



## **2008 CLIENT SATISFACTION SURVEY – HEALTH OF POPULATION NETWORKS**

*FINAL REPORT II*

***Prepared for***

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Advisory Group

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## EXECUTIVE SUMMARY

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The Michael Smith Foundation for Health Research (MSFHR) is a non-profit society funded by the provincial government to build British Columbia's capacity for excellent health research. In January 2005, MSFHR began funding the development of eight Health of Population Networks (HoPNs). HoPNs are networks of researchers and other stakeholders who share a common interest in the health of specific population groups or health risks and their effects on people. Each HoPN was allocated \$250,000 per year over a 4-year period ending in December 2008. All eight networks went through a review of their first two years of operations in early 2007. The External Review Panel found that all eight networks had shown considerable progress to date and recommended varying levels of award increases from the current level of \$250,000 per year per network up to a maximum of \$500,000 per year per network.

In February 2008, MSFHR contracted Malatest and Associates Ltd. to develop and administer a survey to assess the perception and satisfaction of participants and non-participants of the eight HoPNs. The results will be used to provide feedback to the networks and to help improve the effectiveness of the HoPN program.

A total of 1,016 surveys were completed for this project, yielding an overall response rate of 32.2 percent. This included 730 completions from among the participant sample population. However, from this group, 88 respondents identified themselves as non-participants resulting in 642 valid participant completions. These 88 respondents are included in the total number of non-participant survey completions (374).

***Overall, participants are very satisfied with the value and contribution of their Health of Population Network.***

Overall participant satisfaction was measured by analyzing three questions pertaining to 1) whether the networks added value to the research community, 2) whether the networks promoted research networking, and 3) whether participants felt it was worthwhile being a member in their primary network. Of those surveyed, more than four in five expressed a high level of agreement that their network added value to BC's health research community (cited by 82% of participants), that their network was a very effective way to promote research networking (79%), and that they felt it was worthwhile being a member of their network (83%). Based on an average of the three indicators, six of the eight networks achieved an overall satisfaction rating above 85 percent.

In general, the results did not differ significantly on the basis of region or work environment, although individuals associated with a post-secondary institution tended to be slightly more positive about the value and contribution of the networks than those employed in other work environments. Similarly, while the majority of participants across all networks were positive in their assessment of their networks, some networks were perceived as being more effective than others in helping build research capacity in BC.

***Overall, participants felt their management team has been very effective in administering network operations.***

Participants across all networks indicated that they were very satisfied with their management leadership. Based on an effectiveness indicator comprising seven

management responsibilities, the networks collectively achieved an overall effectiveness rating of 3.80 out of 5. This result suggests that more than 75 percent of network participants felt their management leadership is performing effectively. Network management scored particularly high marks for communicating with and sponsoring education and skill development opportunities. Both areas were considered very important management functions among network participants.

In examining these results against those obtained from participants in other Canadian research networks (i.e., Networks of Centres of Excellence), the results show that in some respects the HoPNs are characterized by higher levels of satisfaction. For example, while 67.4 percent of NCE researchers agreed that their network supported communication among the research community, more than three-quarters (75.4%) of HoPN participants surveyed felt that their network communications were effective or very effective.

***Very few participants are contemplating leaving their network.***

Overall, only 3 percent of participants surveyed indicated that they intended to quit their network. In contrast, 63 percent indicated that they intended to stay with their networks for at least three years, while 55 percent indicated that they intended to stay for as long as possible.

***Reasons for Joining a Health of Population Network.***

Participants are motivated to join an HoPN for reasons that suit their personal research interests and needs. Of the 12 reasons identified in the survey, three achieved a mean score of at least four (4), based on an Importance scale of 1 to 5. The top three overall reasons were: Collaborate with other health researchers; Participate in health research conferences, workshops or seminars; and Help raise awareness of health research issues. Mentoring research trainees, posting job, research and volunteer opportunities, and finding a research mentor were accorded less importance among network participants. These results were fairly consistent from network to network.

***HoPNs have attracted a broad cross-section of stakeholders/individuals.***

The Health of Population Networks should not be perceived as exclusively tailored to meet the needs of academics and/or individuals associated with post-secondary institutions. While just over one-half of network participants are associated with a post-secondary institution (academic researcher—38%; student—15%), networks have also attracted a significant proportion of researchers who identified themselves as healthcare professionals (19%), community researchers or policy makers (13%), or were managers/staff from other organizations (15%). In addition, 50 percent of HoPN participants who responded to the survey identified something other than a BC post-secondary institution as their work environment.

***Network Utilization and Participation***

Approximately one-quarter (26%) of all participant respondents indicated that they did not access services from any network over the last 12 months. Similarly, nearly one-third of respondents (31%) did not participate in a network-sponsored activity in the past 12 months. Across individual networks, utilization of services over the last 12 months ranged between

60 and 87 percent, while participation in activities ranged between 61 and 82 percent for the same period.

Typical HoPN services accessed by participants include accessing the network research or member database (cited by 39% of participants), accessing funding opportunities (26%), and using the network Listserv function (25%). While more than one-half (53%) of participants noted that they had attended a network conference or seminar in the last 12 months, a smaller proportion had attended a skill development workshop (15%) or delivered a presentation (13%).

***Researchers residing in BC's North/Interior regions are more likely to collaborate on research proposals/articles than researchers in other regions of the Province.***

It appears that the HoPN program is helpful in terms of assisting researchers living outside of the Lower Mainland to collaborate on research projects. For example, compared to the provincial average, researchers from BC's North and Interior regions reported a higher average number of research proposals written in the last 12 months (0.44 proposals per researcher versus the provincial average of 0.35), and a higher proportion of funded research proposals (0.27 versus the provincial average of 0.19).

***Non-participants in HoPNs lack familiarity and understanding of the networks.***

While a total of 374 non-participants responded to the survey, the majority (75%) revealed that they were not familiar with the Health of Population Networks. In addition, close to 60 percent felt that they were not involved in an HoPN because they did not know or understand what the networks do. Fifty-four percent of non-participants indicated that the HoPNs did not meet their research needs, as the scope of the HoPNs is outside their scope of research interest. Nevertheless, nearly 56 percent indicated an interest in joining an HoPN, while only 13 percent indicated they were not interested.

## **1 BACKGROUND AND SURVEY OBJECTIVES**

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### **1.1 Michael Smith Foundation for Health Research**

The Michael Smith Foundation for Health Research (MSFHR) operates as a non-profit society and is funded by the provincial government to build British Columbia's capacity for excellent health research. Since its inception in 2001, MSFHR has distributed almost \$163 million in funding awards for salary support to individual health researchers and research trainees across British Columbia. MSFHR has also committed a total of nearly \$40 million in health research infrastructure through three main award programs:

1. Institutional Infrastructure;
2. Research Unit and Team Infrastructure; and
3. Networking Infrastructure (see below).

The goals of MSFHR's infrastructure support programs are to enhance the productivity and competitiveness of researchers in British Columbia, and to help create a vibrant and sustainable health research environment that is recognized for excellence, responsive to BC's health needs, and beneficial to the provincial economy.

MSFHR's Networking Program is specifically designed to link researchers and resources in British Columbia to assist in:

- building capacity across health research applications, institutions, organizations and regions;
- facilitating and enhancing BC's national and international competitiveness for funding and research productivity; and
- enhancing the potential for knowledge transfer and policy impact.

Funding for the Networking Program can be used to support network communications, partnerships and collaborations, joint planning initiatives, shared research resources, knowledge transfer initiatives, and training and mentoring programs for young researchers.

### **1.2 Health of Population Networks**

Commencing in January 2005, the MSFHR's Networking Program funded the establishment of eight Health of Population Networks (HoPNs). HoPNs are networks of researchers and other individuals who share a common interest in the health of specific populations within the BC community or health risks and their effects on people. The eight (8) funded HoPNs are:

- Women's Health Research Network;
- Network Environments for Aboriginal Research BC;
- Disabilities Health Research Network;
- 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; and
- BC Rural and Remote Health Research Network.

