



Canadian Institutes  
of Health Research

Instituts de recherche  
en santé du Canada

Canada

Canadian Institutes of Health Research



# Institute of Musculoskeletal Health and Arthritis (IMHA)

## *Partner Consultation Report*

Vancouver, BC  
March 7-8, 2010

# Table of Contents

<b>Executive Summary</b> .....	<b>2</b>
<b>Introduction</b> .....	<b>3</b>
Opening Remarks.....	4
Process .....	5
<b>Part I: Partnerships and Knowledge Translation: A CIHR Primer</b> .....	<b>6</b>
CIHR Knowledge Translation .....	6
CIHR Partnerships and the Partnership Development Tool .....	6
<b>Part II: Research Partnerships</b> .....	<b>7</b>
Presentation: Musculoskeletal Research in the UK .....	7
Key Discussion Points: .....	8
Plenary Discussions .....	9
Differences between Canada and the UK .....	9
Participant Survey Results .....	10
What is Working.....	10
Priority Areas for Enhancing Research Partnerships.....	11
1. Awareness .....	11
2. Funding .....	12
3. Strategic Research Elements.....	12
4. Sustainability.....	13
5. Processes/Tools to Support Partnerships .....	13
<b>Part III: Knowledge Translation Opportunities</b> .....	<b>14</b>
Staging an Event .....	14
Sharing Information on KT and Research .....	15
Disseminating Information to a Lay Audience.....	15
Creating a Framework: One example .....	16
Driving Research Priorities from the Ground Up.....	16
Bridging the Gap between Researchers and Clinicians .....	16
<b>Part IV Closing Remarks</b> .....	<b>17</b>
<b>Appendix: List of Participants</b> .....	<b>19</b>

## Executive Summary

Since its inception in 2001, the Institute of Musculoskeletal Health and Arthritis (IMHA) of the Canadian Institutes of Health Research (CIHR) has become a focal Institute for partnering organizations whose primary work is related to the broad spectrum of musculoskeletal health and arthritis issues for Canadians. The partners work individually and often together within one of six IMHA focus areas (arthritis, musculoskeletal (MSK) rehabilitation, bone, skeletal muscle, skin and oral health). On March 7-8, 2010, under the advice of the IMHA Partnerships and Knowledge Translation Committee, the Institute held its first formal Partnership Consultation. The primary objectives of the Consultation were:

1. for meeting participants to familiarize each other with their organizations' strategic plans and related grants and awards programs,
2. to orient participants to the CIHR Partnership Framework and explore related IMHA and stakeholder past experiences and expectations,
3. to identify and begin to develop mutually supportive research partnerships and KT opportunities, and
4. to provide an opportunity for IMHA stakeholders, board members, and senior staff to learn more about one another and network on topics of mutual interest.

Nearly 30 representatives from government, non-government, research, and professional organizations across Canada attended to learn about each other's goals and priorities and to discuss the collaborative actions required to support effective research partnerships and the translation of new knowledge.

On Day 1 of the Consultation IMHA's Scientific Director Jane Aubin welcomed participants and presented opening remarks about the value of building partnerships nationally to reduce the burden of MSK diseases and oral and skin conditions in Canada. Dr. Aubin highlighted the kind of work being supported under each of the three strategic research priorities of IMHA and noted that the input provided at the roundtable would position IMHA to approach its 10-year review in 2011 with a clear sense of what was important to its partners.

Presentations made on the first day of the Consultation provided additional insight into CIHR's current situation with regard to partnerships in research and KT. Rosa Venuta, a member of the IMHA Partnerships and Knowledge Translation Committee, spoke about partnerships on behalf of CIHR's Partnerships and Citizen Engagement Branch, while IMHA's Assistant Director, Liz Stirling, highlighted IMHA's own KT activities and options for groups to explore.

Dr. Lisa Croucher, Research Manager (Strategy and Evaluation), Arthritis Research Campaign (arc), gave an informative talk on strategic perspectives in musculoskeletal health research in the United Kingdom. arc, said Dr. Croucher, is the largest funder of MSK research in Europe and is rebranding its organization in 2010 to create a landscape that accelerates MSK research towards partnerships and ultimately patient benefits. The rebranding includes a name change to Arthritis UK. In a plenary, participants discussed some of the differences between MSK research in the UK and Canada. On Day 2, IMHA led participants into round table discussions to explore related IMHA stakeholder past experiences and future plans. Participants put forward many useful suggestions through these discussions and a final plenary to identify priorities, gaps, and opportunities that need to be addressed in order to advance research across IMHA's mandate. There was general consensus by the group on five priority areas, including awareness, funding, strategic research elements, sustainability, and processes/tools to support partnerships, in which each group devised a specific goal and two priority actions required to achieve the goal by 2012. During the closing remarks, IMHA encouraged participants to report the results of the Consultation to their organizations and colleagues and to explore additional opportunities for future collaborations. IMHA will convene another meeting in the future to bring together these and other stakeholders to follow-up on the progress achieved. Over the longer term, and through enhanced and more frequent collaboration, the expectation of all participants is for increased partnerships and support for the creation of new knowledge and its translation into improved health for Canadians.

