



Michael Smith Foundation for
Health Research

Infrastructure Program
Health of Population Networks
Analysis of Progress Reports
January 2005 – March 2006

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Abbreviations

CIHR	Canadian Institutes for Health Research
FRSQ	Fonds de la recherche en santé du Québec
FTE	Full-time equivalent
HSPRSN	Health Services and Policy Research Network
SFU	Simon Fraser University
UBC	University of British Columbia
UNBC	University of Northern British Columbia
UVic	University of Victoria

Executive Summary

The Networking Program is one of several initiatives within the Infrastructure Programs of the Michael Smith Foundation for Health Research (MSFHR). The Networking Program links researchers and research resources, building critical mass across health research applications, institutions, organizations and regions. The aim is to enhance the productivity and competitiveness of researchers in BC and help create a vibrant and sustainable health research environment in BC; recognized for excellence, responsive to BC's health needs, and contributing to BC's economy.

Phase I of the Networking Program saw the funding of eight research networks focusing on populations with specific health needs. The following eight 'Health of Population Networks' (HoPN) were launched in January 2005:

- BC Child and Youth Health Research Network
- BC Environmental and Occupational Health Research Network
- BC Mental Health and Addictions Research Network
- BC Network for Aging Research
- BC Rural and Remote Health Research Network
- Disabilities Health Research Network
- Network Environments for Aboriginal Research BC¹
- Women's Health Research Network

The HoPN Awards are four-year infrastructure awards, however due to the timing of MSFHR's first funding mandate, each network was initially awarded \$300,000 for the 15-month period January 1, 2005 to March 31, 2006. The balance of the award was confirmed earlier this year, at a rate of \$250,000 per year per network.

The purpose of this report is to assess the progress of the eight HoPN, and identify early successes and challenges associated with the establishment of the networks. The report provides an aggregated view of the networks, rather than an evaluation of the individual networks. The findings in this report are intended to stimulate review and evaluation of the program to date; to provide feedback to the funded networks; and to identify lessons that may be relevant to Phase II of the Networking Program (Technology/Methodology Platforms) that has recently commenced.

Although the eight HoPN were launched at the same time with the same funding amount, the networks started from different points. For example, 'unofficial' networks in the areas of mental health, women's health, and aging already existed. This was not the case for disabilities research. Not surprisingly, the developmental paths of the eight networks over the first 15 months of funding have differed.

The networks' progress reports showed that at the end of Year 1 (December 31, 2005), MSFHR had paid a total of \$1.95 million to the eight networks, of which just over \$0.96 million had been spent. Host institutions were holding a combined total of nearly \$1.0 million in unspent funds as at December 31, 2005, representing 51% of the total allocated funds. The majority of spent funds was used to pay for personnel. Other expenditures covered items such as communication costs, travel costs, workshops/seminars, and mini granting activities. The main reason for unexpended

¹ This network was originally called the Aboriginal Health Research Network.

funds was the longer-than-anticipated start-up phase, particularly the establishment of operational structures and the recruitment of staff.

Despite the start-up phase demanding considerable time and resources, most networks had also commenced delivering a range of activities and tools for their respective research community. With considerable effort from both the networks and MSFHR staff, all eight networks have developed individual websites that are attractive and very informative promotional and communication tools. Each website typically educates visitors about the network, its operations, resources and activities, and provides information about funding opportunities, along with links to other sites. Several networks have developed member databases, although it is not known how representative they are of each network's researcher community. The networks have individually hosted, and more recently, co-hosted events aimed at sharing research ideas and building capacity (for example, by conducting educational workshops on research methods, ethics, and grant writing). Importantly, most networks have made considerable efforts to facilitate participation in such events across the province – either by varying the event locations, or by using communication technologies such as web-casting, teleconferencing and videoconferencing. Several networks also participated in major conferences, as sponsors and/or presenters. The progress reports indicate continuation of these types of activities in Year 2. All networks also plan to increase training and mentoring activities in the coming year. Limited resources have been dedicated to knowledge transfer activities by the networks in Years 1 or 2, raising questions about the extent to which the networks see themselves as having a role in research knowledge transfer and exchange.

All but one network had undertaken mini-granting activities in Year 1 to support capacity building. The level of funds allocated to mini-granting activities in Year 2 compared with Year 1 represents more than a four-fold increase, and is of concern. The grants issued by the networks obviously benefit the recipients, but it is not clear how these grants contribute to the overall goals of the network and to building research infrastructure.

On the basis of our analysis we propose the following recommendations:

1. Strategic review of infrastructure programs

That MSFHR refer the issues identified in this report to the panel undertaking a strategic review of all MSFHR infrastructure funding programs in the Fall, 2006, including the interrelationship between the HoPN, the HSPRSN, and research units and institutions receiving MSFHR infrastructure funding.

2. Clearer program guidelines

That MSFHR develop guidelines that provide greater clarity regarding key operational issues for the Networking Program, including the appointment and roles of co-leaders, governance and accountability, managing conflicts of interest, and mini-granting activities.

That MSFHR work with the networks to implement knowledge transfer and exchange activities that contribute to health policy and practice change, and improved health outcomes.

That MSFHR discuss with the networks their role in fostering the translation of research results into economic development opportunities.

3. Funding changes

That MSFHR consider releasing funds under the Networking Program in a staged way, to more closely match expenditure requirements.

That networks be encouraged to allocate payments for release time for co-leaders from clinical, teaching, or administrative duties, capped to a maximum of \$25,000 per year, in recognition of the significant time commitment required for leadership of the network.

That MSFHR consider differential award amounts under the Networking Program in the future.

4. Better targeted reporting requirements

That MSFHR develop, in collaboration with the networks, more streamlined and consistent methods for capturing information about network-related activities, services and outcomes.

That MSFHR consider the implications of the problem of attribution for its various funding programs and associated performance monitoring processes.

5. Improved program administration

That MSFHR take action to improve its administration of the HoPN Awards, including more consistent and timely communications with the networks.

6. Sharing results with stakeholders

That MSFHR make the findings of this report available to the eight HoPN and other stakeholders, as a basis for dialogue about the current program and opportunities for improvement in the future.

Introduction

The Networking Program is one of several initiatives within the Infrastructure Programs of the Michael Smith Foundation for Health Research (MSFHR). The Networking Program is intended to provide resources to link researchers, and build critical mass across health research applications, institutions, organizations and regions. Funding can be used to support communications, partnerships and collaborations, joint planning, shared research resources development, knowledge transfer initiatives, and training and mentoring programs. The overall aim of MSFHR's infrastructure support is to enhance the productivity and competitiveness of researchers in BC and help create a vibrant and sustainable health research environment in BC; recognized for excellence, responsive to BC's health needs, and contributing to BC's economy.

Planning for Phase I of the Networking Program began in January, 2004. In November, 2004, implementation plans were submitted to MSFHR to establish eight research networks focusing on population groups with specific health needs. MSFHR commenced infrastructure funding to all eight "health of population networks" (HoPN) in January, 2005. Although the funding awards were four-year infrastructure awards valued at \$250,000 per year per network, due to the timing of MSFHR's first funding mandate, each network was initially awarded \$300,000 for the 15-month period January 1, 2005 to March 31, 2006. The awards were subsequently extended to December 31, 2008, following confirmation of MSFHR's second funding mandate early in 2006.