Each HoPN was allocated \$250,000 per year over a 4-year period, beginning in January 2005 and ending in December 2008. All eight networks went through a review of their first two years of operations in early 2007. The External Review Panel found that all eight networks had shown considerable progress to date and recommended varying levels of award increases from the current level of \$250,000 per year per network up to a maximum of \$500,000 per year per network. Total HoPN funding is now estimated at \$14.475 million over this 4-year period.

Each HoPN varies in its strategic goals, operations and management, number and nature of participant profile, infrastructure activities and resources provided. Prior to receiving an HoPN award in 2005, three of the eight networks (Mental Health, Aging, Women) had already established grassroots networks of researchers, students, service providers and others interested in health research.

### 1.3 Project Objectives

The objective of this survey research was to assess the perception and satisfaction of participants and non-participants with each of the eight HoPNs. The results will be used to provide feedback to each HoPN and to continually improve the effectiveness of the overall Networking Infrastructure program.

Specifically, survey respondents were asked to provide feedback on:

- their knowledge, awareness and support for each HoPN, including its management, operations, activities, resources and services;
- their level of satisfaction with each HoPN, including its management, operations, activities, resources and services;
- their perceptions of the value added by each HoPN to individual participants and the HoPN's research community as a whole;
- their perception of the links between each HoPN and other initiatives and networks relevant to the eight research areas; and
- suggested improvements for each HoPN and the Networking Program as a whole, including management, operations, activities, resources and services.

In addition to stated objectives, R.A. Malatest & Associates Ltd. provided assistance in the development and measurement of any other possible indicators to help in assessing the perception and satisfaction of participants and non-participants with the HoPNs. It should be emphasized that this study is not intended to serve as an evaluation of the individual Health of Population Networks and/or of the program itself. Rather, it provides insight as to the level of satisfaction among network participants (and non-participants) with their respective network, as well as their perceptions of the overall value/effectiveness of the program. These survey results complement other sources of information about the networks provided by the networks themselves and by MSFHR.

#### 1.4 Cohort Definition

For this survey, *participants* were broadly defined as individuals who are members of one of the eight HoPNs as identified by the networks, and *non-participants* are defined as individuals who are not members of an HoPN but may have an interest in health research focusing on one of the eight health of population groups. Membership in an HoPN is voluntary and generally open to anyone with an active interest in a population group experiencing specific health challenges. Participants may include:

- Institutionally-based researchers
- Research trainees and students
- Community-based researchers
- Community collaborators — people in organizations advancing the health of one of the 8 health of population groups
- Service providers, clinicians and managers working in the areas of health promotion, prevention and treatment
- Policy-makers, including local and regional health authority representatives and others
- Individuals with an interest in health research

Finally, there does not appear to be a distinction between membership types, whether they are actively involved in network-sponsored activities or otherwise passively involved in HoPN activities. The nature of participation in the HoPNs was explored as part of the research project.

#### 1.5 Report Structure

This report is organized into 5 sections, with sections 1 and 2 encompassing the project background and methodology for collecting the data on the target populations. Sections 3 and 4 present the findings and analyze the results for participants and non-participants. The participant analysis examines the results by each Health of Population Network and by select demographic characteristics of the participants. The non-participant analysis examines the results by respondent demographics only. Section 5 provides a short summation of ideas to enhance network effectiveness based on the Consultant's interpretation of the quantitative and qualitative information collected as part of this research.

## 2 SURVEY METHODOLOGY

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### 2.1 Scope

The Consultant was asked to survey two separate groups for this research project – British Columbians who are members of one of MSFHR’s Health of Population Networks and British Columbians who were not currently registered with an HoPN but who were identified as potential candidates for such networks (non-participants). As participants in an HoPN, these respondents were asked to provide their opinions and perceptions on various aspects of their “primary” network. A primary network is that with which a participant is most familiar (i.e., membership is not limited to one network). Non-participants (or non-HoPN members), were asked to provide their perception of the HoPNs generally, with a view to understanding the rationale for not actively participating in a network(s).

To this end, the Consultant was responsible for the following:

- Developing a “common” approach to capture the required information for the survey;
- Developing feedback instruments to capture and analyze the information;
- Developing a case selection strategy that reaches the target audiences and the required number of survey respondents;
- Capturing and analyzing the results of the feedback;
- Providing a draft written summary report to the MSFHR on the results, including high-level observations;
- Providing a final report with executive summary; and
- Providing limited advice to MSFHR in relation to the above, as required.

### 2.2 Research Approach

The project employed a mixed-mode survey approach that utilized both an online and telephone survey component. Respondents were asked to complete the survey online, with the option of completing the survey over the phone or by fax transmission. The sample population was forwarded a pre-survey email notification and a project backgrounder (i.e., Frequently Asked Questions) informing them of the upcoming survey and requesting their participation. Email and telephone reminders were communicated at various times throughout the survey to encourage participation in the survey.

### 2.3 Survey Instruments

In consultation with MSFHR, two separate research instruments were developed for the research project: one for HoPN participants, the other for non-participants. For the participant survey, respondents were asked to respond to questions based on their experience with their primary network. Non-participants were requested to respond to a common set of questions based on their perceptions (and experience where applicable). Both surveys included a similar set of questions pertaining to the importance of various indicators for joining and participating in a health research network (see Appendices A and B for details of the two survey instruments).

All respondents were asked to self-identify whether they were a participant or non-participant in order to determine the appropriate survey to be completed. Participants were also asked to confirm their primary HoPN. Completion time for the participant survey was estimated at between 15 and 20 minutes, and up to 10 minutes for the non-participant survey.

#### 2.4 Sampling

Based on membership lists provided by each of the eight HoPNs, including contact and related information for members going back to 2005 (when the program was first launched), an initial sample size of 4,222 participants was received by MSFHR. Data cleaning included the deletion of network co-leaders/staff and out of province (BC) network members, as well as erroneous records (e.g., SPAM memberships) from the initial sample.

In determining a sample survey frame of unique individuals, MSFHR then differentiated network participants by their primary network affiliation to the extent possible. That is, duplicate memberships in secondary networks were deleted from the sample resulting in a final sample size of 2,354 unique registered HoPN members eligible to participate in the participant survey. Of that number, 399 had no clear indication of a primary network affiliation.

MSFHR provided a separate sample of non-participants containing contact and related information on 2,313 individuals eligible for the non-participant survey. Network non-participants were a difficult group to identify. The convenience sample of non-participants was drawn from internal MSFHR databases comprised of people who had previously applied for MSFHR funding. A search of key words associated with each of the eight Health of Population Networks (e.g., aging, women, child, environmental, etc.) was used to identify potential network non-participants. The final sample list of non-participants was largely comprised of health researchers, students (masters and doctoral), and post-doctoral professionals.

The actual sample size of individual networks ranges from a low of 108 (Disabilities Health Research Network) to a high of 366 (BC Network for Aging Research). Provided in Table 2-1 was the proposed survey sample for both participants and non-participants. Projected completions are based on an overall response rate of 35 percent. Given the need for statistically reliable data for each HoPN, the Consultant employed a census approach for the participant survey. With the exception of two networks, this strategy was intended to yield a margin of error of +/-9 percent for individual networks and +/-3 percent for all networks combined (95% CI); see Table 2-2 for details. For non-participants, the Consultant employed a random sample designed to achieve a margin of error of +/-5 percent.

