of Health Sciences. Key informant interviews and this analysis resulted in five directions as a framework for consultation. In spring 2013, these directions were discussed in focus groups involving stakeholders with a range of relevant experience and expertise. Following the focus groups, an online survey tested elements of the emerging strategy with a broad audience. Finally, workshops were held to engage regional players in an assessment of the potential of the emerging health research strategy to support regional needs. A final strategy will be developed in summer 2013, followed by an implementation plan.

Purpose

This document summarizes the findings of the online survey, which was conducted in June 2013.

METHODOLOGY

Approach

The goal of the survey was to solicit feedback on the emerging strategy from a broad cross-section of stakeholders. The survey tested four elements of the strategy: a draft vision and goals, potential provincial level actions, and key research program gaps that a provincial health research strategy could help address. The survey was distributed electronically to nearly 3,000 individuals in MSFHR’s database of health research stakeholders. Members of the BC health research strategy advisory board and other key contacts were also asked to distribute the survey to their own networks.

The methodology for analysis of quantitative material followed a standard process of data cleaning and then generating frequencies to provide initial findings. Using demographic data provided by respondents, responses were further broken down to understand differences by primary professional role, workplace location, workplace environment, and type of research.

Respondents’ comments on the vision and mission were coded and analyzed using Nvivo. Other open ended questions produced a significant volume of material (around 2,500 quotes), and there was substantial thematic overlap. Data were combined into a single dataset, and an iterative approach was used for analysis. In the first phase, two analysts reviewed separate sections of the text for emergent themes. These emergent themes were collapsed and expanded accordingly as the data were continuously reviewed. Once no new latent themes emerged, illustrative direct quotes were identified and a final synthesis of the feedback was conducted.
Limitations

Some caution should be exercised in interpretation of the survey findings:

- The survey aimed to capture the perspectives of a wide diversity of health research community stakeholders. However, this means survey respondents likely had varying levels of familiarity with health research and the current BC health research landscape, as well as very different lenses on the role of the strategy. Thus, there may not have been a shared understanding of the language and concepts included in the survey.

- Some stakeholder groups were very small, in both absolute terms and relative to other groups. Their perspectives are important, and are therefore included in the findings. However, care should be taken in interpretation of findings related to those particular groups. Furthermore, the sample imbalance meant that robust statistical comparisons of different stakeholder groups’ responses could not be undertaken.

- The survey was undertaken as one element of a larger consultation process. Survey findings need to be contextualized within the broader perspective of all the consultations.

RESPONDENT PROFILE

A total of 950 individuals completed the survey. Of these, 926 met the eligibility criteria for inclusion.² Although it was not possible to calculate a response rate due to the distribution method, the absolute number of responses suggests strong engagement with the process from health research stakeholders.

Survey respondents represented a wide cross-section of BC health research stakeholders, including diverse workplace locations, professional roles, work environments, and research types. However, as expected, some stakeholder groups represented a substantially smaller proportion of the total sample (e.g. government/public servants, private sector). This may reflect the relative size of these sectors in the BC health research enterprise. Figures 1-4 show the survey respondent profile.

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² Twenty-four people identified their workplace as outside BC only. These respondents were not included in the analysis.
FIGURE 1 – PRIMARY PROFESSIONAL ROLE

- Clinician-scientist: 57 (6%)
- Health care administrator: 319 (35%)
- Health care provider: 131 (14%)
- Public servant: 106 (12%)
- Research trainee: 116 (13%)
- Researcher: 82 (9%)
- Research support: 65 (7%)
- Other: 131 (14%)

FIGURE 2 – PRIMARY WORK ENVIRONMENT

- Government: 20 (2%)
- Health authority: 310 (34%)
- Not-for-profit organization: 59 (6%)
- Private sector: 358 (39%)
- Research institute: 99 (11%)
- University / college: 39 (4%)
- Other: 131 (14%)

FIGURE 3 – WORKPLACE LOCATION

- Fraser Health: 158 (16%)
- Interior Health: 58 (6%)
- Northern Health: 94 (9%)
- Vancouver Coastal Health: 158 (16%)
- Vancouver Island Health Authority: 568 (55%)
- Other: 147 (14%)

FIGURE 4 – RESEARCH TYPE*

- Biomedical: 384 (28%)
- Clinical: 348 (25%)
- Health services: 54 (4%)
- Population health: 215 (16%)
- n/a: 38 (3%)
- Other: 322 (24%)

Note: some respondents indicated that they work in multiple locations, and this is reflected in the count.

