

Health Research Priorities Summit

Backgrounder

This document provides a brief overview of the information gathered thus far as part of the Nova Scotia Health Research Foundation's (NSHRF) Health Research Priority Setting Exercise. Since early September a number of background documents were assembled and an extensive consultation process took place to inform the process. The results of these data gathering activities are highlighted below to inform discussion at the Summit.

About the NSHRF - Context for our discussion

The following is provided for context to help frame our discussion for the Summit.

- The NSHRF has been in existence since 2000 and has operated with an annual grant (through the Department of Health) of approximately \$5 million
- The NSHRF is enacted through legislation and is required to:
 - Establish priorities through consultation
 - Support the Province's health research priorities
 - Support health research capacity development including retention of skilled personnel
 - Communicate research findings
 - Facilitate interaction between health researchers and those who use health research
- The NSHRF has regulations that specify how it is to spend its annual grant including:
 - 30% of its grant funds research in the biomedical (basic science) category of research
 - 30% of its grant funds research in the areas of healthy policy, health services and health outcomes
 - A *minimum* of 20% is spent on programming which currently includes capacity building for the research community and knowledge transfer/exchange to support researchers and researchers users in sharing knowledge
 - A *maximum* of 20% is spent administration (i.e. salaries, rent, and other operational activities)

Understanding the Research Environment

The impact of the health research enterprise in the province is far reaching:

- Nova Scotia is the top producer, per capita, of peer-reviewed health research journal articles in Canada
- Our researchers are recognized for their collaborative work with their colleagues both provincially and nationally
- Population health research is a key area of strength for the province
- We are losing ground in health research funding in Nova Scotia
 - The NSHRF's grant has been approximately \$5 million since its inception in 2000 and therefore its spending power has eroded by \$1.2 million over this ten year period
 - The percentage of funding (per capita) received in Nova Scotia from the major federal health research funder (Canadian Institutes of Health Research [CIHR]) has decreased. Although this percentage was steadily increasing throughout the early to mid 2000's, we have since returned to the same percentage as 2001 - a clear indication that we are losing ground

Health Research Priorities in the Province

NSHRF commissioned an environmental scan examining the health and health research priorities for the major federal health research funder (CIHR), the provincial government and its departments, and post-secondary institutions. This scan highlighted that:

- There is no systems-level, coordinated approach to health research priority planning either provincially or nationally
- Research priorities of post-secondary institutions do not align with the articulated information needs of the provincial government

The Economics of Health Research in Nova Scotia

- Health research activity in the province creates 920 person years of employment annually
- Annually, \$30.5 million in household income in the province is a direct result of health research activity
- For every dollar NSHRF has invested in programs that leverage monies from other sources, \$7.40 has been returned to the province

Major Health Issues Facing Nova Scotians

Using data from a number of sources, the following were identified as major health issues for Nova Scotians. Please note that these are not listed in any specific order.

- *Health disparities* - Health disparities are significant health challenges that differ among populations based on factors such as race, gender, sexual orientation, etc. This may include things like food insecurity, lack of access to culturally appropriate health services, or poor health literacy.

- *Integrated disease and injury prevention* - This includes reducing the risk of disease and injury through mechanisms such as increasing physical activity, promoting healthy eating and wearing helmets for riding bicycles.
- *Chronic disease management* - This includes the management of diseases that are rarely cured completely. For example, diabetes, congestive heart failure, cancer, asthma, etc.
- *Re-orienting the health system to emphasize primary health care* - Primary health care services are often the first point of contact with the health system and are provided to promote health, prevent illness and treat people when they are ill.
- *Implementing sustainable continuing care models* - Continuing care is often longer-term in nature and is provided to people in a variety of settings including hospitals, long-term care facilities (nursing home) or in their own home.
- *Implementing best practices in recruitment, retention, role sharing and change among health human resources* - Health human resources are those human resources required to staff the health system.

The NSHRF Priorities team held 28 consultation meetings with over 150 stakeholders including researchers, government staff, District Health Authorities, private sector and voluntary sector organizations. Additionally, a web-based survey was also hosted on the NSHRF's website with over 260 respondents representing the same sectors as the consultations. Below are some of the overall themes that emerged from this process.

Data and Infrastructure

- There is a lack of coordinated effort in the collection and utilization of data across the health and social systems which impacts all sectors of health including government staff, researchers, and District Health Authority staff
- Data not being readily available in real time makes decision-making difficult within short timeframes
- Data needs to be collected in a strategic way so as to be relevant and useful for decision making within health and social systems
- Research, evaluation, surveillance, and quality improvement should be interlinked however there is currently a disconnect amongst these activities across the health and social systems

Evidence and Decision-making Processes

- There is recognition by stakeholders in the health community of the importance of health research and its role in decisions-making processes
- Many respondents indicated that although evidence is available, there is a lack of infrastructure (skills, time, access to resources, understanding) to put this evidence into practice
- There is a call for NSHRF to do more to bring experts in policy and research together to discuss issues of relevance

- There is recognition that decisions that affect the health of Nova Scotians can be politicized and NSHRF could have a role in ensuring that there is access to research evidence which may help to mitigate this challenge
- It was recommended that NSHRF continue to support and encourage more collaboration between researchers and research users. This will provide evidence that is meaningful to all partners that make decision that affect Nova Scotians' health
- A better understanding is needed of how research is used, or more importantly why it is not used, in decision-making processes

Public Opinion

As part of a public engagement strategy, we included questions regarding priorities in an Omnibus poll (400 respondents across the province) as well as provided an opportunity to provide feedback via the NSHRF's Website (over 75 respondents). The major issues that concern Nova Scotians are similar to those identified as major health issues (please see above). Of particular concern are:

- *Health human resource shortages* – Given our aging population and the impending demands on the health system - there are concerns about access to health professionals in rural areas and adequate staffing of all health professions.
- *Health system issues* – There is concern about sustaining the current health system, wait times for procedures, and access to long-term care.
- *Prevention* – Respondents indicated that there is a need to address the factors that prevent disease to help improve the health of Nova Scotians. It was suggested that NSHRF might wish to focus on different approaches to addressing risk factors such as obesity or focus on specific populations such as seniors, indigenous Black Nova Scotians or Aboriginal people as examples.

The majority of the preceding information is available in further detail in the following documents:

- Measuring Nova Scotia's Results in Health Research: 2009 Update Report
- Measuring Nova Scotia's Performance in Health Research: Final Report, 2007
- Scientific Positioning of Nova Scotia's Health Research: A Bibliometric Analysis, 2007
- Major Health Issues in Nova Scotia: An Environmental Scan
- Current Research Priorities in Nova Scotia
- Analysis of Strategic Research Plans
- Omnibus Survey: The Atlantic Quarterly, Summer 2009 Report of Survey Results

All of these documents are available on the NSHRF Website at www.nshrf.ca and will be available at the Summit in hard copy.