## **Introduction**

The Institute of Musculoskeletal Health and Arthritis (IMHA), one of the 13 Canadian Institutes of Health Research (CIHR), hosted a partnership consultation on March 7 and 8, 2010, in Vancouver to consult with key stakeholders on options for research partnerships and knowledge translation (KT) activities. Nearly 30 representatives from non-government, professional, and research organizations across Canada attended, along with several IMHA Advisory Board members and staff.

The mission of IMHA is to excel, according to internationally accepted standards of scientific excellence, in the creation of new knowledge in all areas relevant to arthritis, musculoskeletal (MSK) rehabilitation, bone, muscle, skin, and oral health, and to translate that new knowledge into improved health for Canadians, more effective health services and products, and a strengthened Canadian health-care system.

Meeting objectives were:

1. for meeting participants to familiarize each other with their organizations' strategic plans and related grants and awards programs,
2. to orient participants to the CIHR Partnership Framework and explore related IMHA and stakeholder past experiences and expectations,
3. to identify and begin to develop mutually supportive research partnerships and KT opportunities, and
4. to provide an opportunity for IMHA stakeholders, board members, and senior staff to learn more about one another and network on topics of mutual interest.

## Opening Remarks

Dr. Jane Aubin, Scientific Director of IMHA, welcomed participants and provided a brief overview of the Institute and its diverse partnerships to date. She noted that while the economic burden of MSK disease in Canada had surpassed that of cardiovascular disease, CIHR funding for research in this area was disproportionately low. She said that IMHA's mission was to raise awareness of the burden of MSK disease in Canada.

She then highlighted the kind of work being supported under each of the three strategic research priorities of IMHA:

1. physical activity, mobility, and health (the flagship theme for 2008-13)
2. tissue injury, repair, and replacement
3. pain, disability, and chronic disease

Dr. Aubin explained that research in the four CIHR pillars (biomedical; clinical; health systems services; social, cultural, environmental, and population health) had grown over the 10 years since the organization was formed, as had the number of researchers—with those under the IMHA umbrella increasing at an even faster pace. She said it was important for IMHA and its partners to discuss, collectively, whether the Institute's current spending, which was highest in the biomedical and clinical pillars, was appropriate. She also suggested that the relatively small portion of both open competition and strategic investment funding being allocated to physical activity, mobility, and health should be redressed in light of planned future directions.

In closing, Dr. Aubin said that IMHA's very broad mandate was unique in the world, in that the communities involved had learned to speak to one other and prioritize issues in a way that could not have been anticipated. She noted that the input provided at the roundtable would position IMHA to approach its 10-year review in 2011 with a clear sense of what was important to its partners. Dr. Aubin reiterated the urgency to focus more on how to translate the millions of dollars IMHA contributes to research into improved health for Canadians.

## Process

Facilitator Dorothy Strachan reviewed the purpose, objectives, and agenda of the consultation and asked participants to introduce themselves. When asked what they knew for certain about research partnerships, they noted that such collaborations lent credibility to their work and helped validate accountability. They highlighted the importance of bringing together the right partners (consumers and other community members being key), having common objectives, being open-minded, knowing each other's mandates, and building on existing infrastructures and expertise. Ethics were also noted as an important element of research in general.

Asked the same question about knowledge translation (KT), they stressed the importance of knowing the content, format, and accessibility needs of the target audience; keeping communication simple, tangible, and practical; increasing the desire for uptake of the knowledge among users; and considering children as a possible key to improving KT, given their hunger for knowledge and ability to grasp it quickly.

What struck participants most about these comments was that there was still much to learn about partnerships but that people were ready and willing to work together. The facilitator stressed the importance of putting a realistic amount of work on the agenda for 2010-12, focusing on areas that had the greatest potential for impact, and using the opportunity to network with potential partners in the room. Attention was then drawn to the contents of the participants' kit, which set the stage for the meeting's discussions:

- Overview of CIHR Partnerships (including draft Partnership Development Tool)
- Overview, Mission, and Strategic Priorities of Stakeholders
- Synthesis of Participant Surveys
- Overview of CIHR Knowledge Translation

## **Part I: Partnerships and Knowledge Translation: A CIHR Primer**

Three presentations made on the first day of the consultation provided additional insight into CIHR's current situation with regard to partnerships in research and KT, while a dinner presentation offered a perspective on MSK research in the United Kingdom.