**Table 2-1  
Sample Frame – Participants & Non-Participants**

Participants	Universe	Sample	Projected Completions
Women's Health Research Network	214	214	75
Network Environments for Aboriginal Research BC	216	216	76
Disabilities Health Research Network	108	108	38
Child and Youth Health Research Network	159	159	56
BC Environmental & Occupational Health Research Network	313	313	110
BC Mental Health and Addictions Research Network	333	333	117
BC Network for Aging Research	366	366	128
BC Rural and Remote Health Research Network	246	246	86
No Network Identified	399	399	140
<b>Subtotal</b>	<b>2,354</b>	<b>2,354</b>	<b>824</b>
Non-Participants	2,313	800	280
<b>Total</b>	<b>4,667</b>	<b>3,154</b>	<b>1,104</b>

## 2.5 Field Testing

A survey pre-test was conducted between March 25 and 27 to assess the effectiveness and timing of the survey instrument. A total of 414 surveys were completed, including 157 participant completions and 257 non-participant completions. Four of the surveys were completed over the telephone. Survey participants expressed little difficulty completing the survey within the estimated timeframes. Minor edits to the survey were incorporated as a result of the pre-test. Otherwise, the results from the pre-test have been included in the findings and analysis. The large sample size for the pre-test was due to the inadvertent distribution of the survey to the full sample.

## 2.6 Survey Administration and Results

The full survey was administered between April 2 and May 7, 2008. This included an additional 3 days of surveying to increase the number of responses from among the smaller HoPNs. Extensive telephone follow-up was undertaken during the survey period to encourage participation. Just over 90 percent (90.8%) of all survey completions were completed online, and less than 10 percent (9.2%) completed by telephone. It should be emphasized however, that many online survey completions were obtained through the telephone follow-up to encourage survey participation.

As shown in Table 2-2, a total of 1,016 valid surveys were completed for this project, yielding an overall response rate of 32.2 percent. This included 730 completions from among the participant sample population. However, from this group, 88 respondents identified themselves as “non-participants” (i.e., No Network Identified) resulting in 642 valid participant completions. These 88 respondents are included in the total number of

non-participant survey completions of 374. Tabled below are the survey results and corresponding response rates for both surveys.

**Table 2-2  
Survey Results – Participants & Non-Participants**

Participants	Sample*	Actual Completions	Response	Sample Error (95% CI)
Women's Health Research Network	214	53	24.8%	±11.7%
Network Environments for Aboriginal Research BC	216	83	38.43%	±8.5%
Disabilities Health Research Network	108	54	50.0%	±9.5%
Child and Youth Health Research Network	159	43	27.0%	±12.8%
BC Environmental & Occupational Health Research Network	313	121	38.7%	±7.0%
BC Mental Health and Addictions Research Network	333	99	29.7%	±8.3%
BC Network for Aging Research	366	96	26.2%	±8.4%
BC Rural and Remote Health Research Network	246	93	37.8%	±8.0%
<b>Subtotal</b>	<b>1,955</b>	<b>642</b>	<b>32.8%</b>	<b>±3.2%</b>
Non-Participants	Sample	Completions (Actual)	Response	Sample Error
Non-Participants	800	286	36.0%	±4.6%
No Network Identified (i.e., Participant Sample)	399	88	21.6%	±9.4%
<b>Subtotal</b>	<b>1,199</b>	<b>374</b>	<b>31.2%</b>	<b>±4.2%</b>
<b>Total</b>	<b>3,154</b>	<b>1,016</b>	<b>32.2%</b>	<b>±2.5%</b>

\* Census sample for Participants

## 2.7 Interpretation

For a number of survey questions, respondents were asked to indicate their level of agreement or disagreement with various statements or to rate the importance of an issue on a five-point scale. In examining these opinions, the analysis occasionally employs a mean score and an associated ranking system for certain issues. Use of a mean score provides a better measure of overall agreement or disagreement, as weights are assigned to each of the five levels. In other cases, results involving the five-point scale may be combined (i.e., Agree + Strongly Agree) to provide a broader indication of agreement or satisfaction.

*Interpretation of Scores Used to Indicate Agreement or Satisfaction*

Value	Response
1	Strongly disagree/Not at all important
2	Disagree/Relatively unimportant
3	Neutral
4	Agree/Important
5	Strongly agree/Very important
DK	Don't know/No response

2.8 Data Weighting

Due to the difficulty in establishing the actual universe of participants for each HoPN, it was not feasible to weight the results based on the estimated participant distribution, as it was found in the survey that some “participants” actually revealed that they were a “non-participant”. Further, given the relatively similar response rates across the eight HoPNs, the inability to undertake data weighting was not seen as being problematic.

### 3 FINDINGS AND ANALYSIS – PARTICIPANTS

This section provides a demographic overview of participant characteristics, including their work environment, occupation, years of research experience, and region of the Province in which they work. As many of the subgroups in these categories are small, some have been combined to enable more reliable analysis of the results. The findings are then examined, focusing on the perspectives of participants towards their primary network, including their motivation for joining the network, their utilization of services and activities, their opinion as to the network's research value and contribution, and their satisfaction with the management and operation of their HoPN.

#### 3.1 Demographic Overview

A total of 642 network participants responded to the participant survey. The following is an overview of the results by the respondents' key demographic characteristics.

**Table 3-1  
Demographic Overview – Participants**

Work Environment								
BC Post Secondary Institution	Government / Regulatory Agency	Health Authority	Not for Profit	Private Sector	Community / Volunteer Organization	Other / DK	Total	
321	51	146	64	16	16	28	642	
50.0%	7.9%	22.7%	10.0%	2.5%	2.5%	4.4%	100.0%	
<b>321</b>	<b>197</b>			<b>96</b>		<b>28</b>	<b>642</b>	
Occupation								
Academic Researcher	Community Researcher	Policy Maker	Healthcare Professional	Student / Trainee	Private Manager / Executive	Staff Worker	Other / DK	Total
241	60	21	125	97	13	34	51	642
37.5%	9.3%	3.3%	19.5%	15.1%	2.0%	5.3%	8.0%	100.0%
<b>241</b>	<b>81</b>		<b>125</b>	<b>97</b>		<b>98</b>		<b>642</b>
Years of Research Experience								
Less than 1 year	1 to 3 years	4 to 5 years	6 to 10 years	10+ years	Not applicable	DK	Total	
34	129	86	100	249	39	5	642	
5.3%	20.1%	13.4%	15.6%	38.8%	6.1%	0.8%	100.0%	
	<b>163</b>		<b>186</b>	<b>249</b>		<b>44</b>	<b>642</b>	
Region								
North	Interior	Vancouver Island	Vancouver Coastal	Fraser Valley	DK	Total		
80	88	118	294	41	21	642		
12.5%	13.7%	18.4%	45.8%	6.4%	3.3%	100.0%		
	<b>168</b>	<b>118</b>	<b>335</b>		<b>21</b>	<b>642</b>		

### 3.2 Network Profile

Table 3-2 provides a profile of each network (1 – 8)<sup>1</sup> based on participant demographics. Exactly half (321) of respondents were employed at a BC post-secondary institution, while more than half (335) resided in the Lower Mainland. Academic researchers and healthcare professionals made up 58 percent of respondents, with close to 40 percent of respondents having at least 10 years of research experience.

**Table 3-2: Profile of Participants in Health of Population Networks**

<b>Network</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>Total</b>
<b>Response</b>	<b>43</b>	<b>121</b>	<b>99</b>	<b>96</b>	<b>93</b>	<b>54</b>	<b>83</b>	<b>53</b>	<b>642</b>
<b>% Total</b>	<b>7%</b>	<b>19%</b>	<b>15%</b>	<b>15%</b>	<b>14%</b>	<b>8%</b>	<b>13%</b>	<b>8%</b>	<b>100%</b>
<b>Work Environment</b>									
Post-Secondary Institution	56%	50%	39%	48%	58%	48%	53%	51%	50% (321)
Government / Regulatory Agency + Health Authority	26%	32%	44%	37%	27%	17%	23%	28%	31% (197)
Not for Profit + Private + Community Organization	19%	12%	14%	12%	8%	32%	18%	7%	15% (96)
Other + Don't Know	0%	5%	2%	4%	8%	4%	6%	4%	4% (28)
<b>Occupation</b>									
Academic Researcher	58%	35%	44%	37%	39%	30%	30%	34%	38% (241)
Community Researcher + Policy Maker	7%	12%	11%	15%	10%	11%	18%	15%	13% (81)
Healthcare Professional	26%	15%	28%	21%	23%	17%	10%	19%	20% (125)
Student / Trainee	5%	17%	6%	18%	13%	24%	19%	19%	15% (97)
Manager + Staff + Other + Unknown	5%	21%	10%	10%	16%	19%	23%	13%	15% (98)
<b>Research Experience</b>									
Less than 3 years	12%	31%	16%	19%	26%	32%	31%	36%	25% (163)
4 to 10 years	30%	29%	28%	33%	32%	22%	23%	32%	29% (186)
10+ years	51%	31%	52%	40%	36%	44%	34%	28%	39% (249)
Not applicable + Don't Know	7%	8%	4%	8%	7%	2%	12%	4%	7% (44)
<b>Region</b>									
North + Interior	21%	15%	9%	24%	62%	26%	34%	17%	26% (168)
Vancouver Island	21%	9%	21%	26%	13%	13%	30%	15%	18% (118)
Vancouver Coastal + Fraser Valley	54%	70%	66%	48%	23%	61%	33%	66%	52% (335)
Unknown	5%	6%	4%	2%	2%	0%	4%	2%	3% (21)