In early 2006, MSFHR also commenced consultations with the networks regarding reporting requirements for the initial 15-month award period. Following several draft versions involving feedback and input from all networks, a progress report template and guidelines were issued in March 2006.

The purpose of this report is to assess the progress of the eight HoPN, and identify early successes and challenges associated with the establishment of the networks. The report provides an aggregated view of the networks, rather than an evaluation of the individual networks. The findings in this report are intended to stimulate review and evaluation of the program to date; to provide feedback to the funded networks; and to identify lessons that may be relevant to Phase II of the Networking Program (Technology/Methodology Platforms) that has recently commenced.

The present analysis is based on MSFHR's experience of administering the Networking Program and two key documents provided by the HoPN:

- the original implementation plans submitted by the networks in November 2004, which identify the goals of the networks and the intended use of MSFHR infrastructure funds; and
- the 15-month progress reports submitted by the networks for the period January 1, 2005 to March 31, 2006.

This report is structured to answer 12 key questions:

1. Which Health of Population Networks receive MSFHR infrastructure funding?
2. What leadership and governance mechanisms have the networks established?
3. Who participates in the networks?
4. How do the networks use the infrastructure funding MSFHR provides?
5. What outcomes have the networks reported?
6. Have the networks enhanced research capacity?

7. Has researcher productivity increased?
8. What is the nature of collaboration within and between the networks?
9. Are the networks facilitating the transfer of research results to improve health care services and/or pursue economic development opportunities?
10. What are the networks' plans for moving forward?
11. What are some of the issues and challenges for the networks?
12. What are some of the issues and challenges for MSFHR?

The report concludes with recommendations for MSFHR to consider.

Two key points should be noted when considering the findings in this report. Firstly, while broad trends are common to all of the networks, each of the networks is quite distinct in its operations. The eight HoPN were launched at the same time with the same amount of funding. However, the networks varied in the degree of cohesiveness within their respective research communities and the amount of resources available to them at the commencement of the program. For example, 'unofficial' networks in the areas of mental health, women's health, and aging already existed, but this was not the case for disabilities research.

During the first 15 months of operation, each network focused much of its energies on the establishment of administrative infrastructure, including a coordinating office and, in some cases, regional satellite offices; engagement and recruitment of members and interested parties; and communications to raise awareness about the networks (e.g., brochures, newsletters, websites, etc). The progress reports submitted by the networks are also very much process-oriented and qualitative in the information they provide. In recent months, however, attention has increasingly shifted to hosting events and facilitating a range of networking activities. As a result, assessment of progress should be viewed in terms of where each network started in January 2005, and where it is now, rather than a comparative analysis of the eight networks.

Secondly, it is difficult to directly link MSFHR infrastructure funding and the network activities they support to outputs and outcomes, such as enhanced researcher collaboration, increased numbers of multidisciplinary research projects, and improvements in the health outcomes of the specific populations that are the focus of the eight networks. No control group exists, and evidence of outputs and outcomes, if they are to occur, will take time.

This problem of attribution was also identified and discussed in an earlier report that examined the impact of MSFHR Research Unit Awards on 25 research groups funded in 2003 and 2004 (www.mschr.org/docs/Research_Units_Analysis.pdf). One approach suggested to address this challenge is to consider 'plausible association', defined as "a reasonable person, knowing what has occurred in the program and that the intended outcomes actually occurred, agrees that the program contributed to those outcomes".² For MSFHR and the Networking Program, specific questions we could ask include:

- (a) Did the specified outcomes appear after our efforts began?
- (b) Did these outcomes appear at different locations and with different people?
- (c) Did the greatest outcomes appear where we did the most (for example, where we provided the most funds)?
- (d) Did outcomes only appear when and where MSFHR funds were introduced?

² Henricks M. (1996). Performance Monitoring: How to Measure Effectively the Results of Our Efforts. Presented at the American Evaluation Annual Conference, Atlanta, November 6.

1. Which Health of Population Networks receive MSFHR infrastructure funding?

Phase I of the Networking Program began in January 2004. Extensive consultations with representatives from the health system and the health research community identified the need to support population groups experiencing health disadvantages. It was therefore determined that the Networking Program would commence with the establishment of networks of researchers who share a common interest in understanding and improving the health outcomes of such groups. Implementation plans for eight networks were submitted to MSFHR, and underwent formative review in November, 2004.

In the early planning of the Networking Program, it was initially intended that three networks would be funded.³ However, on the basis of recommendations of the review panel and approval by the MSFHR Board of Directors, MSFHR commenced infrastructure funding to all eight “health of population networks” (HoPN) in January 2005. The eight HoPN are listed in Table 1, together with the nominated host institution. (See Appendix 1 for a brief description of each network, and Appendix 2 for network profiles.)

Table 1: MSFHR Health of Population Networks and their host institutions.

MSFHR Health of Population Networks	Host Institution
BC Child and Youth Health Research Network	Provincial Health Service Authority
BC Environmental and Occupational Health Research Network	University of Northern British Columbia
BC Mental Health and Addictions Research Network	Provincial Health Service Authority
BC Network for Aging Research	Simon Fraser University
BC Rural and Remote Health Research Network	University of Northern British Columbia
Disabilities Health Research Network	University of British Columbia
Network Environments for Aboriginal Research BC	University of British Columbia *
Women's Health Research Network	Provincial Health Service Authority

* The University of Victoria became the host institution of the Network Environments for Aboriginal Research BC in July 2006.

The Networking awards were four-year infrastructure awards, but because of the timing of MSFHR’s first funding mandate, each network was guaranteed funding of \$300,000 for the 15-month period January 1, 2005 to March 31, 2006. Following approval of MSFHR’s second funding mandate early in 2006, all networks received confirmation of funding for the remaining 33-month period to December 2008, at a base rate of \$250,000 per year per network. The networks were also advised of the opportunity for a funding ‘lift’ of up to \$500,000 per year in Years 3 and 4 based on performance. This is

³ MSFHR Research Infrastructure Support Program Report: Principles and Key Guidelines, June 2002. (www.msfhr.org/docs/MSFHR_Research_Infrastructure_Support_Program_Report.pdf).

the first of the Infrastructure Programs to include a funding component that aims to incentivize researchers towards higher performance.

A different networking initiative was commenced in 2003 supported by \$16 million in restricted funding from the British Columbia Ministry of Health. The purpose of the funding was to support and build BC's capacity to undertake and build capacity for health services and policy research focused on health system evaluation, redesign and innovation. The Health Services and Policy Research Support Network (HSPRSN) was created to provide the framework for consultation, and for implementation of research and capacity building strategies. While approval of funding allocations initially rested with BC's Leadership Council, in March, 2005 the MSFHR Board was delegated authority for approving funding recommendations developed by the HSPRSN Steering Council through its consultative processes. The HSPRSN currently offers three types of funding awards: Operating Grants to support research in specific health priority areas; Investigative Team Awards to provide infrastructure support to collaborative teams that link researchers with policy- and decision-makers; and Capacity Building Awards to develop health research capacity within each health authority. MSFHR and HoPN staff have identified potential collaboration opportunities between the HSPRSN and the HoPN.

MSFHR also provides independent Research Unit Awards to support research infrastructure for groups of researchers working in focused areas of health research in BC. Currently 29 research units are recipients of such awards. While several of these units conduct research in areas that coincide with the eight HoPN, and in some cases members of the Units are leading figures in the HoPN, there is no formal relationship between these units and the HoPN. In addition to funding research units, MSFHR provides infrastructure support to the eight major health research institutions in BC, including the five host institutions of the HoPN listed in Table 1 above. Again, the relationship between the infrastructure support provided by the networks and the funded host institutions is not clear.