### **CIHR Knowledge Translation**

Liz Stirling, Assistant Director of IMHA, provided a brief overview of KT in CIHR, clarifying the meaning of the term and explaining that it was coined by the organization and embedded in the CIHR Act. The official definition, she said, now encompassed the exchange, synthesis, dissemination, and ethically sound application of knowledge. She noted that many KT activities took place in the partnership domain, and that CIHR had split funding for KT into two types: "integrated" and "end of grant". IMHA's own activities in KT included launching integrated funding opportunities, publishing reports on workshop activities, and partnering on cafés scientifique. Another option for smaller groups to explore, she said, was to split the responsibilities for research and KT in a joint project (e.g., foundation does research, professional organization does KT). Ms. Stirling provided an example of a team project involving integrated KT funding from IMHA, explaining that while KT was supposed to be part of such projects from start to finish, the nature of the work (e.g., primarily laboratory) needed to be taken into consideration in determining how and when to communicate with stakeholders. She noted that, for end-of-grant funding, the most successful KT-type projects were those with a high possibility of engaging policy makers in changing practice.

### **CIHR Partnerships and the Partnership Development Tool**

Rosa Venuta, a member of the IMHA Partnerships and Knowledge Translation Committee, spoke about partnerships on behalf of CIHR's Partnerships and Citizen Engagement Branch, which was involved in efforts to develop tools and guidelines to help CIHR move forward with its partnerships. In particular, she spoke about CIHR's collaborative effort to nurture "a culture of partnerships" by defining a clearer approach to managing relationships with partner organizations. A partnership handbook that addresses needs identified through stakeholder consultations was in its final stages of completion, she said, and included tools intended to help potential partners assess the feasibility and usefulness of establishing collaborative relationships

for the purpose of research and KT. Participants were then asked to review the overall tool and then focus in small groups on specific sections of it.

Overall, participants said that the tool was comprehensive, raised important questions, catalyzed thinking, and would be a helpful diagnostic for determining whether a potential partnership was feasible and desirable. The fact that it addressed issues such as “balance of power” up front was also considered useful. In terms of areas that could use improvement, they indicated that the tool needed a more detailed introduction explaining how to use it, required some tightening to reduce wordiness and repetition, could benefit from the use of bullets or examples to illustrate points, and needed more information on why a particular partnership should be considered and how to enter into and participate in such arrangements. Detailed suggestions offered by participants as a result of table discussions on how to improve specific sections of the tool were provided to Ms. Venuta after the meeting for consideration in finalizing the tool.

## **Part II: Research Partnerships**

### **Presentation: Musculoskeletal Research in the UK**

Dr. Lisa Croucher, research manager of Arthritis Research UK (formerly the Arthritis Research Campaign (arc)), provided a strategic perspective on MSK research in her home country, where a large quantity of medical research is funded by government (through the National Institute for Health Research [NIHR] and the Research Councils UK) and charitable organizations. Arthritis Research UK is the UK’s largest funder of MSK research (£28 million spent in the financial year Aug 08 – Jul 09), with around 40 percent strategically directed, 30 percent researcher led, and 30 percent invested in people via fellowships and studentships. A 2002 study, however, indicated that while the organization is held in high esteem by the research community and has been instrumental in the development and improvement of many treatments for MSK disease, public awareness of the charity’s work is quite low.

Dr. Croucher provided several examples of how her organization has worked with government funders such the NIHR and the Medical Research Council, industry, and other charitable organizations in areas of clinical research. She also touched on issues and challenges related to partnerships and KT in the UK, including the need for a more systematic approach to KT. Dr. Croucher closed by outlining the arc/Arthritis Research UK rebranding initiative to raise awareness of its work and improve understanding of

arthritis as a condition. Major goals for accomplishing this included creating new partnerships and doubling Arthritis Research UK's research expenditure over the next five years, with parallel increases in strategic funding.