*that is most closely aligned with respondents’ work
Of note, a large number of respondents identified their primary professional role as “other.” This category included a wide range of roles. Examples included advocates, communications specialists, consultants, finance specialists, funders, policy analysts, software developers, and health-care charity volunteers. The category “research support” included research administrators, research coordinators, research managers, and research technicians.

A smaller number of respondents identified their primary work environment as “other.” Examples are respondents who work in research networks, community organizations and aboriginal communities, as well as people who work in multiple environments (e.g. consultants) or are patients/clients.

Finally, it should be noted that all respondents were asked which type of research aligns most closely with their work (i.e. not just researchers). This category also included a substantial number of individuals whose work aligned with “other” types of research, such as health education, health economics, informatics, global health, alternative medicine, and palliative care.

**KEY FINDINGS**

**Recurring Themes**

Survey respondents were offered opportunities to comment on multiple aspects of the emerging strategy. A number of high level themes emerged.

An underlying thread throughout the comments was concern about *how “value” should be defined in health research*, and the implications of this for health research funding priorities. Many respondents, for example, argued strongly for continuation of independent, curiosity-driven research whose value (and justification for funding) can be judged by rigorous peer review and publication. Many of these respondents also voiced concerns that by increasing the focus on health research impact, the long-term value of basic science may be lost. Other respondents felt equally strongly that health research is valuable primarily if it translates into a change in health outcomes. These divergent views are illustrated in the following typical comments:

- “Researchers can very well decide on their own research programs. We do not need anyone to tell us what we should be investigating. What we need is funding.”
- “Research for the sake of discovery needs to go by the way of the sabre tooth tiger … the system needs to change where weighting of awards is based on evidence of actual change rather than a passive publication that only reports significant findings and sits amid millions of other publications.”

A second key theme concerned representation, or *who defines the health research agenda*. Many respondents felt that a wide range of voices should be involved in setting the agenda and working on health research problems together, including voices that are perceived to be under-represented (e.g. patients, the public, health-care professionals, First Nations, community groups, industry). However, there was a tension between the need for inclusiveness, and the need for representatives to have meaningful expertise in order to drive change, which will need to be addressed.

A third key theme concerned *building on existing infrastructure and resources*. Concerns here included identifying the niches where BC health research is already successful and concentrating resources in those areas, rather than trying to build expertise in new areas. Respondents also expressed concerns that a stand-alone BC strategy could inadvertently create a BC silo, risking duplication of effort across Canada and internationally. There were also concerns about integration and inter-operability between systems established through the strategy, and systems already in place or being developed elsewhere.
Finally, many respondents expressed a plea for the BC health research strategy to be concrete enough to enable shared understanding by a wide range of stakeholders, and to direct next steps.

**Vision**

Survey respondents were asked to rate the strength of the following vision statement:

“A healthy, prosperous British Columbia through world-class transformative health research”

The vision statement received a lower level of endorsement from health research stakeholders than anticipated (mean of 4.4 on a seven point scale, as shown in Figure 5 below). The response was consistent across demographic groups.

![Figure 5 – Respondents’ Perceptions of Strength of Draft Vision](image)

Nearly half of respondents (n=395, 43% of the sample) commented on the vision. Overall, there was a strong desire for the vision to be expressed in common language and to avoid terms that could be perceived as jargon. Beyond this, a wide diversity of views was expressed. In this context, a theme was considered noteworthy if it was mentioned by more than 5% of those offering comments.