Suggestions

- MSFHR should review the interrelationships between the HoPN, the HSPRSN, and the research units and institutions receiving MSFHR infrastructure funding to ensure full advantage is taken of synergies between these initiatives, including optimal distribution and use of human and financial resources.

2. What leadership and governance mechanisms have the networks established?

All of the networks have appointed co-leaders and established a range of different governance mechanisms. Interim leaders were identified by all networks when they were launched in January 2005, pending each network's decision about ongoing processes for the nomination and appointment of leaders. A co-leadership model was advocated by MSFHR, and all but one network appointed at least two, and up to five, interim co-leaders to share the leadership role. Since that time, five of the eight networks have had changes in leadership. Several of the original leaders accepted the role as an interim one, and subsequently stepped down. A number of co-leaders also

informally commented on the higher-than-expected time commitment associated with being a leader of a network, and it would seem that this was also a contributing factor for some of the leadership changes. At least two co-leaders resigned due to competing priorities for their time as they held senior administrative leadership positions within their universities in addition to their roles as network co-leaders.

At present, all but one network has continued with a co-leadership model though none of the leadership models is exactly the same. The sole leader of one of the networks has the roles of both scientific director and board chair. Four networks have two co-leaders: in three cases the co-leaders are from different institutions and bring somewhat different research perspectives; in the remaining network the two co-leaders are from the same university. Another network has five co-leaders who hail from the Lower Mainland and Victoria, and the final network has six co-leaders who represent four universities that span the lower mainland, BC interior and Vancouver Island. The co-leaders of five networks are allocated some kind of payment towards their time; the co-leaders of another network receive some type of 'in-kind' payment, and the co-leaders of the remaining two networks are not paid. The processes for the nomination and appointment of co-leaders vary across the networks, and in some cases are not clear. No network appears to have a mechanism for monitoring and evaluating the performance of its co-leaders, although at least two networks have policies regarding conflict-of-interest.

All networks have hired staff to support their operations. At a minimum, every network has appointed a single person with the primary responsibility of coordinating the day-to-day functions of the network, although the job title of this person varies (e.g., Executive Director, Network Manager, Network Coordinator). At least three networks also have regional staff (generally part-time), whose role is to represent and promote the network in a specific geographic area.

Seven of the eight networks have established some kind of board or advisory/steering committee to support their operations. In five of these networks, the co-leaders are full members of the boards or committees, and also have the role of chair. Other members of these boards and committees tend to represent BC's diverse research institutions, health of populations research disciplines, and/or external stakeholder groups. It is difficult to determine the roles and responsibilities of these boards and committees since only a few of the networks have published guidelines regarding their operations. In most, but not all cases, these boards and committees appear to have no formal authority over the networks, but function to provide key information and advice and/or make recommendations. Moreover, the relationship between these boards/committees, the co-leaders and the host institution responsible for network funds is not always clear. The co-leaders' lines of responsibility and accountability are also not entirely clear, especially for co-leaders who are not employees of the network's host institution.

Three of the networks indicated that their governance mechanism had been based on some empirical model. For example, one network had used a 'not-for-profit model' and had appointed a scientific director, an associate director, and a board of directors. Another network had used a consensus-focused approach and opted for a diverse internal leadership team representing various research disciplines and three of BC's universities (UBC, UNBC, UVic), but did not establish a board or committee. A third network had adopted a hierarchical model, with an Advisory Council supporting and

reporting to the co-leaders, who report to MSFHR. Clearly this latter relationship is rather “at arms’ length”.

Good governance and accountability mechanisms are essential to ensuring that a network defines and pursues its strategic directions, has an effective team in place to carry out day to day activities, accounts for financial and other resources, and monitors and evaluates its progress and performance over time. Good governance is supported by both internal and external mechanisms that are effective, credible, equitable and transparent. While each of the networks has established a governance mechanism, in all cases there is room for strategic and financial support or oversight to be strengthened.

Suggestions

- MSFHR should work with the networks to ensure transparent and equitable processes for the nomination and appointment of co-leaders, and ongoing performance monitoring and evaluation.
- MSFHR should encourage all networks to allocate payments for release time for co-leaders from clinical, teaching, or administrative duties, capped to a maximum of \$25,000 per year, in recognition of the significant time commitment required for leadership of the network.
- MSFHR should work with the networks and their host institutions to strengthen governance mechanisms.

3. Who participates in the networks?

Recruiting members and/or increasing the participation of researchers in the networks were identified as important goals by all of the networks. Each network has a website with a common registration page, which allows persons to register for one or more networks. In order to join the networks, interested persons are invited to register as ‘participants’ or ‘members’ (the term used varies per network). Some networks have also actively recruited potential participants directly, for example, by sending emails to researchers about the network, or by distributing application forms at various research-related events. Most networks accept a wide range of participants including academics, health authority personnel, health service providers, provincial government staff, and community representatives, groups and agencies. For some networks, the primary purpose of registration is to generate a mailing list for network communications, however at least two networks make distinctions between “active members” and others. Network participants generally receive information about network events, funding opportunities, and upcoming workshops, seminars, and conferences. Some networks have held an open annual general meeting, to which participants have been invited. A small number of networks have also alluded to plans to provide additional restricted benefits to members only, particularly via their websites.

Figure 1 shows the total number of participants reported by the eight networks in the progress reports as at March 31, 2006. Participant numbers ranged from 65 to 433. Most networks have made efforts to attract participants from across the province. At least one network had also targeted research students as a key group, while two networks had pursued non-academic, community representatives. The information

collected about registrants via the network websites has been limited, because of a separate project led by MSFHR that was expected to provide networks with further descriptive details about researchers in BC. Information is not currently available that would allow networks to determine to what extent their registered participants are representative of the wider potential network constituencies. Information is also lacking about why some people decide to register and others do not.

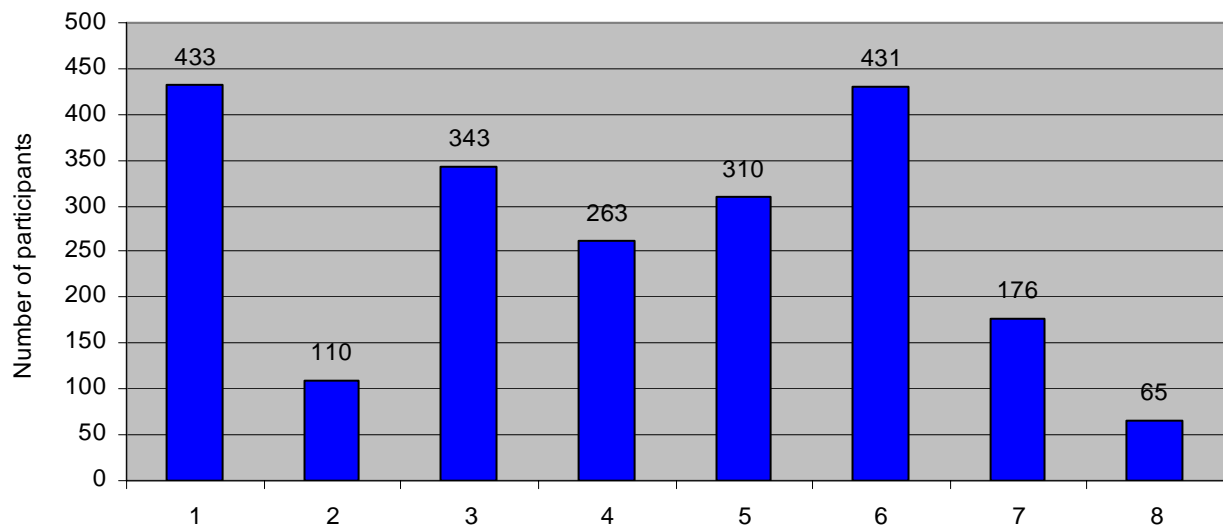


Figure 1: Number of participants per network, as at March 31, 2006.