### **Key Discussion Points:**

- The Arthritis Research UK website is being used to engage constituents and disseminate outcomes of research in a user-friendly way. Arthritis Research UK will also be using its website to help researchers themselves tell patients about their research.
- Arthritis Research UK becoming a “campaigning organization” means that it will raise public awareness by disseminating its research in such a way that its value is understood by the public. It will also engage more with government to help move MSK disease up the government agenda, stressing the importance of more research and helping to train more high-quality clinicians to improve the quality of care for arthritis sufferers. Arthritis Research UK also enlists patient and clinician representatives to help ensure that the research it funds meets the needs of arthritis sufferers and the goals of the charity.
- The challenges of industry-controlled drug discovery in the UK are also likely happening in North America. In future, what will likely happen is that the pharmaceutical industry will be communicating with and collaborating more with academic research groups.
- As a not-for-profit organization, Arthritis Research UK invites contributions from the pharmaceutical industry to assist its own research programs and may, in the future, act as an ‘honest broker’ by identifying areas of academic expertise in MSK disease that may be important to successful drug development without being influenced by the priorities of the pharmaceutical industry.
- Issues related to secondary data use have been very difficult. Large projects that have generated many samples and much data have raised previously under-considered questions of access and ownership. It has now been established, through terms jointly agreed upon by the host institutions and the charity, that the host university owns the intellectual property generated through Arthritis Research UK funded research, although the charity is entitled to royalties. The area is very complex and is still under review.
- Seventy five percent of Arthritis Research UK's income is from legacies, and while the charity has made good investments and has a healthy income from royalties, it must broaden its fundraising activities in order to realize its ambitious goal of significantly increasing its research spending. Rethinking funding sources and how to increase them is part of the rebranding exercise.

- Arthritis Research UK does not seek to influence the research agenda in partnership with industry but rather to encourage industry contributions when a need has been identified in partnership with other constituents. As a charitable venture, the organization believes that keeping this distance is the safest approach.
- Arthritis Research UK may have lost out on some donations to organizations that exist to provide support to patients. The rebranding exercise seeks to address this by providing a fresh, more distinctive 'face' to the charity and creating a clearer voice in terms of its activities and goals.
- The hope is that the rebranding will bring in funding from elsewhere by dispelling the myth that arthritis is a disease solely of the elderly. The public must also be educated that arthritis is not an inevitable disease. Arthritis Research UK hopes to increase its investment in sports medicine research (a strategy meeting on this will be held later this year), and there may be opportunities for tie-ins with the 2012 Olympics.
- In Canada, a problem is rebranding MSK disease in medical schools and teaching institutions, where it does not get the attention it should. This is not a problem in the UK, where rheumatology is well established as a specialty.

## Plenary Discussions

### Differences between Canada and the UK

In plenary, participants discussed some of the differences between MSK research in the UK and Canada. Their responses included the following:

- Canada is further ahead in terms of patient engagement in directing and creating the research agenda.
- The UK has greater funding per capita for biomedical research than Canada does.
- There is a great deal of funding in the UK for biomedical research in particular, while CIHR and other groups in Canada have defined health more broadly to include the social and behavioural sciences.
- Tissue and data banks are on a national level in the UK (National Health Service) and a provincial one in Canada.
- In terms of qualitative approaches to research, the UK is where Canada was 10 to 15 years ago.
- The hope is that if something specific came out of the research in Canada, the pharmaceuticals would do the drug development. Canadians need to think

about how we position ourselves in that space, given some of the changes that have taken place. For example, drug companies are making huge consortium agreements with universities and institutions whereby their role is largely hands off but they pay for specific aspects of research.

## Participant Survey Results

When commenting on the results of the pre-consultation participant survey that was conducted in advance of the meeting, participants noted that the document was a useful tool and that there was general agreement among respondents on the issues covered. It was noted that many participants did not provide information on their organization's specific health research priorities. A couple of corrections were also made to the list of non-government, professional, and research organizations listed near the start of the document: the Canadian Association of Dental Research and the Canadian Arthritis Network were added, and the Canadian Pain Coalition and Active Living Alliance were listed under "Other" because they cross all three boundaries.

## What is Working

Plenary discussion then switched to "what is working" with regard to research partnerships involving participant organizations. The following key points were made:

- As a result of CIHR requirements for grant applications, non-government organizations (NGOs) are being approached more often about partnerships.
- CIHR policies help enforce accountability in NGOs.
- Small agencies that partner with CIHR have more opportunity to dialogue openly and share their suggestions and concerns, which are taken seriously.
- CIHR policies provide support and guidance which ensures that occupational therapists replying to doctoral research awards are in alignment with them.
- The acknowledged value of engaging end users (consumers in particular) has really enriched the research. It is important, though, for consumers to be kept abreast of what is going on with the research; not just to pay them lip service as token contributors.
- The Canadian Arthritis Network has had lots of experience in partnerships with consumers, industry, and other groups, including consensus building to shape research directions. Consumers are represented on every committee, all grants, and the Board of Directors, and span every province as well as Aboriginal groups. Sharing resources for training, conferences, and dissemination have helped make things happen that wouldn't have otherwise. The Network and its

partners are now addressing the issue of sustainability and legacy with respect to these groups.

