PRIORITY - SETTING FOR THE NOVA SCOTIA HEALTH RESEARCH FOUNDATION

A SYNOPSIS OF BACKGROUND DOCUMENTS AND CONSULTATION REPORTS FROM THE PRIORITIES PROCESS OF FALL 2009

PREPARED FOR THE NOVA SCOTIA HEALTH RESEARCH FOUNDATION

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INTRODUCTION

PURPOSE

This document is intended to support the discussions and decisions of the Nova Scotia Health Research Foundation in the next phase of updating its health research priorities. It provides a synopsis of the work of the Priorities Update so far, seen through the external lens of someone neither involved in the process nor with a vested interest in the outcomes.

Between September and December 2009, twelve documents (over 300 pages) were produced from the first two phases of the priority setting process: three assessed the status of Nova Scotia's research endeavour in the national and international context[i], one identified major health issues in the province and related research[ii], two compared the stated research priorities of relevant organizations[iii], two reported on surveys of current opinion[iv], and four informed and summarized consultations with stakeholders[v] (culminating in a Priorities Summit of academic, health system and government leaders). Each document built on the prior information and discussions, but also brought a new perspective to the challenge of directing NSHRF's future investments and activities.

As priority-setting is all about making choices, the discussions have focused on developing information around criteria and considerations that may be used for making such choices. They have also explored in increasing detail the full range of choices that must be considered. In this way, what starts as a seemingly straightforward process of identifying priority 'research themes' evolves into an in-depth consideration of roles, relationships, social issues and the common good.

In pulling from this detailed backdrop the patterns of emerging consensus, it is inevitable that significant complexities and contradictions are lost. However, the task of this report is to take such a bird's eye view, at the expense of any close examination of specifics.

RANGE OF PRIORITY-SETTING AREAS

Four categories of priority, or areas of choice, have emerged for NSHRF's consideration, all intersecting with each other, each providing one axis upon which to position a future strategy. These areas of priority-setting provide the outline for this paper:

A. PRIORITIES FOR NSRHF'S ROLE ITSELF:

Given the range of roles or functions NSHRF might fill, which are most important for the success of its mandate and for Nova Scotia as a whole?

B. PRIORITIES FOR RESEARCH THEME AREAS:

Are there content or subject matter areas, broad or narrow, that NSHRF should focus on as more important than others?

C. PRIORITIES FOR STRENGTHENING THE RESEARCH COMMUNITY:

Are there ways in which NSHRF should direct its efforts to create a stronger health research milieu in general?

D. PRIORITIES FOR INTERVENTION IN THE 'QUESTION TO APPLICATION CYCLE':

Where should NSHRF focus its attention to ensure benefit from research – from the point of developing questions to the point of applying the answers?

A. NSHRF'S ROLE

"We need to shift to a more integrative, long-term mindset relative to the issues, solutions, resource allocation and evaluation. This will require educating decision-makers and working collaboratively to solve complex problems" [v.d.]

One area under discussion is the nature of the role that NSRHF plays. This is not the same question as how the Foundation designs and implements programs to achieve its goals, but rather considers the overall function of the organization in relation to other institutions and the system as a whole.

While there is implicit acceptance that NSHRF is essentially a **Funder** of Nova Scotia research, other roles have been identified as important to constituents and to continued success. The following current and possible roles are presented in decreasing order of prominence in discussion and consistency of opinion.

PROVINCIAL LEADER

NSHRF should ensure province-wide inclusion and coverage of the health research endeavour. It should take and advocate for a long term perspective and lead provincial agenda-setting for health research, as well as provide coordination for achieving that agenda.

CATALYST

NSHRF should stimulate and create activity by others (researchers, universities, government and health organizations) using funding strategies, incentive design and a convening function (see below).

MONITOR

NSRHF should continue to assess and report on the quality of the Nova Scotia health research endeavour, including assessing the impact of health research investment generally and broadly.

CONVENOR AND MEDIATOR

NSHRF should bring together otherwise separate groups and communities across existing silos (including those of professions, institutions, communities and sectors), and facilitate discussions, collaborations and agreements.