**A word about numbers…**

In the interests of supporting readers’ interpretations of the findings, the following definitions are provided for the numerical references:

- “A significant number” > 55 percent
- “Many” > 35 – 55 percent
- “Some” 20 – 35 percent
The following key themes emerged:

- Many respondents found the statement somewhat generic and impersonal:
  - “A vision should be inspiring (“I have a dream”). Neither “healthy” nor “prosperous” nor “transformative” are inspiring.”
  - “I like the statement and it is hard to disagree with; however, I find it too generic. What region in the world would not subscribe to this?”

- Many would like people and communities explicitly referenced as the ultimate beneficiaries of the strategy:
  - “The province cannot be healthy. People can! Don’t forget the people.”

- For many respondents, the word “prosperous” had negative connotations associated with conservative economic policy. Equity and sustainability were frequently suggested as preferable conceptual alternatives.
  - “The word “prosperous” sends the wrong message – that financial concerns (either making money or cutting costs) are of primary importance in shaping our health research strategy.”

- A significant number of respondents commented on use of the word “transformative.” There appeared to be no shared understanding of the word, although there was broad support for the idea that health research translates into practice and results in improved health and social outcomes. Some respondents questioned whether all health research must be transformative.
  - “Not sure what “transformative” means. Planners know this but does the public? Doesn’t refer to use of research/knowledge translation and application of research.”
  - “I’m unclear on the meaning of transformative and not sure transforming things is always a good thing (sometimes research aims to refine rather than transform and this is equally valuable).”

- Some respondents felt that the term “world class” is over-used and lacks meaning. However, the term did not evoke the same level of passion as either “prosperous” or “transformative.”

Goals

Survey respondents were asked to rate their level of agreement that together, the following goals would support the vision:

- **Goal 1**: A high performing health research and innovation ecosystem
- **Goal 2**: Integration of transformative research into our health and wellness systems

A strong majority (88%) of respondents somewhat agreed or strongly agreed that the draft goals would support the vision, as shown in Figure 6. Again, the response was consistent across demographic groups.
However, analysis of respondents’ comments on the goals (n=331, 36% of the sample) suggests that the goals may need to be revised. In particular, analysis suggests that there was confusion about the purpose of the goal statements as distinct from the vision statement. The following key themes emerged:

- A significant number of respondents felt that the goals would be much improved if expressed in more concrete terms (i.e. as SMART\(^3\) goals), and in common language. An alternative could be for these statements to be revised and expressed as mission statements for the BC health research strategy, with a series of SMART goals or objectives to support them. This would more clearly differentiate the vision from the goals.

- In general terms, there was more support for the second goal than for the first.

- A significant number of respondents found the terms “ecosystem” and “innovation ecosystem” confusing, or felt they were misused in the context of goals for a health research strategy.

  “I don’t like the word ecosystem. I get what you’re trying to do, but I don’t think it works. If you want to think of it in terms of an “ecosystem” there are many more parts to that ecosystem besides health research and innovation.”

- Again, some respondents expressed confusion about what the term “transformative” means in the context of health research, and whether all health research must be transformative in order to be considered valuable. Some respondents were concerned that the emphasis on “transformative” suggests there is no need for a continued pipeline of discovery research.

- As with the vision statement, some respondents felt that explicit reference to people and communities as the ultimate beneficiaries of health research would strengthen the goals.

- Some respondents felt that the concepts of sustainability and/or equity should be included.

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Provincial Actions

Previous consultations suggested a number of provincial level actions for the health research strategy that would help shape a more comprehensive, coordinated, and systems-oriented approach to health research in BC. Some detail about the proposed actions was provided in the survey (see Appendix).

Survey respondents were asked to rate the importance of these actions on a seven-point scale (1="not important" to 7="very important"). Of the 10 potential actions, seven received a rating of five or more on the seven-point scale. This suggests broad support for the actions identified to date. Respondents were also asked to rank their top three priority items. The percentage of respondents who ranked each item among their top three priorities is shown in Figure 7.