- Using existing infrastructure and mechanisms is a cost effective way to engage groups (e.g., consumers) and build up their skills and involvement.
- 'Political' issues can make it difficult for some organizations to work together.
- The potential to increase partnerships with groups outside Canada is great.
- There is a movement toward more interdisciplinary research and a greater appreciation for qualitative methodologies.
- There is no formula for multi-disciplinary partnerships: some teams cross all four pillars, some dip deeper into one to look at a particular component. The key is to reach out to other disciplines that can help you look at things in a different way.

## Priority Areas for Enhancing Research Partnerships

Participants identified the five most pressing and influential areas that need to be addressed in order to enhance research partnerships over the next two years (2010-2012), along with goals and priority actions to achieve desired outcomes in each of these areas.

### 1. Awareness

Goal: To increase awareness of the magnitude of the diseases and their impact on quality of life and the fact that there is hope through research. Tag line: "It's not someone else, it's you".

By 2012:

- Timeline, strategy, campaign, and plan are developed.
- Common messaging has been developed, and there is investment in it.
- By end of 2012, a proposal for funding is submitted.

Priority Actions:

1. Identify the potential partners (inclusive of IMHA).
  - a. Who: PKT (lead)
2. Develop the messaging.  
Who: The partners who result from Action 1.

Benefits:

- If we raise awareness among the general population, it can drive more funding in our direction.
- We need to get all of the groups together so there is one message being delivered by many voices on how MSK diseases impact life and quality of life.

## 2. Funding

Goal: To develop, implement, and sustain a comprehensive environmental scan (list) that includes current and potential sources of funding.

By 2012:

- There are more requests for funding.
- With 20 percent more funding, we have 40 percent more research work.
- New capacity will be applied strategically to fund a greater amount of effective research.

Priority Actions:

1. Enhance IMHA's environmental scan (list) by updating, maintaining and sustaining current information and identifying new opportunities for funding.  
Who: CIHR/IMHA et al.
2. Use the environmental scan (list) in relation to strategic directions for research and identify the most appropriate partner or partners to make an approach to potential new funders.

## 3. Strategic Research Elements

Goal: To identify underrepresented and overarching research areas for partnerships and to create a framework and process for engagement.

By 2012:

- There is a list of priority topics and potential partnerships.

Priority Actions:

1. Hold a consensus meeting to enable discussion of overlapping and emerging partnership opportunities across IMHA's mandate areas.  
Who: Steering Committee (led by one of roundtable participants)
2. Prepare a communications plan that will inform and engage the public and stakeholder groups.  
Who: Communications professional in partnership with IMHA

## 4. Sustainability

Goal: To develop strategies that will enable the valued assets of organizational partnerships to thrive. Valued assets include people, skills, processes, and platforms that have been developed.

By 2012:

- An operational plan is in place for leaving legacies.
- A pool of sustainability funds is established.
- Expectations are based on a clear outline of what will happen if partners do not renew their arrangement (including management principles).
- Bridge funding is in place for programs coming to the end of their term.
- There have been ways identified to avoid stagnation and promote renewal, including a process for evaluation and change.

Priority Actions:

1. Establish a central resource database on-line that can be self-updated among the partners in the research community so that other people can tap into expertise and identify how things were accomplished, or if partnership is being slated for phase-out, that their valued assets are not lost (institutional memory).

Who: IMHA or CIHR

2. Establish an operational plan or guide that includes sustainability funds.

Who: Partner organizations involved

Key Discussion Points:

- Operationalizing this will take some more detailed work.
- Health research often undervalues what it has created after investing in a team, while the private sector capitalizes on it.

## 5. Processes/Tools to Support Partnerships

Goal: To identify, develop, and sustain partnerships for research.

By 2012:

- Research is improved and there are more organizations involved in it.
- More partnerships have been forged and there is a wider pool of potential partnerships.

- There is greater mobilization of all partners' strengths.
- A stakeholder map/database has been developed.

Priority Actions:

1. Create a widely accessible database profile of possible partners (is existing data on research organizations at CIHR exportable to such a database as a start?).
2. Establish a partnership facilitation opportunity, building on the database, to plan for future research. This may be oriented toward a particular goal or project.

In reflecting on commonalities in what they envisioned as a community for enhancing research partnerships, participants noted that the most pressing need was to identify potential partners more easily. They agreed that the best approach was to build on and better organize existing information and connections.