Suggestions

- MSFHR should work with networks to determine how representative the registered participants are of each network's wider stakeholder base.
- MSFHR should obtain independent feedback from the networks' wider stakeholder bases about what factors motivate participant registration or not.

4. How do the networks use the infrastructure funding MSFHR provides?

The MSFHR Health of Populations Network Award is a four-year infrastructure award. The initial value of the award was \$250,000 per year per network. However, due to the timing of MSFHR's first funding mandate, each network was initially awarded \$300,000 for the 15-month period January 1, 2005 to March 31, 2006. Following confirmation of MSFHR's second funding mandate early in 2006, the networks' awards were confirmed for the full four-year term to December 31, 2008.⁴

⁴ Thus, at the end of December 2006, each network will have received \$500,000 for the first two years of funding.

For the purpose of the networks' progress reports, the networks were asked to report on actual expenditures for the first year of the award, January to December 2005, and to provide a budget for the second year, January to December 2006. As with other MSFHR infrastructure awards, unspent funds from the first year could be carried forward to Year 2.

At the end of Year 1 (December 31, 2005), MSFHR had paid a total of \$1.95 million to the HoPN. None of the eight networks had spent their total allotted funds; the average expenditure for Year 1 was 49% of the yearly budget.⁵ At the end of Year 1, the eight networks were holding a combined total of approximately \$993,363 in unexpended funds (see Figure 2). This represented 12.4% of the total of \$8 million allocated to the HoPN over the four-year period, 2005-2008. The main reason for unexpended funds was the longer-than-anticipated development and start-up phase in terms of hiring personnel, forming an advisory committee, establishing operations and arranging meetings.

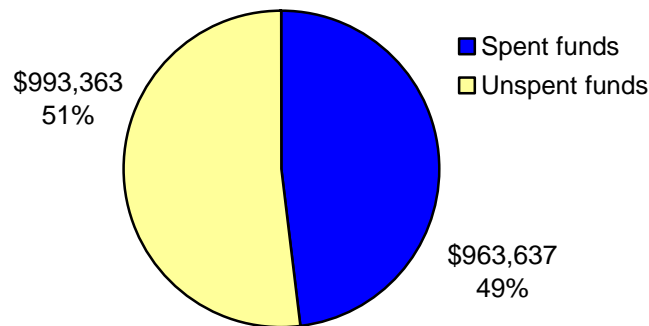


Figure 2: Proportion of spent and unspent funds in Year 1.

Although the eight HoPN had a range of pre-existing resources available to them when they commenced in January 2005, they chose to use the MSFHR award funds in similar ways. Of the total spent funds, network personnel accounted for 58.7%, and represented the largest expenditure category across the networks, although there was considerable variability. In Year 1, expenditure on this item ranged from \$43,089-\$138,071 across the eight networks; the differences due to the number of staff employed, their length of employment, and the amount of buy-out time for co-leaders. In Year 2 the allocated amounts for network personnel ranged from \$71,000-\$208,000. The most common types of personnel were network coordinators and/or managers, and regional/site coordinators. The second most common type of expenditure was mini grants and funding awards, which included seed, development and travel grants. Based on the data provided, mini grant expenditures across all networks totaled \$157,890 in Year 1. Mini grants and awards accounted for 16.4% of all expenditures, but represented 0-43% of individual networks' expenditures in Year 1. In addition to

⁵ One network did not provide complete financial data for Year 1, and another network did not provide any data for Year 2.

personnel and awards, other expenditures in Year 1 included items such as office equipment/supplies, conferences (both network and co-sponsored), communication costs, and personnel travel costs. Figure 3 provides a breakdown of the actual expenditure of funds by the eight networks at the end of Year 1, and Figure 4 provides a similar breakdown for seven of the Networks based on projected expenditures in Year 2. (Refer to Appendix 3 for details of these figures for each network.) Grant expenditures are projected to rise to \$665,366 in Year 2.

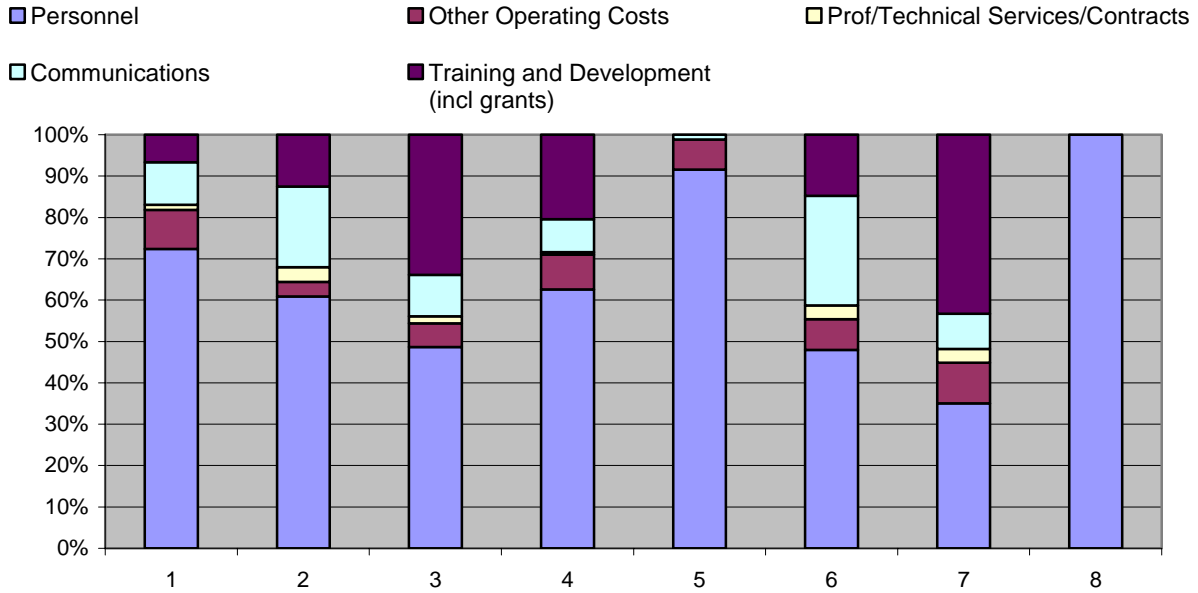


Figure 3: Breakdown of actual expenditures for the eight networks in Year 1.