![FIGURE 7 – PERCENTAGE OF RESPONDENTS IDENTIFYING PROVINCIAL LEVEL ACTIONS AS PRIORITIES]

There was strong consensus among all stakeholder groups that building an accessible and robust provincial data platform is a very high priority. This suggests there is strong endorsement for a provincial data platform to be included as a key component of the provincial health research strategy. At the other end of the spectrum, there was consensus that standardized processes for privacy impact assessment and contracts harmonization are a lower priority.

There were several potential actions about which different stakeholder groups held divergent views.

- **Academic health sciences network(s).** This concept was described in the survey as a network that could integrate research, practice and education to enable more rapid application of
evidence to practice and policy. This was a higher priority for respondents whose workplace was based in Vancouver Coastal Health than respondents based in other locations, perhaps reflecting that the majority of teaching hospitals (on which academic health sciences networks rely) are in this region. This action was a lower priority for respondents in the non-profit sector, private sector and government.

- **Harmonized process for ethics review.** Harmonized ethics review was described in the survey as a potential research enabler across BC. Not surprisingly, this emerged as a higher priority for clinician-scientists and researchers than other respondents. Correspondingly, this was a higher priority for university/college and research institute-based respondents than other groups.

- **Plan for public engagement.** This concept was described in the survey as a means of engaging the public in setting research priorities and encouraging participation in research studies. This emerged as a higher priority for respondents located in the province’s north and on Vancouver Island. It appeared to be a higher priority for respondents working in not-for-profit roles, and a lower priority for respondents working in health authorities. The reasons for most of these differences are not clear; the exception is perhaps not-for-profit respondents, many of whom tend work closely with patient advocacy groups.

- **Framework to evaluate the impact of health research.** This action was described as a framework with consistent outcomes and indicators for common measurement of research impact and return on investment by organizations across BC. The action emerged as a higher priority for government and the private sector than other groups. This may indicate a desire by government to understand research impact better in order to determine priorities. It is unclear why this was a higher priority for the private sector; it may reflect a business orientation in that the demonstration of success is key for shareholders and other potential funders.

A number of themes emerged from analysis of respondents’ comments concerning provincial level actions.

Strong endorsement for a **provincial data platform** emerged from respondents’ comments, supporting the quantitative findings on this subject. One respondent noted, for example, that “one of the most important ways BC could enable superb research is to create a truly unified database of all patient and administrative data that’s freely available to qualified researchers.”

There was no consensus, however, on how to implement the data platform at an operational level. There were also some patient confidentiality and consent concerns: “While one cannot and should not force people to participate in trials of potentially invasive interventions, it should be a given that information obtained in the conduct of best clinical care should be subjected to scrutiny if that will further knowledge.” Additionally, timely access to the data was identified as a priority. An expedited application process for researchers with appropriate credentials was identified as a desirable feature.

Many of the provincial actions relate to or are enabled by the implementation of some type of **forum, network or other similar coordinating mechanism.** Participants acknowledged these mechanisms could support a more integrated and coordinated health research system in BC. However, they were also concerned about their efficacy. Clearly, many participants had experienced mixed success with similar initiatives in the past. For example, one respondent noted that “Networks tend to be superficial, often creating slow, reporting-, and administration- and meeting-heavy and performance light entities when the funds would have been better funneled towards small, flexible, investigator-driven units.”

Ensuring that the mechanisms are inclusive of all key stakeholder groups was identified as a critical success factor. However, as noted earlier, there were concerns about balancing the need for inclusiveness with the need for relevant expertise. Additionally, the mechanisms/forums must be
equipped with a strong mandate to carry out change and modify policy. Incorporating key decision-makers and knowledge users was identified as essential to success in this dimension.

With respect to the potential purpose and goals of the mechanisms/forums, a wide array of feedback was provided. Knowledge translation and synthesis services were frequently identified, as well as a system to provide rapid reviews on topics for decision makers. CADTH (Canadian Agency for Drugs and Technology in Health), RNAO (Registered Nurses’ Association of Ontario), InspireNet (Innovative Nursing Services and Practice Informed by Research and Evaluation Network), and McMaster Health Forum were all identified as potential models for such mechanisms.