### **Part III: Knowledge Translation Opportunities**

The last segment of the roundtable was spent discussing the needs of participant organizations with regard to knowledge translation. A thoughtful plenary discussion encouraged participants to share advice and lessons learned about what works with respect to putting evidence into practice, and to identify needs and gaps. Key input is summarized below:

#### **Staging an Event**

- Speakers need to use lay language to connect with their audience.
- The audience should be the right size to promote constructive interaction.
- Choosing the right location and venue for an event (e.g., café scientifique) is key.
- Refreshments help to attract people.
- You need to have a strong topic of interest and give it an attractive title to stimulate interest. Enlisting the help of a marketing or communications expert can be helpful.
- Personalize the issue: have the people with the problem involved in the organization and someone who is close to the issue speak to their experience.
- Advertise early so people can arrange to come; and issue reminders within two weeks of the event.

## Sharing Information on KT and Research

- We all want to know what's going on across the country in terms of research and KT, so we can make better decisions and ensure that we aren't using our scarce resources to fund repeat activities. A full analysis is really the only way to do that without being entirely anecdotal, and that is a huge exercise.
- Use the social mechanisms that are already out there (e.g., the list of organizations provided in the participants' package) and update it further by having people add sections to their profile on what they are doing. If it were on a website, everybody could contribute.
- Wiki is free and could be used for this purpose, although the quality of the data is only as good as the people inputting it. A password-controlled Wiki site would ensure control by being accessible only to members of this group. It would also be useful for creating documents.
- Intranet sites are also helpful because they make it possible to upgrade particular sections and make postings or announcements for the whole group, so everyone is kept up to date.

## Disseminating Information to a Lay Audience

- There is a real need for research results to be summarized in lay language, so patients and others who are interested can read and understand it on our website. We need to get researchers together and on the same page about using a template for submitting their results.
- IMHA does not have money specifically for this kind of thing, but it has been discussed. There is about \$60,000 for NGO support (a maximum of \$10,000 per grant) that could be used for dissemination purposes. The deadline for applications is April and funding is awarded in July.
- There is not a lot of good evidence that knowledge itself will change behavior: just giving information doesn't necessarily work. KT needs to be more action-oriented by using decision aids and packaging it for implementation to increase its chance of uptake.
- Having a person in charge of communications and public relations is very helpful. Contracting out to science writers is a less costly option and has worked well for the Amyotrophic Lateral Sclerosis (ALS) Society, whose website includes information targeted at audiences ranging from children to clinicians. It has also made short research summaries a requirement for its grant applications.

## Creating a Framework: One example

- Active Healthy Kids Canada created a framework by asking researchers from different disciplines what indicators they would use to assess physical activity. This socio-ecological model has ensured that the organization's advocacy efforts are based on evidence.

It was developed by looking at what national-level data sets could provide information on these indicators and having a small research working group analyze and synthesize them. A research partner with the necessary core competencies gathers this evidence and writes it up as an annual "report card". A summary version of this report card and a media kit are then created by a communications partner and sent out to media and other stakeholders using a defined communications strategy.

The information is not meant to influence children directly, but rather practitioners and policy makers. A major outcome has been all of the provincial/territorial ministers setting physical activity targets for children and youth for 2015. Researchers also use the report card to identify gaps when they apply for grants.

## Driving Research Priorities from the Ground Up

- From a research perspective, having priorities driven from the ground up through consumer and stakeholder engagement ensures that research is being carried out in areas where it is wanted. Having an expert partner work on the messaging and action plan is extremely useful, because researchers appreciate seeing their work applied in a real world context. Groups involved in multiple-country partnerships see even greater exposure. Making the benefits clear to all really works.

## Bridging the Gap between Researchers and Clinicians

- The Canadian Occupational Therapy Foundation is working to foster better communication between researchers and occupational therapists, but this is not easy. The goal is to get them talking to each other and ensure that research is being put into practice.

- The Physiotherapy Foundation of Canada highlighted a project in British Columbia to develop a database of research being carried out and clinicians interested in taking part. It is being carried out by a part-time knowledge broker at the Physical Therapy Department at the University of British Columbia whose job is also to establish as many linkages as possible.
- A knowledge broker is an excellent way to find partners who can contribute to one another's goals.
- All of the more than 50 training programs at CIHR include KT training for new trainees. Partners, such as the Canadian Pain Alliance and others have been important contributors to these efforts, with new partners always welcome to take part. The benefits not only include teaching KT principles to up-and-coming scientists but also increasing the scientists' recognition of the partner organizations and their mandates and work. Participation could be an in-kind arrangement at little or no cost made with interested training program directors. IMHA noted that it would promote this concept with its own training directors.
- There is a significant body of literature on the topic of KT and changing behavior through persuasion, with examples of what works and practical how-to steps.