Note: Totals may not add to 100% due to rounding

<sup>1</sup> The network numbering system used in this table and others throughout the report is not meant to reflect the networks as listed in tables 2.1 and 2.2.

### 3.3 Network Membership

Membership in the Health of Population Networks includes a diversity of individuals from students to academic researchers to government policy makers. As such, the rationale for joining or retaining membership in an HoPN largely depends on whether the network is meeting the needs of its membership.

#### *Reasons for Joining an HoPN*

The table below ranks from highest to lowest the main reasons for joining an HoPN. The ranking is determined by computing the mean score for each variable (i.e., reason for joining) across all networks. The mean score is based on a scale of 1 to 5, where 1 is Not at all Important and 5 is Very Important. A score of 4 and above is therefore considered very important from the perspective of the participant, whereas a score below 3 is considered less important.

**Table 3-3  
Reasons for Joining an HoPN – Mean Score Ranking**

Reason	Mean Score	Rank
Collaborate with other health researchers	4.17	1
Participate in health research conferences, workshops or seminars	4.15	2
Help raise awareness of health research issues	4.03	3
Facilitate knowledge transfer and exchange with external stakeholders (e.g., health policy makers)	3.96	4
Access funding for research, proposal, or team development	3.83	5
Change health policy	3.68	6
Inform others of upcoming research conferences, workshops or seminars	3.61	7
Access travel bursaries to attend research conferences	3.12	8
Access student training grants	3.00	9
Mentor research trainees	2.95	10
Post job, research and volunteer opportunities	2.81	11
Find a research mentor	2.63	12

The rankings were generally consistent across individual health networks. One variation is Network 6, which ranked 'Access to Funding for Research, Proposal, or Team Development' number 2, while other networks collectively assigned a ranking of 5 (see Table 3-4).

**Table 3-4  
Reasons for Joining an HoPN – Ranking by Network**

Reason	Network	1	2	3	4	5	6	7	8
Collaborate with other health researchers		2	2	1	1	1	1	4	2
Participate in health research conferences, workshops, seminars		1	1	3	2	3/4	3	2	1
Help raise awareness of health research issues		3	4	2	3/4	3/4	4	1	3
Facilitate knowledge transfer and exchange with external stakeholders (e.g., health policy makers)		5	3	5	3/4	2	5	3	4
Access funding for research, proposal, or team development		4	5	4	5	5	2	5	6
Change health policy		6	7	6	7	7	7	6	5
Inform others of research conferences, workshops or seminars		7	6	7	6	6	6	7	7
Access travel bursaries to attend research conferences		10	9	8	8	8	8	8	8
Access student training grants		8	10	9	9	10	9	9	11
Mentor research trainees		9	11	10	10	9	10	11/12	9/10
Post job, research and volunteer opportunities		11	8	11	11	12	11	10	12
Find a research mentor		12	12	12	12	11	12	11/12	9/10

*Reasons for Joining by Work Environment*

Network participants come from a range of work environments involved in health research. For this analysis, the place in which participants work has been organized into 4 categories: post secondary institutions (including students); government and health authorities; not for profit, private sector and community organizations; and other work environments.

In exploring the reasons for joining an HoPN based on where a participant works, the results are generally consistent with those of the broader network population. Participants from all work environments assigned a level of importance of 4 or higher to both ‘Collaborate with Other Health Researchers’ and ‘Participate in Health Research Conferences, Workshops and Seminars’.

The table below provides the mean scores for the top five primary reasons for joining a network by work environment. The results are an indication that all work environments assigned a high level of importance to the top four reasons for joining a network. However, apart from participants working at post secondary institutions, (e.g., academic researchers, students), access to funding was not considered one of the more important motivators for joining an HoPN.

**Table 3-5**  
**Reasons for Joining an HoPN – Mean Score by Work Environment**

Overall Rank	Reason	BC Post-Secondary Institutions	Government / Health Authorities	Not for profit / Private Sector / Community Organizations	Other + DK
1	Collaborate with other health researchers	4.29	4.03	4.02	4.18
2	Participate in health research conferences, workshops, seminars	4.17	4.12	4.14	4.21
3	Help raise awareness of health research issues	3.99	4.06	4.02	4.25
4	Facilitate knowledge transfer and exchange with external stakeholders (e.g., health policy makers)	3.84	4.13	4.02	3.96
5	Access funding for research, proposal, or team development	4.05	3.59	3.67	3.54

#### *Reasons for Joining by Occupation*

Academic researchers and students comprised more than half of all survey respondents (338), followed by healthcare professionals (97). For this analysis, occupational groups have been organized into 5 categories: Academic Researcher; Community Researcher + Policy Maker; Healthcare Professional; Student; and Other (Private Manager + Staff + Other/DK). The table below examines the top 5 reasons for joining by occupation, in addition to two other reasons specific to the student population.

Besides their interest in financial support, students demonstrated a very strong interest in collaborating with other researchers and participating in health research activities.

