

Knowledge Translation



CIHR **IRSC**

Canadian Institutes of
Health Research

Instituts de recherche
en santé du Canada

CIHR's mandate

CIHR is Canada's major federal funding agency for health research. Its objective is to excel, according to internationally accepted standards of scientific excellence, in the creation of new knowledge and **its translation** into improved health for Canadians, more effective health services and products and a strengthened Canadian health care system.

Key Messages

- KT is not new, just not done systematically in Canada (across disciplines and topics)
- Can't do it alone – partnering & marketing are key
- Need to think about what is right for Canada then determine CIHR's role
- Due to fragmentation there is a huge potential for change

| KT Goal

To develop a systematic, integrated approach to accelerate the optimal use of the best available evidence in the public interest.

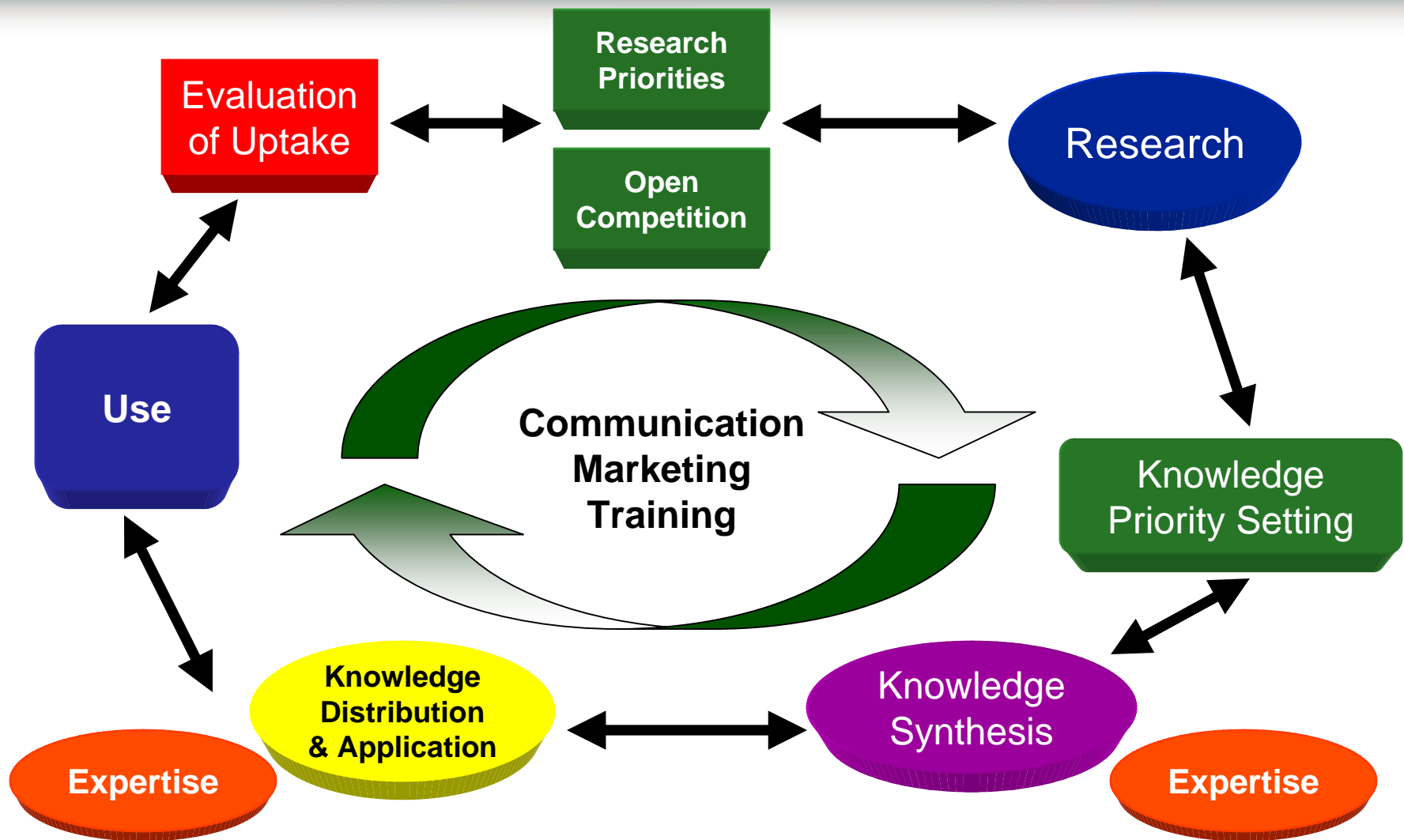
Evidence-Based Decision Making



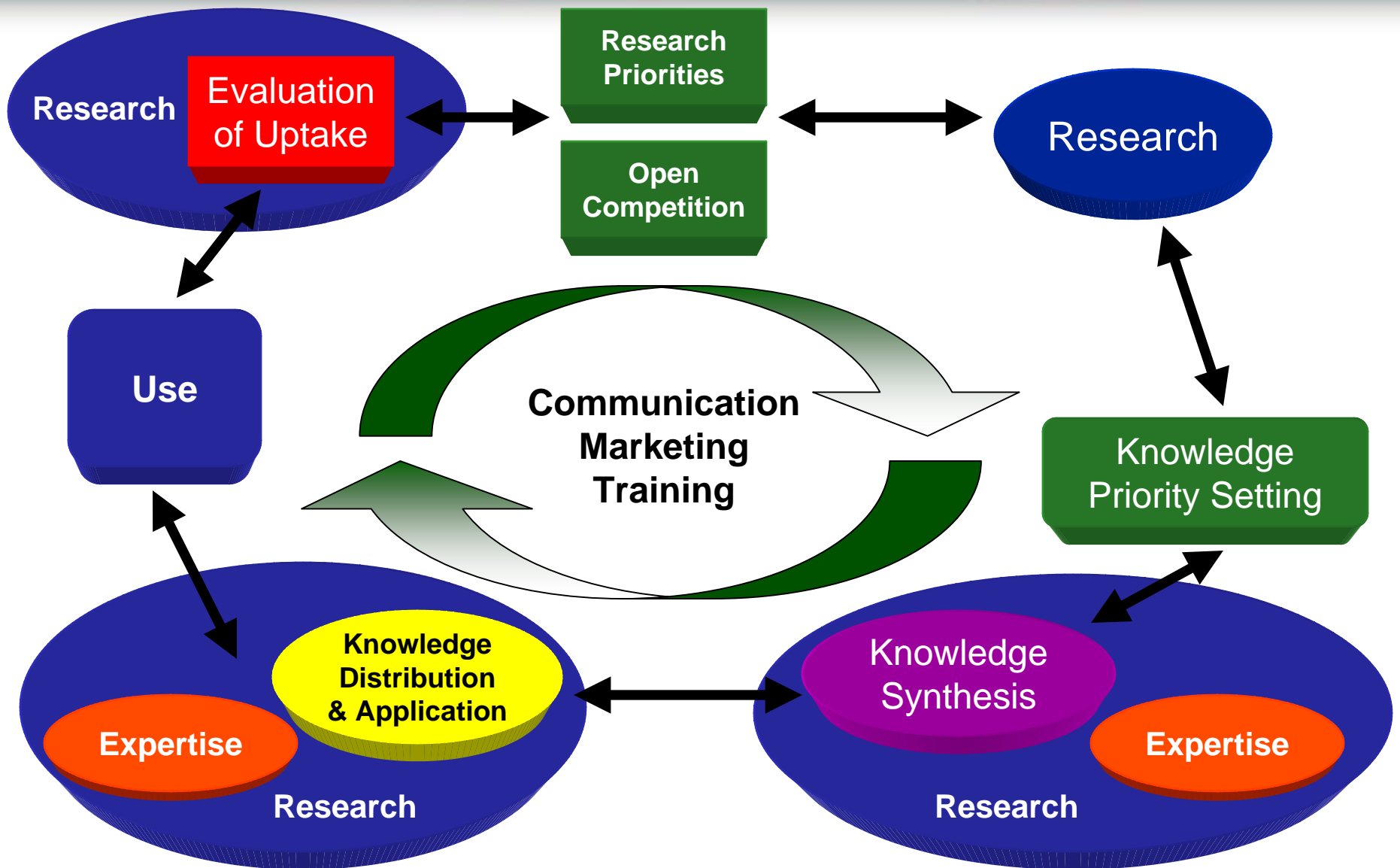
KT - Different Levels

- Individual – researcher & user (e.g. CAHR's)
- Organization – researchers, brokers & users (e.g. hospitals)
- Centres – individuals & groups (e.g. Centres for Work & Health)
- Systems – centres & networks working together