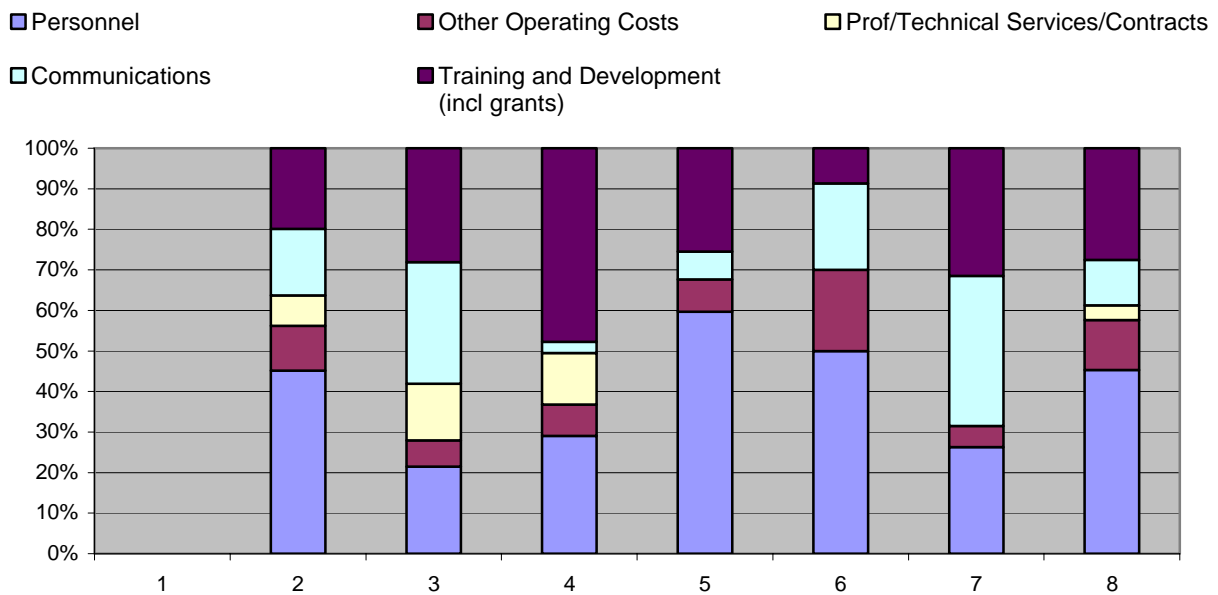


Figure 4: Breakdown of projected expenditures for the eight networks in Year 2. (Data were not provided by Network #1.)

Suggestions

- MSFHR should capture expenditure information in a more consistent manner, particular regarding personnel, in order to assess the impact of funding on job creation and its contribution to research capacity and economic development.
- MSFHR should examine the relationship between network administration costs and subsequent outputs and outcomes.

5. What outcomes have the networks reported?

In the first year, many networks viewed their goals as developmental and argued in progress reporting that it was too early to expect outcomes at this stage. Progress measures for the first 15 months were therefore primarily focused on the establishment of network structures and governance mechanisms. One of the networks also proposed to increase the scope and quality of research within its specific population focus area, which would seem a goal that could be shared by all of the networks.

The types of “outcomes” commonly reported by the Health of Population Networks in their proposals and 15-month progress reports included the following:

- membership development;
- development of governance structures;
- granting activities;
- collaborations and partnerships;
- training and mentoring; and
- knowledge exchange and translation.

Some progress reports also included outcomes such as increased awareness and promotion of the network,, and the identification of researchers conducting studies relevant to the network. In terms of future outcomes, networks mentioned the desire to enhance granting activities, build partnerships, and mentor and build capacity.

As outlined in Section 2 above, each network has established operating and governance structures. The specific characteristics of these structures are somewhat unique to each network, but broadly include a small network management team comprising usually two or more co-leaders and a network coordinator/manager, and some kind of board or advisory/steering committee to provide input and advice to the management team, and/or to engage key stakeholders of the network. Although several networks have had changes in co-leaders over the initial 15 months of operations, no progress report commented on whether or how such changes affected the network.

All networks have sought to attract participants or members. As outlined in Section 3 above, the number of registered participants for each network, as at March 31, 2006, ranged from 65 to 433. It is difficult for the networks and MSFHR to discern the degree of participation since we do not know the size of the target audience for each network. This also poses challenges for interpreting growth in participant numbers over time, that is, how many additional participants in a year would suggest “good growth”? Most networks expressed a strong desire to establish databases of the researchers working in the population-specific areas relevant to the eight networks. At least two networks had made some initial progress towards this end, not only capturing information about

researchers, but also about research publications specific to a network's area of focus. Such databases are likely to be valuable resources for the BC health research community in coming years.

In addition to building a membership base, most networks reported efforts to identify and build relationships with other key stakeholders, predominantly by engaging them in advisory committees and working groups, or co-hosting and co-sponsoring events.

In terms of knowledge exchange and translation, each network noted the development of its website as a successful outcome. This was a project facilitated by MSFHR staff and a contracted web developer, who created a common underlying structure for all network websites, and who then worked with staff from each individual network to develop a 'look and feel' for each network. Network staff were also trained to maintain and update their sites. MSFHR recently won an Award of Excellence from the International Association of Business Communicators (IABC), BC Chapter, for this unique collaborative project and the resulting websites. The websites include a description of the networks, contact information, links to helpful websites, news about upcoming research-related events and funding opportunities, and participant or member registration (for links to the network websites, see Appendix 1). Other knowledge exchange activities reported by some networks included workshops, seminars, conferences, and newsletters and brochures.

All networks plan to increase such knowledge translation, as well as training and mentoring activities, in Year 2. It will be important to link these activities with network goals and strategic plans. It is interesting to note, for example, that some networks have indicated plans to conduct additional mentoring and training activities during the next year yet few funds have been allocated for these activities within the networks' budgets.

Suggestions

- MSFHR should work with the networks to review outcome measures and ensure they are consistent with the networks' goals and those of MSFHR's Networking Program.

6. Have the networks enhanced research capacity?

The networks identified a variety of activities to enhance research capacity, however most networks have only just begun to implement such initiatives or are planning to introduce them in the next year. One area where some networks have already made good progress is with respect to graduate students. Several networks have specifically encouraged graduate students to participate in the networks, and offered specific resources for them. One network even includes participation of graduate students on its governing board.

Two networks are developing databases of BC researchers working in their networks' population areas. One of these networks intends that its database include researcher contact information, research interests, grants held, and publications produced in BC. These database projects might have been advanced at a faster pace if not for delays associated with inconsistent messaging from MSFHR regarding shared infrastructure

and the possible development of a common database across the networks. Staffing and program changes also contributed to the networks receiving mixed messages.

Some networks offered various courses or seminars aimed at enhancing research capacity, on topics such as writing better funding applications, CIHR's peer review process, research ethics, health economics, and developing research skills. Videoconferencing and/or teleconferencing were often used to allow researchers at multiple locations to attend these events. The host institutions of at least two networks have used MSFHR infrastructure funding to conduct similar courses, suggesting opportunities may exist for sharing resources and avoiding duplication. One network is holding a summer institute in 2006, and another is in the process of establishing a mentor/training program. Yet another network is building relationships with provincial health authorities and pointed specifically to the key partnerships being developed with the health authority liaison officers funded by the HSPRSN to build research capacity. This network was also collaborating with one health authority to deliver a research skills development workshop in three locations simultaneously across the province. Another interesting initiative by one of the networks was the establishment of Community-Academic Research Exchanges (CREs). These are a fellowship program that pairs a community agency staff person with an established researcher. In the first year of this initiative, the network had funded three exchanges.