**Table 3-6**  
**Reasons for Joining an HoPN – Mean Score by Occupation**

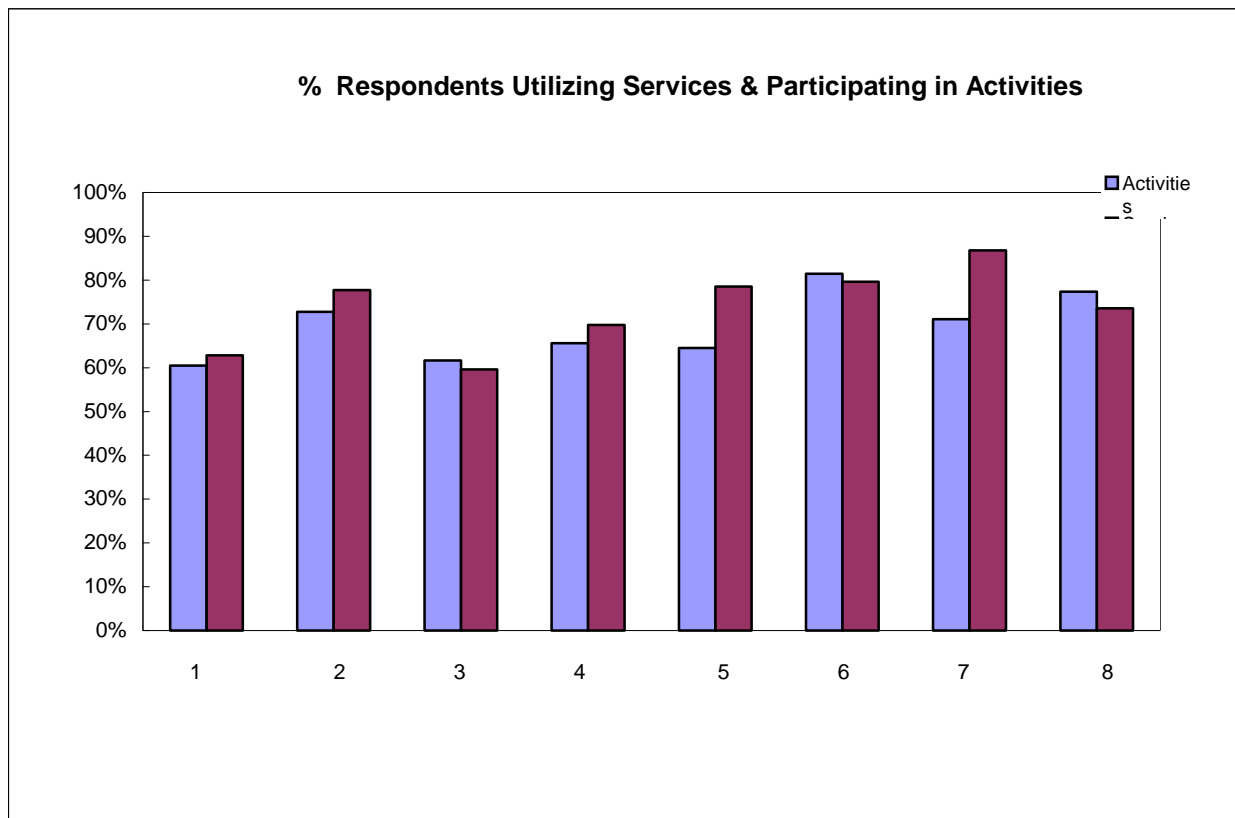
Overall Rank	Reasons (Select)	Academic Researcher	Community Researcher + Policy Maker	Healthcare Professional	Student	Other
1	Collaborate with other health researchers	4.35	4.25	3.93	4.31	3.80
2	Participate in health research conferences, workshops, seminars	4.07	4.16	4.10	4.44	4.14
3	Help raise awareness of health research issues	3.94	4.05	4.11	4.08	4.05
4	Facilitate knowledge transfer and exchange with external stakeholders (e.g., health policy makers)	3.83	4.18	4.01	3.86	4.16
5	Access funding for research, proposal, or team development	4.16	3.89	3.37	4.07	3.32
8	Access travel bursaries to attend conferences	3.13	3.09	2.60	4.25	2.64
9	Access student training grants	3.10	2.60	2.41	4.41	2.44

### 3.4 Network Utilization and Participation

Most networks provide a similar suite of services for members, including access to a research and members’ database, Listservs, funding for research opportunities and the use of WebEx for network meetings. Activities sponsored by the networks include: conferences and seminars; research presentations; Annual General Meetings; skill development workshops; and network committees. Utilization of services and participation in activities is an important measure of network performance.

Participants were asked to identify those network services that they had accessed and what activities they participated in over the past 12 months. Approximately one-quarter (26%) of all respondents indicated that they did not access services from the primary network over the last 12 months. Similarly, nearly one-third of participants (31.2%) did not participate in a network-sponsored activity in the past 12 months.

**Figure 3-1  
Network Utilization**



N=642

As indicated in Figure 3-1, overall utilization of services was highest among participants of Network 7 (86.7%), followed by Network 6 (79.6%), and lowest within Network 1 (62.8%) and Network 3 (59.6%). Participation in network-sponsored activities was highest at Network 6 (81.5%) followed by Network 8 (77.4%), and lowest at Network 3 (61.6%) and Network 1 (60.5%). Note, however, the survey response rate of

participants from Network 8 was relatively low (24.8%), suggesting that the results for this network may be overstated.

### 3.5 Utilization of Services

Accessing network databases (research and members) was the most widely used service offered by the networks. Close to 40 percent of network participants accessed this service in the last 12 months. Participants of Network 2 and Network 7 were the most active database users.

Accessing funding for research activities was the second most widely used service among participants: 37 percent of participants from Network 6 indicated they had accessed network funding in the last 12 months. WebEX was the least utilized service, particularly among participants of Network 1 and Network 3. WebEx is a more widely used service among participants from Networks 2, 5 and 8.

**Table 3-7  
Utilization of Services by Network**

<b>Service \ Network</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>Total</b>
Accessed Database	19%	57%	31%	32%	42%	20%	53%	26%	39%
Accessed Listservs	19%	24%	16%	19%	30%	24%	31%	36%	25%
Used WebEx	2%	28%	2%	17%	24%	17%	8%	26%	16%
Accessed Funding Opportunities	26%	25%	21%	29%	32%	37%	17%	23%	26%
Used Other	16%	18%	15%	16%	18%	33%	35%	17%	21%

*Note: totals may add to more than 100% due to multiple responses.*

Generally there was little variation in the use of services among the four regions. It is noted that in BC's North and Interior, participants were more likely to use WebEx (23%) for the purpose of conducting network meetings. Although some of the percentages among Unknowns were high, the actual number of respondents in this category was very small. Although some of the service utilization percentages among Unknowns were high, the actual number of respondents in this response group was very small.

**Table 3-8  
Utilization of Services by Region**

<b>Service</b>	<b>North / Interior</b>	<b>Vancouver Island</b>	<b>Lower Mainland</b>	<b>Unknown</b>	<b>Total</b>
Accessed Database	39%	34%	39%	48%	39%
Accessed Listservs	23%	21%	26%	24%	25%
Used WebEx	23%	14%	14%	14%	16%
Accessed Funding Opportunities	27%	22%	27%	29%	26%
Other	20%	25%	19%	14%	21%

*Note: totals may add to more than 100% due to multiple responses.*

Utilization of network services varied by occupation. For example, all participants accessed Listservs on a similar basis except for healthcare professionals. Similarly, healthcare professionals did not rely on research funding to the same degree as other participants, particularly academic researchers.

**Table 3-9  
Utilization of Services by Occupation**

Service	Academic Researcher	Community Researcher + Policy Maker	Healthcare Professional	Student	Other
Accessed Database	35%	41%	37%	50%	37%
Accessed Listservs	31%	30%	11%	27%	18%
Used WebEx	16%	24%	13%	16%	16%
Accessed Funding Opportunities	36%	27%	16%	25%	12%
Used Other	19%	24%	13%	29%	25%

*Note: totals may add to more than 100% due to multiple responses.*

Participants working at post secondary institutions were more likely to utilize network services than participants who worked elsewhere. The relationship between post-secondary institutions and accessing funding was reinforced by work environment.

**Table 3-10  
Utilization of Services by Work Environment**

Service	BC Post-Secondary Institution	Government / Health Authorities	Not for profit / Private Sector / Community Organizations	Other
Accessed Database	40%	39%	32%	39%
Accessed Listservs	28%	18%	27%	25%
Used WebEx	17%	18%	13%	14%
Accessed Funding Opportunities	30%	23%	17%	25%
Other	24%	15%	22%	18%

*Note: totals may add to more than 100% due to multiple responses.*

### 3.6 Participation in Network Activities

More than 50 percent of participants attended a network-sponsored conference or seminar in the last 12 months, by far the most popular network activity among participants. Conversely, only 13 percent of participants delivered a presentation at a network-sponsored event.

Among the networks, participants from Networks 6 and 8 were generally more active than participants from other networks. For example, more than 70 percent of participants from both networks attended a conference or seminar. A comparatively high proportion of participants in Network 8 also attended a skill workshop in the last 12 months (28% versus 15% for all networks). This result may merit further validation in light of the lower overall response rate of this network.

Although the networks are not required to hold Annual General Meetings, some of the networks still chose to host an annual conference for members. Fifty percent of survey participants from Network 2 indicated that they attended their last AGM, significantly higher than the network average. Networks 3, and 8 do not hold AGMs, yet a percentage of survey participants indicated that they attended an AGM in the last 12 months. Respondents may have confused their participation in an annual network conference with an AGM.