## **Part IV Closing Remarks**

Participant evaluations of the consultation indicated that those in attendance found it productive from both a networking and informational perspective. They rated the workshop as successful (4.6 on a 5 point scale), commenting on how thoughtful, practical, and well organized they found the process.

One participant commented that she was pleased to see a chapter on ethics in Aboriginal research in the CIHR partnership handbook, and encouraged other organizations to help address the many health issues and gaps in data faced by the Aboriginal population. Dr. Aubin stressed that one of the priorities in the current CIHR strategic plan, is recognition of Aboriginal and other vulnerable populations.

Dr. Aubin closed by thanking IMHA staff for their efforts in arranging the consultation and expressing her appreciation to participants for taking part in what she called "a new experiment." She noted that the meeting exceeded her expectations in terms of how well people came together to share information and provide advice. She expressed her pleasure with the goals and action items identified to enhance research partnerships in the field of MSK health and arthritis and her intention to bring participants together again to follow up on progress. In the meantime, she said, IMHA will consider the

results detailed in the meeting report to determine ways it can help move these efforts forward.

## Appendix: List of Participants

### **Michelle Brownrigg**

CEO  
Active Healthy Kids Canada  
416-913-0238 ext 111  
[michelle@activehealthykids.ca](mailto:michelle@activehealthykids.ca)

### **Lynn Cooper**

President , Canadian Pain Coalition  
905-404-9545  
[lkooper@rogers.com](mailto:lkooper@rogers.com)

### **Lisa Croucher**

Research Manager  
Arthritis Research Campaign, U.K.  
[l.croucher@arc.org.uk](mailto:l.croucher@arc.org.uk)

### **Mary Duggan**

Manager, Administration  
Canadian Society for Exercise Physiology  
613-234-3755 ext 223  
[mduggan@csep.ca](mailto:mduggan@csep.ca)

### **Denise Figlewicz**

VP Research  
Amyotrophic Lateral Sclerosis Society  
905-248-2052 ext 206  
[daf@als.ca](mailto:daf@als.ca)

### **Julie Foley**

President & CEO  
Osteoporosis Canada  
416-696-2663  
[jfoley@osteoporosis.ca](mailto:jfoley@osteoporosis.ca)

### **Monique Gignac**

Co-Scientific Director  
Canadian Arthritis Network  
416-586-3167  
[gignac@uhnres.utoronto.ca](mailto:gignac@uhnres.utoronto.ca)

### **Caroline Herzberg**

Professional Education & Programs Officer  
Canadian Dermatology Foundation  
613-738-1748 ext 226  
[cherzberg@dermatology.ca](mailto:cherzberg@dermatology.ca)

### **Christine Jackson**

Executive Director  
Canadian Skin Patient Alliance  
613-422-4265  
[christine@canadianskin.ca](mailto:christine@canadianskin.ca)

### **Sangita Kamble**

Executive Director  
Canadian Occupational Therapy Foundation  
613-523-2268 ext 241  
[skamble@cotfcanada.org](mailto:skamble@cotfcanada.org)

### **Linda Li**

Representative, Physical Activity, Mobility &  
Health Strategic Research Priority (IMHA);  
Member, IMHA Partnerships and Knowledge  
Translation Committee  
604-871-4577  
[lli@arthritisresearch.ca](mailto:lli@arthritisresearch.ca)

### **Judy Lux**

Health Policy Communications Specialist and  
Program Director  
Canadian Dental Hygienists Association and the  
Canadian Foundation for Dental Hygiene  
Research and Education  
613-224-5515 ext 125  
[jlux@cdha.ca](mailto:jlux@cdha.ca)

### **Steve McNair**

President & CEO  
The Arthritis Society  
416-979-7228  
[smcnair@arthritis.ca](mailto:smcnair@arthritis.ca)

**Dan Mueller**

Volunteer Member of the Board  
Physiotherapy Foundation of Canada  
604-412-6309  
[danmueller@gmail.com](mailto:danmueller@gmail.com)

**Don Nixdorf**

Member of the Board  
Canadian Chiropractic Research Foundation  
604-728-7787  
[dnixdorf@allstream.net](mailto:dnixdorf@allstream.net)

**Doug Nutting**

Executive Director  
Recreation Integration Victoria  
Active Living Alliance for Canadians with a  
Disability  
250-477-6314 ext 11  
[dnutting@rivonline.org](mailto:dnutting@rivonline.org)