All but one network had also undertaken mini-granting activities to support capacity building. The grants issued by the networks tended to be relatively small, and to benefit a small number of individuals, raising questions about their contribution to the overall goals of the research network. Further discussion of this issue can be found in Sections 7 and 11 below.

Suggestions

- MSFHR should work with the networks to identify what are the most effective strategies for capacity building, since this is a key expectation of the networks.
- MSFHR needs to determine to what extent the mini-granting activities undertaken by networks contributes to the goals of the networks and the MSFHR Networking Program.

7. Has researcher productivity increased?

Researcher productivity is conventionally assessed in terms of indicators such as peer-reviewed publications, research collaborations and partnerships, leveraging of research funds, and attraction and retention of faculty and students. Within the networks' progress reports, most networks considered publications and leveraging of funds to be long-term outcomes, and out-of-reach for networks at this stage in their development.

Seven of the eight networks had engaged in mini-granting activities which provided funds from the MSFHR infrastructure awards to researchers within their community. While such mini-grants are not included as an eligible expense in other MSFHR infrastructure awards, during the proposal development process the networks made strong arguments that some funding was necessary to support high-risk or new, emerging research areas, to allow investigators to gather preliminary data for inclusion in

grant proposals. MSFHR therefore approved use of a limited amount of funds for such grants, although most networks have exceeded the limits. Some networks suggested links between these mini-grants and outcomes such as increased numbers of applications to funding agencies and increases in the number and value of the grants awarded. Nonetheless, it is not possible to directly attribute such changes to the mini-grants. There was also inconsistency across the networks in terms of which funding proposals were being counted and the processes used to track leveraged funds.

There was very little reporting on joint project applications and joint publications. One network reported 12 new collaborations over the 15-month period, although how the data were defined and collected were not specified. Nonetheless, these collaborations resulted in the submission of one grant application that was subsequently funded.

All of the networks are aiming to identify the researchers in BC who are actively participating in the eight specific health of population research fields, and are providing events and resources that will facilitate research partnerships between them. A key issue for the networks, as they move forward, will be to demonstrate how these activities and resources ultimately contribute to the goals of the Networking Program such as building research capacity and generating new knowledge. Tracking progress of the networks and the networks' members over time, and identifying successes directly attributable to the networks will be challenging. To ensure the networks' success and sustainability, it will continue to be important to reflect on and quantify what the networks should and do accomplish with respect to enhancing the BC health research landscape.

Suggestions

- MSFHR should work with the eight networks to develop more consistent methods for capturing information about researcher productivity.
- MSFHR should work with the eight networks to identify a limited number of agreed outcome measures that reflect the goals of the Networking Program.

8. What is the nature of collaboration within and between the networks?

The networks reported a wide range of collaborative activities including (a) seminars, conferences and workshops; (b) research team/grant collaborations; (c) capacity building initiatives; (d) community-research exchanges; and (e) participation in activities lead by other organizations. However, the term collaboration appears to be interpreted differently across the networks. For example, one network reported extensively on a major conference that had provided important opportunities for collaboration within the sector but for which the network appeared to have relatively little direct involvement. Another network reported collaborations with 22 organizations including the other seven HoPN.

Some networks described collaborations between individuals, for example, between network co-leaders; between network coordinators/managers; and between researchers. Other networks focused on collaborations between groups or organizations, for example, with university departments, with regional health authorities, with CIHR, and with national associations in health of population focused areas. One example of such collaborations

was the ethics forum that resulted from a partnership between one of the HoPN and the University of Victoria Research Services Office. Participants at this forum included 50 people from Vancouver Island Health Authority, Royal Roads University, the University of Victoria, and several other universities. Some networks identified a collaborative relationship with MSFHR as well as its role as funder. No network reported active international collaborations.

Collaborations within the networks provide opportunities to enhance network operations and governance, and to inform decision-making about activities and services. For example, one network established internal working groups to help develop mentoring and educational programs, and to brain-storm educational content for a workshop. Another network brought together its researchers from Northern and Interior BC, the Lower Mainland and Vancouver Island, using video-linked research clusters with attendance ranging from 30-100 people, for four workshops addressing various research topics.

The networks reported a wide range of collaborations with other organizations. For example, the co-leaders of one network met with a 'sister network' in Quebec. This meeting provided avenues for learning from Quebec's network experience, since that network has existed for several years and is also funded by a provincial health research funding organization (the FRSQ). Unfortunately, the BC network co-leaders who attended that meeting have since stepped down, underscoring a key challenge for all networks moving forward about needing to identify, document, and/or pass on such valuable information.

During 2005 and early 2006, the HoPN also worked collaboratively with MSFHR to develop individual network websites. The eight websites were based on a common underlying template, with a common structure and some common elements, but also having features unique to each network. The networks viewed the websites as important communication tools. Target audiences varied, and included researchers, research users, the general public, tertiary and graduate students, community and other non-profit organizations, and government and provincial ministries. An evaluation of the website development project showed that all but one network regarded the project positively. While the latter network viewed the process as somewhat cumbersome and protracted, the resulting website was seen as a successful outcome.

Suggestions

- MSFHR should work with the networks to develop a common definition of collaboration. This definition should consider with whom, how often, and what types of activities constitute collaborations.
- MSFHR should work with the networks to develop a reporting template for collaborative activities to capture the elements noted above.
- MSFHR should consider developing a policy on shared infrastructure, and clarify MSFHR's role in any shared infrastructure development process.

9. Are the networks facilitating the transfer of research results to improve health care services and/or pursue economic development opportunities?

As outlined above, the focus for the networks during the first 15 months was on establishing management structures, governance mechanisms and basic operating infrastructure. For some networks, knowledge transfer (KT) and exchange activities were beginning to be implemented at the end of this period, and for other networks not at all.

The types of KT activities initiated by networks in the first 15 months were predominantly seminars, workshops and sponsored conferences. The seminars and workshops tended to be targeted more towards academia with the aim of bringing researchers together in order to facilitate networking or team development, to discuss on-going research projects, to present research results, and/or to develop future research agendas. Conferences typically attracted a wider range of participants including representatives from academia, health authorities, and the wider health community. Importantly, these activities were often delivered both in face-to-face meetings and via videoconferencing to facilitate communication and networking across the large geographical distances the networks must cover.

Two of the eight network progress reports included plans in Year 2 for KT and exchange activities; however these activities will account for only 1% of the two networks' annual budgets. These activities again appear to be seminars, workshops, and conferences. None of the networks have indicated plans to pursue KT and exchange in terms of translating research results into health care policy or to use research results to pursue economic development opportunities. However, in May 2006 the eight networks formed a working group to further explore this issue.

Suggestions

- MSFHR should work with the networks to implement knowledge transfer and exchange activities that contribute to health policy and practice change, and improved health outcomes.
- MSFHR should discuss with the networks their role in fostering the translation of research results into economic development opportunities.

10. What are some of the issues and challenges for the networks?

On the basis of our analysis of the networks' proposals and progress reports, three main themes emerged as posing challenges for all the networks in the first 15 months of development and operation:

- Participation in the network;
- Start-up and developmental delays; and
- Funding issues.

Participation in the network

Most networks indicated that time constraints and the geographic spread of researchers in BC posed significant challenges for both the effective leadership of the network and active engagement by its participants.