**Table 3-11  
Participation in Network Activities**

Activity \ Network	1	2	3	4	5	6	7	8	Total
Attended a Conference or Seminar	54%	52%	41%	55%	48%	70%	47%	72%	53%
Delivered a Presentation	14%	9%	5%	14%	17%	17%	18%	15%	13%
Attended a Network AGM	12%	50%	8%	14%	15%	32%	16%	8%	21%
Attended or Used a Skill Development Workshop	12%	17%	10%	10%	11%	15%	22%	28%	15%
Participated in a Network Working Group	21%	26%	9%	19%	27%	33%	18%	15%	21%

*Note: totals may add to more than 100% due to multiple responses.*

Participation in network activities was generally consistent across regions. However, participants living in the BC’s north and interior tended to participate more in working groups than participants from other regions. This was consistent with their more extensive use of WebEx to conduct meetings over wider geographical distances. Comments provided by participants also suggested the “[Networks] should organize more face-to-face meeting opportunities because those seem to be most productive.”

**Table 3-12  
Participation in Network Activities by Region**

Activities	North / Interior	Vancouver Island	Lower Mainland	Unknown	Total
Attended a Conference or Seminar	51%	51%	55%	52%	53%
Delivered a Presentation	17%	15%	10%	19%	13%
Attended a Network AGM	18%	14%	25%	29%	21%
Attended or Used a Skill Development Workshop	13%	14%	17%	19%	15%
Participated in a Network Working Group	26%	17%	18%	43%	21%

*Note: totals may add to more than 100% due to multiple responses.*

While 53 percent of respondents actively participated in conferences or seminars, nearly two-thirds of students took part in this activity. Participation in other activities was spread more widely among occupation groups. For example, only 3 percent of healthcare professionals delivered a network presentation compared to 19 percent for academic researchers. Academic researchers were also more likely to participate in network working groups. Some participants did, however, point out that “skill

development sessions are mostly held in the southern part of the Province [and] accessibility for northern-based members could be improved.”

**Table 3-13  
Participation in Network Activities by Occupation**

Activities	Academic Researcher	Community Researcher + Policy Maker	Healthcare Professional	Student	Other	Total
Attended a Conference or Seminar	55%	54%	43%	64%	49%	53%
Delivered a Presentation	19%	11%	3%	17%	8%	13%
Attended a Network AGM	23%	16%	12%	31%	22%	21%
Attended or Used a Skill Development Workshop	13%	20%	12%	23%	11%	15%
Participated in a Network Working Group	27%	19%	18%	21%	12%	21%

*Note: totals may add to more than 100% due to multiple responses.*

Participants working at post secondary institutions (including students) were more likely to participate in network activities than participants from other work environments. In general, government and health authority workers were less inclined to participate in network activities. This result may, in part, be due to the perception among some participants that “the [Network] and its meetings are only intended for academics. The meetings are never set up to include and value the input and issues from community researchers.”

**Table 3-14  
Participation in Network Activities by Work Environment**

Activities	Post-Secondary Institutions	Government / Health Authorities	Not for profit / Private Sector / Community Organizations	Other	Total
Attended a Conference or Seminar	59%	42%	58%	43%	53%
Delivered a Presentation	17%	8%	8%	18%	13%
Attended a Network AGM	28%	14%	14%	11%	21%
Attended or Used a Skill Development Workshop	17%	11%	19%	4%	15%
Participated in a Network Working Group	26%	17%	14%	14%	21%

*Note: totals may add to more than 100% due to multiple responses.*

### 3.7 Participation in Collaborative Research

Promoting collaborative research and developing new relationships is a key objective of the HoPN program. Participants were asked the extent to which they have been involved in collaborative research activities over the past 12 months. These activities encompass the actual number of conferences attended, and research proposals, papers and publications written with other network participants.

The following analysis employs average scores to help assess the level of collaborative research among participants. For example, a score of “1.16” would indicate that on average each member of a network participated in a particular activity 1.16 times over

the past 12 months. The table below ranks from highest to lowest the activities in which participants are most involved.

Participants of Network 7 (1.33) and Network 8 (1.72) were most actively involved in conferences, seminars and workshops sponsored by the networks. On average, about one in five network participants (0.19) received funding for a collaborative research proposal, with one in 10 participants being published in the last 12 months.

Overall, Networks 6 and 8 were most actively involved in collaborative research activities based on the Activity Indicator. Network 8 appears to benefit from having greater levels of participants attending a relatively high number of conferences, seminars and workshops compared to other networks. Again, these results may be overstated for Network 8 as the survey response may not be fully representative of the network.

**Table 3-15  
Participation in Collaborative Research by Network – Last 12 Months**

Activity \ Network	1	2	3	4	5	6	7	8	Average*
Number of Conferences, Seminars, Workshops Attended	1.05	1.20	0.87	0.92	1.00	1.17	1.33	1.72	<b>1.16</b>
Number of Research Proposals Written with People you met through the Network	0.26	0.36	0.24	0.47	0.40	0.59	0.23	0.25	<b>0.35</b>
Number of Research Proposals Written with People you met through the Network and Successfully Funded	0.07	0.18	0.06	0.23	0.29	0.31	0.20	0.15	<b>0.19</b>
Number of Articles or Research Papers Written with People you met through the Network	0.19	0.17	0.06	0.20	0.12	0.22	0.14	0.15	<b>0.16</b>
Number of Articles or Research Papers Written with People you met through the Network that were Published	0.14	0.10	0.04	0.14	0.08	0.15	0.06	0.06	<b>0.10</b>
<b>Activity Indicator</b>	<b>0.34</b>	<b>0.40</b>	<b>0.25</b>	<b>0.39</b>	<b>0.38</b>	<b>0.49</b>	<b>0.39</b>	<b>0.47</b>	<b>0.39</b>

\* Average determined by number of activities /number of participants.

There was little variation in activity levels by region. Overall, participants from the North and Interior were generally more active in research collaboration activities than participants in other regions. Nevertheless, it was suggested that the “[Networks] remove barriers for rural researchers who are currently not affiliated with a university...to provide opportunities to identify and build stronger bridges between researchers.”

**Table 3-16**  
**Participation in Collaborative Research by Region – Last 12 Months**

Activities	North / Interior	Vancouver Island	Lower Mainland	Unknown	Average*
Number of Conferences, Seminars, Workshops Attended	1.08	1.07	1.17	1.00	<b>1.12</b>
Number of Research Proposals Written with People you met through the Network	0.44	0.30	0.33	0.24	<b>0.35</b>
Number of Research Proposals Written with People you met through the Network and Successfully Funded	0.27	0.16	0.17	0.05	<b>0.19</b>
Number of Articles or Research Papers Written with People you met through the Network	0.17	0.16	0.14	0.14	<b>0.15</b>
Number of Articles or Research Papers Written with People you met through the Network that were Published	0.09	0.09	0.09	0.14	<b>0.09</b>
<b>Activity Indicator</b>	<b>0.41</b>	<b>0.36</b>	<b>0.38</b>	<b>0.31</b>	<b>0.38</b>

\* Average determined by number of activities / number of participants.

Participants from post-secondary institutions were most actively involved in research endeavours. Approximately 60 percent of the research proposals written by participants were approved for funding. This result, however, includes all forms of funding (e.g., grants from the networks), which are often smaller amounts and relatively easy to obtain. Of the research papers and articles written, roughly half again were accepted for publication.

**Table 3-17**  
**Participation in Collaborative Research by Work Environment – Last 12 Months**

Activities	Post-Secondary Institutions	Government / Health Authorities	Not for profit / Private Sector / Community Organizations	Other	Average*
Number of Conferences, Seminars, Workshops Attended	1.35	0.89	0.94	0.75	<b>1.12</b>
Number of Research Proposals Written with People you met through the Network	0.38	0.41	0.19	0.11	<b>0.35</b>
Number of Research Proposals Written with People you met through the Network and Successfully Funded	0.22	0.21	0.08	0.07	<b>0.19</b>
Number of Articles or Research Papers Written with People you met through the Network	0.17	0.16	0.06	0.07	<b>0.15</b>
Number of Articles or Research Papers Written with People you met through the Network that were Published	0.12	0.08	0.03	0.07	<b>0.09</b>
<b>Activity Indicator</b>	<b>0.45</b>	<b>0.35</b>	<b>0.26</b>	<b>0.21</b>	<b>0.38</b>

\* Average determined by number of activities / number of participants.