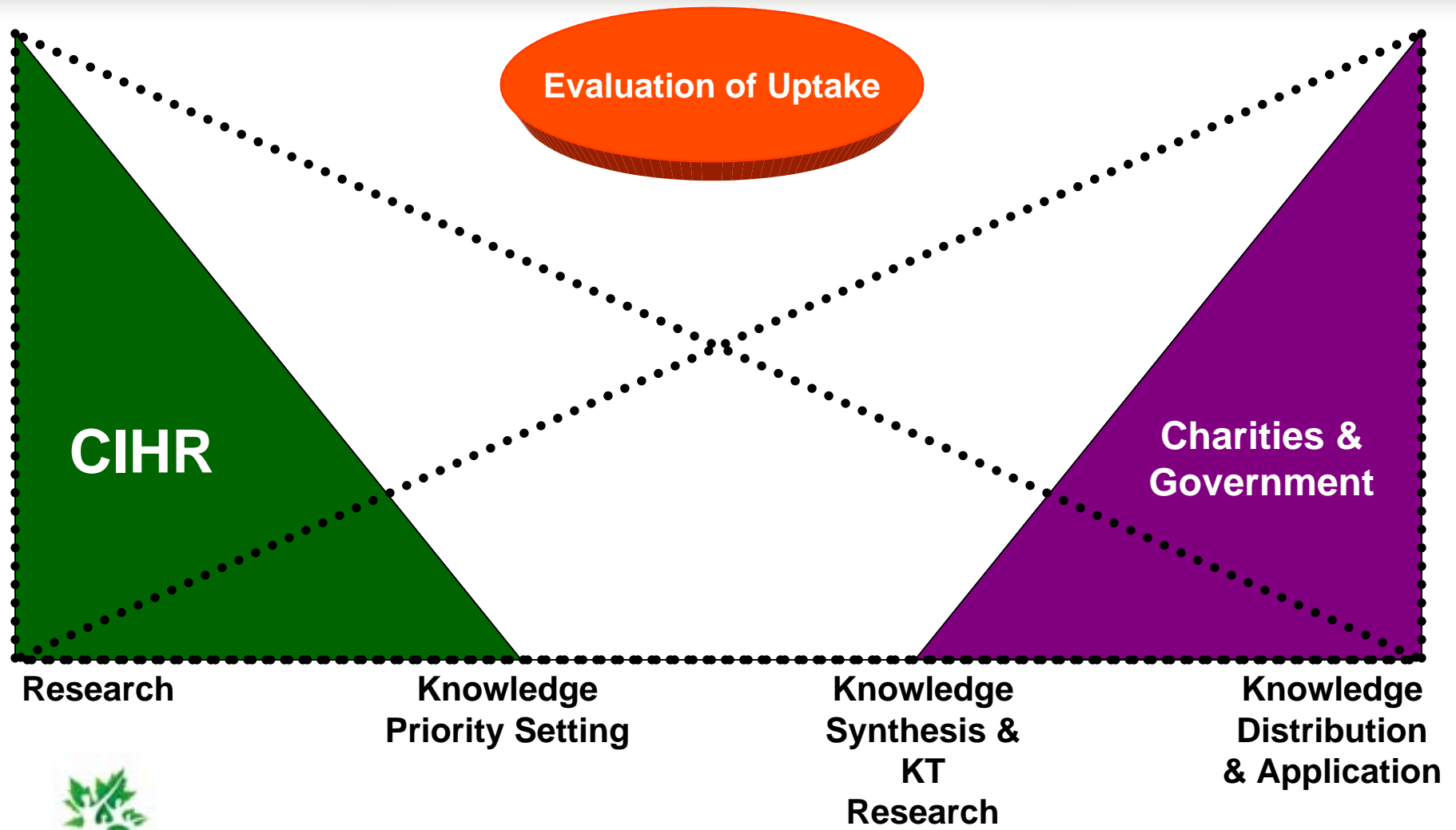
Knowledge Cycle



Research Opportunities



CIHR's Role



Centres for Health Innovation



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Overall Mandate

The Centres for Health Innovation will bring together stakeholders in the health system to ensure that Canada's Health care system is positioned to exploit the findings of health research to:

- develop an evidence-based, cost-effective health system (marrying emerging health priorities with science and demonstration projects);
- ensure that Canadian competitive advantage is gained;
- ensure that the need for evidence is user-driven, whether the user is government, health practitioners or policy makers;
- Increase timely access to evidence; and ultimately
- improve the health of Canadians;

What would this new initiative do for Canada:

- Improve user access to evidence (what do we know about x)
- Increase testing of new ideas (learning what could work)
- Enhance sharing of knowledge of what works across geographical, discipline and/or field of study boundaries.

Who is the “client” of the Centres?

Depends on issue – could be:

- Policy reps in provincial or federal government,
- Regional health authority,
- Hospital administrators, health practitioners,
- Researchers

“Clients” will be actively involved in the Centre’s work

What the Centre's will do for Canada:

- Joint venture with partners
- Brings people, disciplines and organizations together
- Closes the gap between research and action
- Aligns science & practice with priorities
- Builds knowledge of what works
- Enhances capacity, strengthens infrastructure & environments for research
- Transcends geographical boundaries

KT Centres - Functions

- Facilitate KT efforts in the region as well as nationally
- Provide best evidence on a variety of topics/themes
- Act as hub for researchers, users and brokers (those who think about the reasons why evidence is and is not used)