Participants had a number of comments with respect to **standardization of processes**. A key theme was that standardization should “...apply only to the processes of research and not to the content.” The need to resolve barriers around ethics approval and privacy emerged as a strong theme, even though creating a standardized process for privacy impact assessment did not emerge as a high priority through analysis of the quantitative data. Ethics harmonization received significant positive feedback. It was suggested that patients’ perspectives should be incorporated into any improvements in this area. Respondents were also interested in standardization around documentation for permission to contact patients for research purposes. A number of respondents expressed a desire for a province-wide resolution that consent for use of de-identified health data should be presumed. Finally, respondents had a number of suggestions as to other processes that could be standardized. Of these, the most prominent request was for standardizing CV requirements.

**Research Program Gaps**

Consultations in previous phases had also suggested a number of gaps in research programs that a provincial health research strategy could help address.

Survey respondents were asked to rate the importance of these research program gaps on a seven-point scale (1=“not important” to 7=“very important”), and to rank their top three priorities. Of the 12 potential programs, six received a mean rating of over five, and another two received a rating of just under five. This also suggests broad support for the research program gaps identified to date. Respondents were also asked to rank their top three priority items. The percentage of respondents who ranked each item as their top priority, and among their top three priorities, is shown in Figure 8.
There was broad consensus that the top five research program gaps, as shown in Figure 8, are high priorities. At the other end of the spectrum, there was broad consensus that industry fellowships and targeted research on health issues of priority globally are a lower priority.

However, stakeholder groups held divergent views on the priority level of some gap areas, none of which is surprising given the orientation of these stakeholders:

- **Targeted research on health issues of priority for BC.** This emerged as the top priority for respondents working in government.
- **Programs that focus on health promotion and disease prevention.** This appeared to be a lower priority among clinician-scientists versus other groups.
- **Programs that support health professional involvement in research.** This was a higher priority for health-care administrators, health-care providers, and clinician-scientists versus other groups, including researchers. It emerged as a higher priority among those working in health authorities, and as a lower priority for those working in universities and not-for-profit organizations.
- **Participatory action research.** This emerged as a higher priority for respondents working in population health, and a lower priority for respondents who were primarily involved with biomedical research. It also emerged as a higher priority for respondents working in non-profit organizations.

- **Policy fellowships.** This emerged as a higher priority for government than other groups.

Participants identified over 75 additional research gaps. This list of suggested research areas was highly divergent and covered a broad spectrum of research areas, including all four Canadian Institutes of Health Research pillars, as well as non-traditional research in the fields of quality improvement and evaluation. There were no clear themes.

**CONCLUSIONS AND NEXT STEPS**

The survey was undertaken as one element of a larger consultation process. Therefore, the findings need to be treated with caution and read in the context of the input received through the key informant interviews, focus groups and regional workshops.

Survey results suggest that there is an emerging consensus about provincial level actions for the health research strategy that would help shape a more comprehensive, coordinated, and systems-oriented approach to health research in BC. In general, there was agreement about the top five or six priorities for provincial actions. In particular, the need for an accessible and robust data platform emerged as a high priority across all stakeholder groups. Results also suggest an emerging consensus about the top five gaps in research programs that a provincial health research strategy could help address.

Despite emerging consensus on some items, the survey revealed differences among stakeholder groups in terms of priorities for provincial level actions and research program gaps. It also demonstrates a general view that there is room for improvement in terms of language, tone and specificity of the vision and goals – and the need for a cleaner differentiation between the vision and the goals.

In developing the health research strategy, the planning team and advisory board will need to pay close attention to the survey results, using due caution in their interpretation and considering the broader context of the face-to-face consultations and BC’s current health research environment.
APPENDIX – BC HEALTH RESEARCH STRATEGY SURVEY

Introduction

The Michael Smith Foundation for Health Research is facilitating the development of a health research strategy to shape a more comprehensive, coordinated, and systems-oriented approach to health research in BC.