Academic researchers represented the most active group involved in collaborative research, followed by community researchers and policy makers. While students were active participants in network-sponsored conferences and workshops, their participation in other collaborative research activities was low.

**Table 3-18  
Participation in Collaborative Research by Occupation – Last 12 Months**

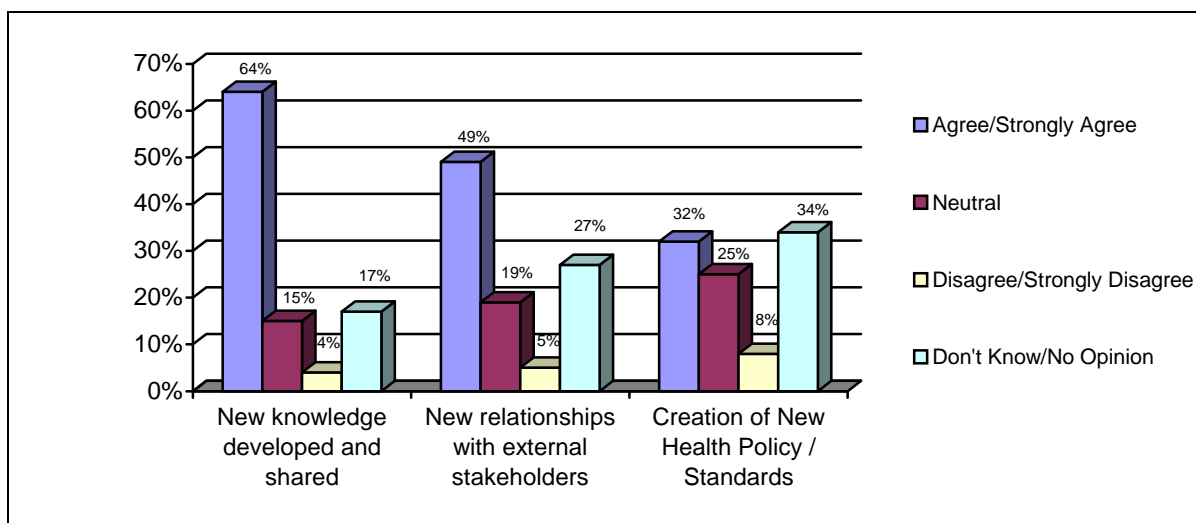
Activities	Academic Researcher	Community Researcher + Policy Maker	Healthcare Professional	Student	Other	Average*
Number of Conferences, Seminars, Workshops Attended	1.20	1.05	0.88	1.40	1.04	<b>1.12</b>
Number of Research Proposals Written with People you met through the Network	0.56	0.37	0.29	0.14	0.10	<b>0.35</b>
Number of Research Proposals Written with People you met through the Network and Successfully Funded	0.28	0.22	0.14	0.11	0.07	<b>0.19</b>
Number of Articles or Research Papers Written with People you met through the Network	0.22	0.14	0.18	0.05	0.04	<b>0.15</b>
Number of Articles or Research Papers Written with People you met through the Network that were Published	0.15	0.09	0.09	0.02	0.03	<b>0.09</b>
<b>Activity Indicator</b>	<b>0.48</b>	<b>0.37</b>	<b>0.32</b>	<b>0.34</b>	<b>0.26</b>	<b>0.38</b>

\* Average determined by number of activities / number of participants.

### 3.8 Network Contribution to New Research

Participants were asked a number of questions as to whether 1) new relationships, 2) new knowledge and 3) new health policies were being developed as a result of the networks. As highlighted in Figure 3-2, the majority of participants surveyed felt that the HoPN program had resulted in their network developing new knowledge and sharing such knowledge with stakeholders and the public (64% Agree/Strongly Agree). It should be noted, however, that a significant proportion of participants had no opinion with respect to whether their network had fostered the building of new relationships with external stakeholders (e.g., health policy makers) or whether or not their network had contributed to the development of new health-related policies and/or standards.

**Figure 3-2: Participant Perceptions as to the Extent to Which their Network Had Contributed to New Relationships with External Stakeholders, New Knowledge being Shared, or the Creation of New Health Policy/Standards**



N=642

To assist in this analysis, average mean scores were developed combining these 3 variables to provide a measure of importance to new research. Mean scores are based on a scale of 1 to 5, where 1 is Not at all Important and 5 is Very Important. Tabled below is a summary analysis of the results by network, work environment, occupation, years of research experience and region. The results are drawn from a valid population of 399 or about 62 percent of survey respondents. These results represent responses from those participants who answered all three related questions (i.e., valid response).

The range of mean scores was quite small (3.32 – 3.94) with an average mean score for the entire response group of 3.71, suggesting that participants on the whole are in agreement that the networks are making an important contribution to new health research. In percentage terms, this result would translate into close to three-quarters of participants (of those who had an opinion) who were in agreement.

Based on mean score, participants indicated that Networks 5 and 7 are making the greatest contribution to new research followed by Network 8. Although Networks 1 and 3 lie on the other end of this scale, roughly two-thirds of participants indicated that these networks were also making an important contribution to new research. As one survey participant remarked: “It takes a while to build successful collaborations, but the sense I am getting is that the [Network] will soon have the capacity to make a greater contribution.”

**Table 3-19**  
**Network Contribution to New Research\* (Composite Score)**

	Population	Valid Response	Mean*
<b>Network</b>	<b>642</b>	<b>399</b>	<b>3.71</b>
7	83	60	<b>3.94</b>
5	93	59	<b>3.92</b>
8	53	30	<b>3.84</b>
4	96	63	<b>3.78</b>
2	121	77	<b>3.66</b>
6	54	30	<b>3.61</b>
1	43	27	<b>3.42</b>
3	99	53	<b>3.32</b>
<b>Work Environment</b>	<b>Population</b>	<b>Valid Response</b>	<b>Mean*</b>
Post Secondary Institution	321	203	3.74
Government + Health Authority	197	115	3.76
Not for Profit + Private + Community Organization	96	62	3.46
Other + No Response	28	19	3.89

\* Mean score average for questions D1 c, d, e.

**Table 3-19 (con't)  
Network Contribution to New Research\* (Composite Score)**

	Population	Valid Response	Mean*
<b>Occupation</b>	<b>Population</b>	<b>Valid Response</b>	<b>Mean*</b>
Academic Researcher	241	154	3.60
Community Research + Policy Maker	81	55	3.75
Healthcare Professional	125	76	3.75
Student	97	58	3.87
Other + No Response	98	56	3.75
<b>Research Experience</b>	<b>Population</b>	<b>Valid Response</b>	<b>Mean*</b>
Less than 3 Years	163	92	3.82
4 – 10 Years	186	126	3.68
10 + Years	249	160	3.65
Not Applicable	44	21	3.81
<b>Region</b>	<b>Population</b>	<b>Valid Response</b>	<b>Mean*</b>
North + Interior	168	103	3.74
Vancouver Island	118	72	3.76
Lower Mainland	335	209	3.68
Unknown	21	15	3.62

\* Mean score average for questions D1 c, d, e.

### 3.9 Importance of each Network to their Health Environment

Participants were asked to provide their opinion as to the importance of their network to the health environment in which they operate. For this analysis, responses were categorized into four groups: 1) Disagree + Strongly Disagree; 2) Neutral 3) Agree + Strongly Agree; and 4) Don't Know + No Response.

Opinions varied among participants regarding the importance of their networks to their environment. A solid majority of Network 6 (59.3%) and Network 7 (66.3%) felt strongly that their network was making an important contribution to the health environment. Conversely, a minority of participants of Network 1 (39.5%) and Network 3 (29.3%) agreed that their network was important to the health environment. It should be noted, however, that a significant proportion of participants could not comment on this issue (i.e., invalid response).