- Would have the ability to identify a wide variety of expertise

Functions – cont'd

- Conduct KT research (what works on knowledge uptake)
- Communicate knowledge about how KT works
- Develop, implement, and promote new strategies & tools for KT
- Contribute to Canadian KT Network

What Makes the Centres Novel (and Complementary)

- Focus neither on research nor on health action.
Focus on **both** and on **creating benefits**, together
- Action is local and distributed
- Learning is vertical, horizontal and shared
- Take from interdisciplinary research findings and funnel it into action

Proposed Centres - What They May Be Asked to Demonstrate:

- Strategy to ensure involvement of different user groups in Centre's activities (could be formal or informal/project based)
- Ability to draw on international research excellence
- Sustainability plan (partnerships)
- How their work would complement other national initiatives (including CIHR's)
- How they plan to link with other Centres

| Challenges

- Complexity – not getting overwhelmed
- Differences of KT across all pillars
- Pioneering – balance between the proven and unproven

| Challenges – cont'd

- Sustainability
- Changing culture – what are the incentives
- Identifying & attributing success – was it because of us?

Potential Benefits

- Enhanced Partnerships - more efficiencies (?)
- Scalable
- Better informed research - identification of gaps & priorities
- Push & Pull of information - not just a passive act

Potential Benefits- con't

- Convergence of expertise - traditional & non-traditional
- More visible role for health research & its use among Canadians

Implementation: From vision to action

- Promote idea to partners (Federal & Provincial Gov't, other federal agencies): Get buy in and resource contribution (April 03 – June 03)
- National & international consultation (Mar 03-June 03)
- Develop RFA with evaluation component (by Dec.03)
- Launch centres and the network (Jan 04 – Jan 06)