The strategy will:

- Provide a framework within which BC organizations can develop their own plans;
- Guide specific actions for collaborative implementation by the health research community.

The purpose of this survey is to collect feedback on the emerging strategy from health research producers, users and supporters in BC. It builds on work to date including key informant interviews, an environmental scan, and focus sessions.

Before starting the survey you may want to familiarize yourself with the BC health research strategy website (www.bchealthresearchstrategy.ca). In addition, you may want to read the executive summary of the focus session report that has informed the survey.

The survey should take you between 10 and 15 minutes.
We look forward to receiving your responses by Wednesday, June 12.

The survey includes five sections:

- Demographics
- Vision
- Goals
- Provincial level actions
- Research program gaps

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4 A link to the report was provided
DEMOGRAPHICS

What is your primary professional role?
- Researcher
- Clinician-scientist
- Research trainee (graduate or post-graduate)
- Health-care provider
- Health-care administrator
- Public servant
- Other, please specify

What is your primary work environment?
- University / college
- Research institute
- Not-for-profit organization
- Health authority (including acute, primary and community care)
- Government
- Private sector
- Other, please specify

In what health region is your workplace located?
*Please note: we are looking for your geographical location only (not whether you work at one of the health authorities)*

*(Check all that apply)*
- Fraser Health
- Interior Health
- Northern Health
- Vancouver Coastal Health
- Vancouver Island Health Authority
- Outside BC, please specify

What type of research most closely aligns with your work?
*(Check all that apply)*
- Biomedical
- Clinical
- Health services
- Public / population health
- Not applicable
- Other field of research, please specify
1. VISION

Stakeholders consulted to date have emphasized the need for a strong vision for the health research strategy. Using the sliding scale below, please rate the strength of the following draft vision.

"A healthy, prosperous British Columbia through world-class transformative health research."

Rating: 1 2 3 4 5 6 7
weak strong

Is anything missing from the above vision?

Text Response

2. GOALS

The following two goals have been drafted for the BC health research strategy.

- A high performing health research and innovation ecosystem.
- Integration of transformative research into our health and wellness systems.

Please rate your level of agreement that together, these two goals will support the vision.

Rating

Strongly disagree
Somewhat disagree
Somewhat agree
Strongly agree
No opinion

Is anything missing from the above goals?

Text Response
3. PROVINCIAL ACTIONS

Consultations have suggested a number of provincial level actions for the health research strategy that would help shape a more comprehensive, coordinated, and systems-oriented approach to health research in BC.

Please use the sliding scale to rate each of the following provincial actions for degree of importance.

a) Establish formal academic health sciences network(s). *These networks would integrate research, practice and education to enable more rapid application of evidence to practice and policy.*

Rating: 1  2  3  4  5  6  7  
not important      very important

b) Create a provincial forum for ongoing dialogue and direction setting for health research in BC. *The forum could assess and prioritize gaps in research capacity, determine priority health and health-care system issues for addressing through mechanisms identified in the strategy, and establish provincial task-specific sub-committees on specific topics.*

Rating: 1  2  3  4  5  6  7  
not important      very important

If you believe statement b) is important, please list issues or topics the forum should address.

Text Response

---

c) Implement provincial standardized processes as research enablers across BC:

Harmonized ethics review
Rating: 1  2  3  4  5  6  7  
not important      very important

Contracts harmonization
Rating: 1  2  3  4  5  6  7  
not important      very important

Privacy impact assessments
Rating: 1  2  3  4  5  6  7  
not important      very important

Patient-centred measurements
Rating: 1  2  3  4  5  6  7  
not important      very important
Please list any additional processes that could be standardized provincially.