COMMUNICATOR

NSHRF should provide information (from other jurisdictions, from local and international research, as well as general information about research value and priorities) to many parties, including the public, health professionals, administrators, policy makers and politicians.

SYSTEM ADVISOR AND COACH

NSRHF should play an advisory and/or advocacy role with the public, the government and health system leaders regarding policy and system change based on research evidence, with the potential to "depoliticize' decision-making.

COMMENTS:

There are high expectations of NSHRF to play a wide variety of diverse roles. Its leadership is recognized and readily acknowledged, and there is a desire to build on that reputation and influence. However, there are possibly unrealistic expectations of the capacity and scope of a small organization, for example, its ability to monitor and evaluate system-wide activities, to take politics out of decision making, and to be responsible for public relations related to health research in its entirety.

B. RESEARCH AREAS

"The quality of Nova Scotia's health research is very high….it is above the world average for quality of published articles….and its intensity of health research matches that for the world." (i.c.)

Areas of focus for new research have been viewed through a number of lenses:

- ⇒ competitiveness and strength in academic research activity,
- ⇒ health status and challenges of Nova Scotians,
- ⇒ health system design and change,
- ⇒ policy frameworks and priorities.

Considering these perspectives, two dominant 'clusters' are apparent that align with all four lenses. Two additional themes have also emerged, where convergence is not as strong but there is consistent interest from a number of perspectives. These may be seen as subsumed under the primary clusters or as cutting across both. Lastly, there are two areas of system need that may not be matched by research interest and capacity.

DOMINANT CLUSTERS:

AGING POPULATION / SENIORS' HEALTH / CHRONIC DISEASE MANAGEMENT / CONTINUING CARE

Driven by changing demographics, this cluster includes questions of how to support and enhance the health of seniors and provide sustainable care when needed, including the management of inevitably rising rates of chronic disease. It links with the second cluster through concerns about rising poverty and with health human resources because of the impact on the workforce of an aging demographic profile.

POPULATION HEALTH / PREVENTION AND HEALTH PROMOTION / SOCIO-ECONOMIC DETERMINANTS / MARGINALIZED AND SPECIAL POPULATIONS

Driven by the Nova Scotia's commitment to a social policy framework that integrates healthy public policy and multi-sectoral approaches to health, this area is supported by high performance of the research community in many aspects of population/public/social health, an area where Nova Scotia succeeds 'above its weight' at the national level.

It also includes the full range of issues involved in supporting a healthy population through healthy communities and disease/injury prevention, rather than health care provision. Special populations are identified, variously, as defined by race, gender, age, location etc, and (as demonstrated through CIHR Institute specific success) Nova Scotia again succeeds in this area of health research.

CROSS-CUTTING THEMES:

Two priority areas combine research strength, service needs and policy interest, and include questions and issues related to both the major clusters:

MENTAL HEALTH

The particular challenges of mental health promotion and those experiencing mental illness recur through many of the discussions, both in terms of co-morbidities and risk profiles, and in terms of the design and delivery of accessible care. The research community has strong performance in the area of neuroscience, mental health and addictions.

PRIMARY HEALTH CARE AND ACCESS TO CARE

Access to care is one of the many health issues faced by marginalized and special populations, as well as the elderly. New approaches to primary health care are seen as a critical area of innovation that will have an impact on this challenge. The combined policy import and research interest create an additional cross-cutting priority theme.

OUTSTANDING HEALTH SYSTEM ISSUES

Two health system issues were identified as having strong interest for policy makers and health system management, but the level of interest and strength in the NS health research community could not be determined by the evidence currently available to the NSHRF. The prevalence and urgency of questions in these areas warrant a clear outline of their place in the research priorities.

HEALTH HUMAN RESOURCE PLANNING AND MANAGEMENT

The public, health service providers and policy makers identify current and future human resources in health care as a critical issue for the continuing health of Nova Scotians. It is seen as requiring long term planning as well as short term intervention, with currently not enough guidance from research.