**Siobhan O'Donnell**

Development Specialist  
Public Health Agency of Canada  
613-954-6557  
[Siobhan.odonnell@phac-aspc.gc.ca](mailto:Siobhan.odonnell@phac-aspc.gc.ca)

**John O'Keefe**

Editor, CDA Journal  
Canadian Dental Association  
613-523-1770  
[jokeefe@cda-adc.ca](mailto:jokeefe@cda-adc.ca)

**Ed Putnins**

President  
Canadian Association for Dental Research  
604-822-1734  
[putnins@interchange.ubc.ca](mailto:putnins@interchange.ubc.ca)

**Tamara Rader**

Knowledge Translation Specialist  
The Cochrane Musculoskeletal Group  
613-562-5800 ext 1977  
[trader@uottawa.ca](mailto:trader@uottawa.ca)

**Ursula Rehdner**

National Director  
Research, Programs & Services  
Muscular Dystrophy Canada  
416-488-0030 ext 134  
[Ursula.rehdner@muscle.ca](mailto:Ursula.rehdner@muscle.ca)

**Pam Sherwin**

Representative, IMHA Knowledge Exchange  
Task Force; Member, IMHA Partnerships and  
Knowledge Translation Committee;  
President, Children's Arthritis Foundation  
250-298-1066  
[Pam.john@shaw.ca](mailto:Pam.john@shaw.ca)

**Erna Snelgrove-Clarke**

Chair, IMHA Partnerships and Knowledge  
Translation Committee;  
Faculty of Nursing  
Dalhousie University  
902-494-2490  
[Erna.snelgrove-clarke@dal.ca](mailto:Erna.snelgrove-clarke@dal.ca)

**Rene St-Arnaud**

Director, Quebec Network for Oral and Bone  
Health Research  
514-282-8255  
[Rst-arnaud@shriners.mcgill.ca](mailto:Rst-arnaud@shriners.mcgill.ca)

**Rosa Venuta**

Representative, CIHR Partnerships and Citizen  
Engagement Branch;  
Member, IMHA Partnerships and Knowledge  
Translation Committee  
613-941-1006  
[Rosa.venuta@cihr-irsc.gc.ca](mailto:Rosa.venuta@cihr-irsc.gc.ca)

**Valorie Whetung**

Director, First Nations Centre  
National Aboriginal Health Organization  
613-237-9462 ext 514  
[vwhetung@naho.ca](mailto:vwhetung@naho.ca)

**Hazel Wood**

Executive Director  
Bone and Joint Decade (BJD) Canada  
416-323-6861  
[hwood@rehabresults.com](mailto:hwood@rehabresults.com)

**IMHA Advisory Board (IAB)****Richard P. Ellen**

IAB Chair  
Faculty of Dentistry, University of Toronto  
416-979-4917  
[Richard.ellen@dentistry.utoronto.ca](mailto:Richard.ellen@dentistry.utoronto.ca)

**Phil Gardiner**

Chair, IAB Finance Committee  
University of Manitoba  
204-474-8770  
[Gardine2@cc.umanitoba.ca](mailto:Gardine2@cc.umanitoba.ca)

**Rick Singleton**

Chair, IAB Ethics Committee  
Eastern Health Region  
709-777-6959  
[Rick.singleton@easternhealth.ca](mailto:Rick.singleton@easternhealth.ca)

**IMHA Staff****Jane Aubin**

Scientific Director  
416-946-0376  
[Jane.aubin@utoronto.ca](mailto:Jane.aubin@utoronto.ca)

**Julie de Courval**

Executive Assistant  
416-946-0386  
[Julie.decourval@utoronto.ca](mailto:Julie.decourval@utoronto.ca)

**Tanya Gallant**

Analyst/Project Manager  
613-954-3469  
[Tanya.gallant@cihr-irsc.gc.ca](mailto:Tanya.gallant@cihr-irsc.gc.ca)

**Elizabeth Robson**

Stakeholder Relations/Secretary to IAB  
403, 320-0068  
[Elizabeth.robson@utoronto.ca](mailto:Elizabeth.robson@utoronto.ca)

**Liz Stirling**

Assistant Director  
613-957-8678  
[Liz.stirling@cihr-irsc.gc.ca](mailto:Liz.stirling@cihr-irsc.gc.ca)

**Facilitation****Dorothy Strachan**

Partner  
Strachan-Tomlinson and Associates  
613-730-1000  
[Dorothy@strachan-tomlinson.ca](mailto:Dorothy@strachan-tomlinson.ca)

**Leslie Jones**

Report Writer  
Leslie Jones Communications  
613-257-8586  
[Leslie.jones@xplornet.com](mailto:Leslie.jones@xplornet.com)