Co-leaders and advisory/steering committee members hold various senior positions in addition to their network roles, and consequently have multiple demands on their time. Many of the co-leaders in particular found the time commitments associated with starting up the networks to be substantially higher than expected. Co-leaders and advisory/steering committee members were also often drawn from across the province so that network meetings and other events usually required considerable lead-in time and travel time. Time and distance constraints affected decision-making processes and implementation of policies and programs. Moreover, while the collaborative co-leadership model adds strength, it was found by at least one network to add another layer of complexity, as it required significantly more time to reach consensus on decisions. For this reason, another network with a consensus-focused approach decided to delegate some of its decision-making and site supervision responsibilities to the provincial coordinator while maintaining its overall commitment to the approach.

Some networks found member recruitment and participation to be difficult, again due to both geographical distances and the busy schedules of community, academic, and organizational health care professionals and researchers.⁶

Geographical distances between network co-leaders, staff, participants, and stakeholder groups have underscored the need for an affordable, reliable communications infrastructure. Networks have become quite innovative in their use of technology such as teleconferencing, videoconferencing, and webcasting, to conduct network business and implement programs, workshops and conferences. In May 2006, the networks struck a joint working group to explore options to meet this common need.

Start-up and developmental delays

The majority of networks spent a significant portion of the first year of operation recruiting staff (including network coordinators and managers, regional liaison officers, and/or administrative assistants), establishing an advisory/steering committee, and developing governance mechanisms. Additionally, as discussed in Section 2 above, five of the eight networks had changes in leadership during this period. This created various administrative tasks including the nomination and appointment of new co-leaders, the transfer of financial authority to the new co-leaders, and, in two cases, a change in host institutions, all contributing to delays in setting and implementing network policy and activities. In some cases, new co-leaders have also implemented operational changes.

As a result of these factors, most networks were unable to spend the total amount of funding available or to meet many of the Year 1 outcomes identified in the original proposals. Instead, networks had to focus on establishing and implementing processes

⁶ Slower member recruitment was also attributed by the networks to the delay in developing researcher/trainee databases while MSFHR explored the possibility of a common network database template using shared network funds (see Section 6 above).

in Year 1, such as the development of governance and leadership structures, including recruitment of board and advisory committee members.

Funding issues

Two funding issues emerged from the progress reports. First, most networks used some of their MSFHR infrastructure funding to provide mini grants to network members. When the networks were initiated, members of the formative review panel that assessed the original network proposals required that a 'compelling case' be made if mini grants were to be offered by the networks. MSFHR therefore approved the use of funds for seed grants but imposed a spending cap. The networks have created a range of other types of grants, in part it seems, to circumvent the spending cap. The networks are seeking to expand these funding activities in Year 2, since they view them as key for capacity building (see Section 6 above). This is creating some tension with MSFHR.

Another funding issue involves the sustainability of the eight networks, which appears to rely exclusively on MSFHR's four-year funding award (see Section 1 above). At this time, the ability of the eight networks to sustain the personnel that have been recruited and the services that have been established with the existing MSFHR infrastructure awards appear totally dependent on continued MSFHR funding. It is noteworthy that the formative review panel recommended the HoPN look for financial support beyond the MSFHR Infrastructure Program.

Suggestions

- MSFHR should ensure that networks have access to MSFHR's new researcher database to facilitate identification of potential members.
- MSFHR should support the networks in their efforts to develop shared infrastructure, for example, shared communication infrastructure across the province.
- MSFHR should discuss with the networks and potential partners, including government and national health research funding organizations, opportunities for strengthening funding security and sustainability of research networks.

11. What are some of the issues and challenges for MSFHR?

In addition to the issues discussed above, our review of the networks' progress reports has identified the following three key issues for MSFHR: program goals; program management; and policy issues.

Program goals

The Networking Program was introduced in 2003 as one of several MSFHR research infrastructure funding initiatives. At that time, the focus of these infrastructure funding initiatives was to enhance the productivity and competitiveness of researchers in BC, particularly with regards to BC's share of national research funding. The Networking Program aims to link researchers and research resources, building critical mass across health research applications, institutions, organizations and regions. Recently, the aim of the program has been broadened from individual researchers leveraging funds to also enhancing the wider research environment in BC so that it is recognized for excellence,

responsive to BC's health needs, and contributing to BC's economy. The goals of the eight HoPN were developed to support MSFHR's original, narrower focus for the Networking Program. A process needs to be put in place to help the funded networks move towards the more recently stated and broader goals.

Program Management

When MSFHR introduced the Networking Program in 2003, it represented an innovative and untested funding model. Feedback from the progress reports, as well as MSFHR's own internal ad hoc evaluations, has identified several areas for improvement. For example, MSFHR's relationship with the networks has been somewhat unconventional when compared with most funding organizations. MSFHR has 'sat at the table' with networks to consult and plan various shared activities, including development of the websites, and development of business requirements documents. Consequently, there is some ambiguity about MSFHR's roles and responsibilities, including if and when it should take a leadership role, a facilitating role, or a hands-off role. At the same time, the role of MSFHR during the start-up phase of a program is likely to be different from the one it might occupy during a consolidation or implementation phase.

The relative uniqueness of the Networking Program also meant that some mistakes were made and some aspects of the program could have been better managed. For example, a business requirements exercise was well-intentioned but not well-executed. Communications regarding the initial funding award were not always clear, and the apparent shift from using a fiscal year to a calendar year for reporting purposes created further confusion.

Policy issues

The networks' progress reports suggest that MSFHR should provide greater clarity on several policy issues including:

- the appointment of co-leaders;
- governance and accountability mechanisms;
- managing conflicts of interest; and
- mini-granting activities.

The networks have various co-leadership models and processes for identifying and replacing co-leaders. However, not all processes are fully open and transparent, and there have been instances where networks have been temporarily without a leader, creating some problems.

The network reports also demonstrated a wide range of governance models, but no model that provides optimal oversight and support to a network, its co-leaders and its operations (see Section 2 above). For example, where boards and/or advisory committees have been convened, the co-leaders are generally full members and in most cases also chair these committees. In effect, the co-leaders are reporting to themselves.

Several examples of potential or perceived conflicts of interest are also evident in the progress reports and budget statements, notably where network co-leaders and advisory/steering committee members have been the recipients of network funds. In those cases where such allocations have been vetted by peer-review, the reviewers have usually been small in number and members of the network, thus potentially also

having conflicts of interest. However, even if supported by robust review processes, the “optics” of funding allocations to co-leaders and committee members demand consideration and management.

To date, seven of the eight networks have initiated a range of granting activities, including seed grants, development grants, team grants, travel bursaries, networking facilitation funds, and student fellowships; the eighth network has plans to start in Year 2. The networks deem the grants to be necessary for building research capacity, particularly funding that supports high-risk or new, emerging research areas, which allow investigators to gather preliminary data for inclusion in grant proposals. However, a review of similar networking programs in other provinces showed that the practice of mini-granting activities presents significant challenges for ensuring impartial, high-quality adjudication and evaluation processes, and for clearly demonstrating added value to the program (as distinct from the recipient of the award/grant). Some of the HoPN grants closely parallel existing MSFHR funding awards, creating potential problems in terms of differentiation and branding. MSFHR staff have come across at least two instances where recipients of HoPN grants referred to them as MSFHR awards.