Text Response

d) Build an accessible and robust provincial data platform linking primary, administrative and clinical data.
Rating: 1 2 3 4 5 6 7
   not important very important

e) Create a provincial mechanism to support evidence-based decision making. This mechanism could link researchers and research users on key questions, provide links to resources on evidence implementation, and provide expertise and support for knowledge syntheses (including rapid reviews for decision makers), implementation and evaluation, and training.
Rating: 1 2 3 4 5 6 7
   not important very important

If you believe statement e) is important, please list additional services the platform should offer.
Text Response

f) Implement a provincial framework to evaluate the impact of health research. The framework would establish consistent outcomes and indicators to enable common measurement of research impact and return on investment by organizations across BC.
Rating: 1 2 3 4 5 6 7
   not important very important

g) Implement a plan for public engagement in health research. The plan could engage the public in setting research priorities, encourage participation in research studies, etc.
Rating: 1 2 3 4 5 6 7
   not important very important

Please comment on any of the above actions or note what actions are missing.
Text Response
Using the same list as above, please choose your top three priorities.

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<thead>
<tr>
<th>Variable</th>
<th>Response</th>
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<tbody>
<tr>
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<tr>
<td>Create a provincial forum for ongoing dialogue and direction setting for health research in BC.</td>
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<td>Implement provincial standardized processes:</td>
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<td>Harmonized ethics review</td>
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<td>Implement provincial standardized processes:</td>
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<td>Privacy impact assessments</td>
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<td>Implement provincial standardized processes:</td>
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<tr>
<td>Patient-centred measurements</td>
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<td>Build an accessible and robust provincial data platform linking primary, administrative and clinical data.</td>
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<tr>
<td>Create a provincial mechanism to support evidence-based decision making.</td>
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<tr>
<td>Implement a provincial framework to evaluate the impact of health research.</td>
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<tr>
<td>Implement a plan for public engagement in health research.</td>
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<td>Other 1 (please specify below)</td>
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<td>Other 2 (please specify below)</td>
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<td>Other 3 (please specify below)</td>
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</table>

If you used "Other" for one (or more) of your priorities, please list them here.

Text Response
4. RESEARCH PROGRAM GAPS

As well as provincial actions or "enablers," consultations to date have revealed a number of gaps in research programs that a provincial health research strategy could help address.

Please use the sliding scale to rate each of the following research program gaps for degree of importance.

<table>
<thead>
<tr>
<th>Rating</th>
<th>not important</th>
<th>very important</th>
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<tbody>
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</table>

a) Research “chairs” to attract people with expertise in priority areas of health research.

Rating: 1 2 3 4 5 6 7

b) Programs that support health professional involvement in research.

Rating: 1 2 3 4 5 6 7

c) Complex problem-based research programs involving researchers from different disciplines as well as research users.

Rating: 1 2 3 4 5 6 7

d) Continuum-based research programs, supporting research from discovery through application.

Rating: 1 2 3 4 5 6 7

e) Participatory action research on issues identified as important by specific communities.

Rating: 1 2 3 4 5 6 7

f) Policy fellowships in government, health authorities or communities.

Rating: 1 2 3 4 5 6 7

g) Industry fellowships bridging discovery and translational research.

Rating: 1 2 3 4 5 6 7

h) Training for the public to be involved with or in health research.

Rating: 1 2 3 4 5 6 7
i) Targeted research on health issues of priority for BC.
Rating: 1 2 3 4 5 6 7
not important very important

j) Targeted research on health issues of priority globally.
Rating: 1 2 3 4 5 6 7
not important very important

k) Programs that support implementation of research evidence into practice or policy.
Rating: 1 2 3 4 5 6 7
not important very important

l) Research programs that focus on health promotion/disease prevention.
Rating: 1 2 3 4 5 6 7
not important very important

Please comment on any of the above research programs or note any other gaps.

Text Response
Using the same list as above, please choose your top three priorities.

<table>
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<tr>
<th>Variable</th>
<th>Response</th>
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If you used "Other" for one (or more) of your priorities, please list them here.

Text Response

Please enter any additional comments you have about the BC health research strategy.

Text Response

Thank you for participating in this survey.