COST AND SUSTAINABILITY OF THE HEALTH SYSTEM

Another issue dominating the public policy environment is the economics of health and health care. However, it is not as clearly included in research strengths and priorities, possibly hidden within other areas. Nonetheless, questions of cost and sustainability are locally, nationally and internationally relevant.

COMMENTS:

Whatever is chosen in the end as the ‘clustering’ of research themes and interests, the challenge will be to define the sub-content in a way that is clear but not so broad as to make the priorities all-inclusive and thus, in the end, unhelpful. It is also important to note that underlying the discussions has been an implicit assumption that NSRHF will remain committed to research within all four CIHR research pillars -biomedical, clinical, health services and population health - even when priority areas are chosen.

C. STRENGTHENING THE RESEARCH COMMUNITY

"We have dispersed intellectual capital. Teams allow you to leverage funds and strike balances between evidence-based and ideas-based research….Bringing teams together across the province would help overcome the limitations of tackling system issues one project at a time, in isolation." [v.d]

The community of individuals and organizations doing health research, who are at the centre of NSHRF's mandate, recognize a variety of areas where the overall research milieu in Nova Scotia could be strengthened, and where NSHRF is being asked to play a role. In creating a more competitive and attractive health research environment, the following areas for investment have been identified, related to a variety of system-wide challenges:

INFRA-STRUCTURE

The research community needs the means to sustain the human and physical supports required for a stable and growing research endeavour, including core funding for staff, space and technology.

INFO-STRUCTURE

Integrated and accessible data banks and information sources are required for meaningful, timely and successful health research, particularly in the areas of health services and outcomes research at the provincial level. Access to primary and secondary data, as well as existing research results is important.

COLLABORATION AND NETWORKS

Given the small size and dispersed nature of Nova Scotia's researchers, they need opportunities to build the critical mass of intellectual capacity – either specialized or multi-disciplinary – that is required to be nationally and internationally competitive. This can occur through teams and networks that may need to span departments, institutions, provinces or countries.

YOUNG AND NEW RESEARCHERS

The means to attract, train and keep young talent, particularly in the face of other demographic pressures on Nova Scotia, is critical to the long term vitality of the research endeavour.

COMPETITIVE ADVANTAGE

Building on existing strengths, sustained competitive advantage will require supports that fill gaps in ability to match funds, maximize quality, facilitate teamwork, reward applied research and leverage partnerships.

COMMENTS:

There is a challenge to define where responsibility lies for some of these areas, and whether or not the responsibility is NSHRF's. This links to the question of roles, and more specifically to the allocation of institutional responsibility for various aspects of the research endeavour across advanced education, government, health system and research agency.

D. INTERVENTION POINTS IN THE 'QUESTION TO APPLICATION CYCLE'

"The vast majority of Nova Scotians believe health research plays a positive role in terms of the development of treatments and cures, improving the health and well-being of Nova Scotians, the prevention of diseases and designing and delivering health care."[iv.a.]

Much discussion has been directed at the question of how to ensure maximum benefit for Nova Scotians from the investment in health research. Specifically, how can NSHRF facilitate the movement of knowledge through the question to answer cycle from identification of questions, to discovery of answers, to awareness and interpretation by users, to application in actions directly affecting health? While NSHRF is perceived to embed capacity building throughout its activity, it is also perceived to have focused on the production of academic research. Stakeholders identified the following points of intervention for increased attention:

CAPACITY TO ASK

There is a need to increase the ability to generate questions in 'real time', and to connect emerging questions from the health system and health professionals with interested and capable researchers.

CAPACITY TO ANSWER

Even with good research capability, more facilitation is needed to strengthen applied research, including evaluative research and the linkages it requires, and to increase the possibilities for embedded systems research.

CAPACITY TO ACCESS

Professionals, administrators and policy makers continue to report 'hunger in the midst of plenty'. Despite overwhelming amounts of research information produced, there is still a lack of access to basic research information sources and to synthesized and contextualized information.