Some HoPN have cited increases in successfully-funded grant proposals as a direct result of their granting activities, however a range of non-network factors also influence the success rates of funding proposals. Moreover, the networks have developed various application and review procedures for their granting activities, yet the quality and independence of these procedures are not always clear. Comments from the formative review panel that evaluated the original network proposals also specifically identified peer review as an example of shared infrastructure across the networks, noting the inherent challenges of each network conducting its own reviews.

Suggestions

- MSFHR should work with the networks to ensure their goals align with the revised and broader goals of the Networking Program.
- MSFHR should assess the networks’ satisfaction with MSFHR’s management of the Networking Program.
- MSFHR should develop guidelines that provide greater clarity regarding the appointment of co-leaders, governance and accountability, managing conflicts of interest, and mini-granting activities.

12. What are the networks’ plans for moving forward?

The first 12-15 months of the HoPN award period has been a start-up phase for all of the networks, with a primary focus on establishing operations, including recruiting staff, and developing management processes and governance mechanisms. This was the case even for those networks that existed in some shape or form prior to the MSFHR award.

The networks were asked to identify in the progress reports their plans for moving forward in Year 2 (2006). It should be noted that the 15-month reporting period covered by the progress reports includes the first 3 months of Year 2, so the networks’ forward plans were mostly focused on the remaining 9 months of this year.

The networks responses to this question included both goals and activities. Several networks indicated that they would continue to work on initiatives commenced in Year 1, while others appeared to have entered a new phase of consolidated activities. For example, three networks wish to increase their memberships, although no details were given about how they will do so. Four of the eight networks also identified communications activities, such as continuing to promote and raise awareness about the network and to further develop their websites, including creating additional pages and content, and developing and providing access to databases and other resources.

All networks planned to pursue research capacity building activities in Year 2. The eight networks plan to continue hosting workshops and/or seminars, although again few specific details were given, for example, about topics, target audiences, and/or locations. Two networks referred to hosting major conferences in 2006, with the aims of bringing researchers together to share results and ideas, and to explore opportunities for collaboration. Two networks referred to mentorship programs to link students and new investigators with more experienced researchers. Two networks also aimed to encourage the creation of new research teams. Finally, three networks identified increased research funding as an outcome, although it is not clear how this might be tracked.

Four networks indicated plans to further build strategic partnerships and collaborations, and provided specific examples of target organizations and regions. Only two networks mentioned KT activities, and in both cases the intentions were rather broadly stated. A third network alluded to plans to address KT in Year 3, the delay being due to funding limitations. Nonetheless, the limited attention and resources dedicated to KT activities across the networks raise questions about whether the networks see themselves as having a role in research knowledge transfer and exchange.

Most of the Year 2 budgets submitted by the Networks are consistent with the above plans. However, most of the network budgets also include continued, and generally increased, mini-granting activities, which are generally not mentioned in their Year 2 forward plans.

Suggestions

- MSFHR should consider whether the different plans and rates of progress evident among the networks have implications for funding allocations in Years 3 and 4.
- MSFHR should work with networks to assess the various capacity building activities being implemented to determine whether some have greater added value than others.
- MSFHR should clarify the role of the networks in KT activities.

Recommendations

On the basis of the above findings, we propose the following recommendations:

1. Strategic review of infrastructure programs

That MSFHR refer the issues identified in this report to the panel undertaking a strategic review of all MSFHR infrastructure funding programs in the Fall, 2006, including the interrelationship between the HoPN, the HSPRSN, and research units and institutions receiving MSFHR infrastructure funding.

2. Clearer program guidelines

That MSFHR develop guidelines that provide greater clarity regarding key operational issues for the Networking Program, including the appointment and roles of co-leaders, governance and accountability, managing conflicts of interest, and mini-granting activities.

That MSFHR work with the networks to implement knowledge transfer and exchange activities that contribute to health policy and practice change, and improved health outcomes.

That MSFHR discuss with the networks their role in fostering the translation of research results into economic development opportunities.

3. Funding changes

That MSFHR consider releasing funds under the Networking Program in a staged way, to more closely match expenditure requirements.

That networks be encouraged to allocate payments for release time for co-leaders from clinical, teaching, or administrative duties, capped to a maximum of \$25,000 per year, in recognition of the significant time commitment required for leadership of the network.

That MSFHR consider differential award amounts under the Networking Program in the future.

4. Better targeted reporting requirements

That MSFHR develop, in collaboration with the networks, more streamlined and consistent methods for capturing information about network-related activities, services and outcomes.

That MSFHR consider the implications of the problem of attribution for its various funding programs and associated performance monitoring processes.

5. Improved program administration

That MSFHR take action to improve its administration of the HoPN Awards, including more consistent and timely communications with the networks.

6. Sharing results with stakeholders

That MSFHR make the findings of this report available to the eight HoPN and other stakeholders, as a basis for dialogue about the current program and opportunities for improvement in the future.

Appendix 1

The eight HoPN are:

- BC Child and Youth Health Research Network
- BC Environmental and Occupational Health Research Network
- BC Mental Health and Addictions Research Network
- BC Network for Aging Research
- BC Rural and Remote Health Research Network
- Disabilities Health Research Network
- Network Environments for Aboriginal Research BC
- Women's Health Research Network

A brief description of each network follows.

BC Child and Youth Health Research Network

This network aims to develop an evidence base for programs and policies that promote resilience and positive development for children and youth and ultimately improve their health and well-being. The scope of research includes development through infancy, childhood, and adolescence; the role that family plays; and how chronic conditions, biology, and socioeconomic and environmental factors influence healthy development.

Website: <http://www.cyhrnet.ca/>

BC Environmental and Occupational Health Research Network

The BCEOHRN helps BC researchers develop innovative teams that conduct world-class research aimed at improving the health of people affected by occupational and environmental risks.

Website: <http://www.bceohrn.ca/>

BC Mental Health and Addictions Research Network

This network aims to use research to inform policy and practice in the field of mental health and addictions by supporting the research community's needs for greater collaboration and partnerships, increased research capacity, enhanced linkages between academic researchers and health authorities, and more nurturing and support for clinician researchers and young investigators.

Website: <http://www.mhanet.ca/>

BC Network for Aging Research

The BCNAR provides research facilitation, access to shared resources, and structure to increase capacity and leverage for aging research in BC. The network focuses on six research areas: facilitating daily living; prevention; seniors' mental health; health service utilization; balancing risk; and understanding resilience.

Website: <http://www.aginghealthresearch.ca/>

BC Rural and Remote Health Research Network

The BCRRHRN aims to improve the health of rural and remote British Columbians through the creation of new knowledge and subsequent translation into practice.

Website: <http://www.bcrrhrn.ca/>

Disabilities Health Research Network

The DHRN aims to increase knowledge about biological, psychosocial, and community related factors in order to minimize further impairment, improve levels of ability, and enhance community participation of persons with disability.

Website: <http://www.dhrn.ca/>

Network Environments for Aboriginal Research BC

NEAR BC aims to better represent Aboriginal perspectives and community concerns, fostering research-community partnerships and participation. It promotes an environment and culture of collaboration, empowerment and respect, with a view to cultivating an alignment of focus, resources and momentum around Aboriginal health research.

Website: <http://www.nearbc.ca/>

Women's Health Research Network

The WHRN aims to foster the generation, application and mainstreaming of new knowledge and is specifically dedicated to women's health research that will increase the understanding of and capacity for sex and gender-based analyses, and for integrating women's health concerns into other areas of health research.

Website: <http://www.whrn.ca/>