CAPACITY TO INTERPRET

Even with access, there are still gaps in the ability of individuals to understand and interpret research appropriately, as well as weaknesses in the capacity of organizations to move good evidence into program design.

CAPACITY TO APPLY

There is wide recognition of the great complexity of organizational change and policy development required to reflect evidence. Overall, a culture shift (in values and assumptions) will be as important as any specific mechanism in ensuring the uptake of new information from research.

COMMENTS

As the lenses of policy and health care came to the fore, the focus shifted from generating and answering questions, to challenges in accessing and applying new information, raising the importance too of ensuring that questions themselves are relevant. The desire for a 'one stop shop' solution to the information challenge of research users is longstanding, across Canada and

internationally, but unfortunately no solution has been found and it is not clear whether this hope is achievable, or a holy grail that tempts immense effort without a foreseeable end point.

PRIORITY SETTING TENSIONS

"Keep in mind that research activities have many purposes." (v.d.)

Priorities must be set to maximize an outcome of interest. The outcomes of interest identified through the Priorities Update are not necessarily all mutually supportive. With many perspectives on what is most important, it is clear that priority-setting for NSHRF takes place in the context of some inevitable tensions, where balance must be found or choices made because maximizing one outcome may reduce another of equal importance. The following tensions weave through the discussions:

NATIONAL COMPETITIVENESS OR LOCAL RELEVANCE?

Two outcomes are implicitly highly valued throughout the documents and discussions: 1. a nationally (and internationally) competitive health research community, and 2. health research that produces locally relevant and applicable results. These two outcomes may sometimes be aligned, but not necessarily so. Sometimes academic value does not align with policy value, scientific contribution does not align with short term health impact, and local needs do not align with global trends driving international research communities. While there is general support for both goals among constituents, it will be difficult to succeed fully in both.

SUSTAIN OR STIMULATE?

A strong research endeavour requires the continued strength of existing activities, people and productivity but also the expansion of activities and engagement of new people. Discussions have highlighted that reinforcing existing strengths will be essential to long term success. However, it will also be necessary to fill gaps in order to meet emerging needs. With limited resources, the need to invest in sustained activity will be in tension with the need to stimulate new activity.

MEASURABLE OUTCOMES OR PRIORITY IMPACTS?

NSHRF is well known for its commitment to improve the health of Nova Scotians, shown by its attention to relevant, usable research with support for knowledge translation and exchange. However, most of the indicators used to report on success have been classic academic metrics of research productivity and financial metrics of economic contribution. This reflects how extremely difficult it is to trace the impacts of research funding through the long, complex trajectory of discovery to application that eventually leads to health improvement. However, without the ability to do that (and few such Foundations worldwide are able to), mapping priorities to available measures may drive the agenda more than intended.

MAXIMIZE INFORMATION OR PEOPLE?

The research endeavour is essentially about information: producing new information that can help society progress. Research productivity is measured in information productivity. However the production and use of research information is dependent on highly skilled people. It is not clear that investment in information maps exactly to investment in people. For example, investment in highly productive researchers may produce higher information output, but result in fewer people engaged in the endeavour overall; investment in the management of more and better information resources may be at the cost of investment in up-skilling more people able to absorb and use the information.

DOCUMENT LIST

[i] a. Scientific Positioning of Nova Scotia's Health Research, A Bibliometric Analysis.

b. Measuring Nova Scotia's Performance in Health Research.

c. Measuring Nova Scotia's Results in Health Research, 2009 Update Report

ii a. Major Health Issues in Nova Scotia: An Environmental Scan.

iii a. Current Research Priorities in Nova Scotia.

b. Analysis of Strategic Research Plans.

iv a. The Atlantic Quarterly Summer 2009 Report of Results.

b. Report on a Stakeholder Survey December 2009.

v a. NSRHF Priority Setting Monthly Update for October 2009.

b. NSHRF Priority Setting Monthly Update for November 2009.

c. Health Research Priorities Summit Backgrounder.

d. NSHRF Health Priorities Summit Report.

NB. All documents are available on the NSHRF website at www.nshrf.ca