Relative to other work environments, participants working at post secondary institutions (including students) felt that the networks with which they were associated were important to their health environment. While other work environments were less positive, this may in part reflect the high number of participants who did not respond to this question. As a group, students felt strongly about the importance of the networks to their health environment.

**Table 3-20  
Network Contribution to the Health Environment**

	Disagree / Strongly Disagree	Neutral	Agree / Strongly Agree	Don't Know / No Response
<b>Network</b>	<b>%</b>	<b>%</b>	<b>%</b>	<b>%</b>
1	18.6	16.3	39.5	25.6
2	4.1	15.7	55.4	24.8
3	14.1	28.3	29.3	28.3
4	4.2	19.8	51.0	25.0
5	1.1	22.6	45.2	31.2
6	1.9	18.5	59.3	20.4
7	3.6	13.3	66.3	16.9
8	7.5	15.1	54.7	22.6
<b>Work Environment</b>	<b>%</b>	<b>%</b>	<b>%</b>	<b>%</b>
Post Secondary Institution	5.9	17.8	56.1	20.2
Government + Health Authority	4.6	21.3	43.1	31.0
Not for Profit + Private + Community Organization	11.5	18.8	45.8	24.0
Other + No Response	3.6	21.4	39.3	35.7
<b>Occupation</b>	<b>%</b>	<b>%</b>	<b>%</b>	<b>%</b>
Academic Researcher	7.9	22.0	51.5	18.7
Community Research + Policy Maker	8.6	17.3	50.6	23.5
Healthcare Professional	5.6	20.8	45.6	28.0
Student	5.2	10.3	58.8	25.8
Other + No Response	2.0	20.4	41.8	35.7
<b>Research Experience</b>	<b>%</b>	<b>%</b>	<b>%</b>	<b>%</b>
Less than 3 Years	3.1	16.6	55.2	25.2
4 – 10 Years	9.1	17.7	53.8	19.4
10 + Years	7.2	22.1	46.6	24.1
Not Applicable	--	18.2	31.8	50.0
<b>Region</b>	<b>%</b>	<b>%</b>	<b>%</b>	<b>%</b>
North + Interior	3.6	15.5	50.6	30.4
Vancouver Island	7.6	15.3	54.2	22.9
Lower Mainland	7.2	22.1	48.1	22.7
Unknown	4.8	23.8	47.6	23.8

### 3.10 Management of the Network

Effective leadership and management are critical to the success of a health research network. Participants were asked to rate the importance of a number of management responsibilities using a scale of 1 to 5, where 1 is Not Important at All and 5 is Very

Important. Respondents were then asked to rate the effectiveness of management in performing these responsibilities using a similar scale.

The following analyses use overall mean scores for each management responsibility and compares the levels of importance against the levels of effectiveness as attributed by the participants. Where the gap between the 'Importance' mean score and the 'Effectiveness' mean score is small suggests that management is administering the responsibility effectively. Only those areas where a participant responded to both sides of the question are included in this "gap" analysis (i.e., paired analysis). Each area of responsibility was then ranked based on the difference between the two mean scores.

Higher areas of importance based on mean score are associated with larger response rates, with Communicating with Members identified as the most important management responsibility. Promoting Network Opportunities outside the Province received the lowest mean score, as well as the fewest number of responses. Participants identified Facilitating Knowledge Transfer and Exchange as an important responsibility. However, management from across all networks appear to be more challenged to effectively administer this responsibility. This conclusion was reinforced by survey participants who commented that "the transfer of research knowledge needs to be done, [they] need to employ staff who can promote best practises based on this research." Others further suggested "[Providing] a forum where research findings could be related to policy decisions..."

**Table 3-21**  
**Importance and Effectiveness of Management Responsibilities – Gap Analysis**

Responsibility	Valid Response	Mean Score		Gap* (paired)	Rank
		Importance (all respondents)	Effectiveness (all respondents)		
Providing leadership in setting the Network's purpose and goals	479	4.36	3.91	.42	1
Communicating with members	567	4.60	4.10	.49	2/3
Sponsoring education and skill development opportunities	517	4.49	4.02	.49	2/3
Promoting networking opportunities within the Province	520	4.50	3.99	.54	4/5
Seeking input and feedback from members on Network activities	482	4.27	3.74	.54	4/5
Promoting networking opportunities outside the Province	373	3.96	3.33	.67	6
Facilitating knowledge transfer and exchange among stakeholders	480	4.50	3.84	.68	7

\* The gap may not always be the exact difference between the 2 mean scores due to participant responses to only one side of the question.

In terms of overall effectiveness, the results indicated that management from across the networks was considered effective in administering organizational responsibilities. On average, network management received particularly high marks for Communicating with Members (4.1) and Sponsoring Education and Skill Development Opportunities (4.02). Regardless of these outcomes, some participants indicated their support for "revolving leadership and leadership based outside of the Lower Mainland...for all networks."

Based on the overall effectiveness indicator (i.e., average of all means by network), participants are generally satisfied with their management leadership (see Table 3-22 for details). Collectively, the networks achieved an effectiveness rating of 3.80, which would suggest that more than 75 percent of those surveyed felt that the networks were performing effectively. Even at the lower end of the scale, participants from Network 3 rated management effectiveness at 3.38, suggesting more than two-thirds of participants were satisfied with management’s performance.

**Table 3-22  
Effectiveness of Network Management**

<b>Responsibility</b>	<b>Network</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>Average</b>
Providing leadership in setting the Network's purpose and goals		3.68	4.07	3.49	3.79	4.13	4.07	4.05	3.85	<b>3.91</b>
Communicating with members		3.54	4.36	3.59	3.91	4.40	4.29	4.32	4.09	<b>4.10</b>
Sponsoring education and skill development opportunities		3.88	4.26	3.69	3.90	4.13	4.13	3.99	4.07	<b>4.02</b>
Promoting networking opportunities within the Province		3.78	4.14	3.44	3.90	4.28	4.14	4.16	3.75	<b>3.99</b>
Promoting networking opportunities outside the Province		2.96	3.33	2.98	3.24	3.59	3.47	3.69	3.10	<b>3.33</b>
Facilitating knowledge transfer and exchange among stakeholders		3.59	3.84	3.34	3.72	4.05	3.98	4.22	3.83	<b>3.84</b>
Seeking input and feedback from members on Network activities		3.42	3.90	3.30	3.67	3.87	3.93	3.91	3.71	<b>3.74</b>
Establishing open and transparent Network operations		3.43	3.92	3.18	3.34	4.00	3.90	3.75	3.42	<b>3.65</b>
<b>Effectiveness Indicator</b>		<b>3.54</b>	<b>3.98</b>	<b>3.38</b>	<b>3.68</b>	<b>4.06</b>	<b>3.99</b>	<b>4.01</b>	<b>3.73</b>	<b>3.80</b>

**3.11 Overall Satisfaction by Network and Select Characteristics**

Overall satisfaction was measured by analysing responses pertaining to whether the networks 1) add value to the research community; 2) promote research networking; and 3) are considered worthwhile organizations for being a member. For this analysis, only those responses where participants Agreed or Strongly Agreed were presented for each Network.

Overall participant satisfaction was very high for the Health of Population Networks, with six of the eight networks achieving satisfaction levels above 85 percent. These results are consistent with previous results regarding the importance of each network in supporting health research among its members (Section 3.8). At the lower end of the scale, results indicated that roughly two-thirds (65%) of participants from both Network 1 and Network 3 were satisfied with their health networks. While these levels are significantly lower than their counterparts, the disparity was somewhat overstated by the fact that a higher proportion of these participants were “neutral” in their opinion on the three indicators.

In comparing these levels of satisfaction with those obtained from participants of other research networks in Canada, specifically the Networks of Centres of Excellence (NCEs), the results showed that in many respects, the HoPNs were characterized by a higher level of satisfaction than was the case for the NCEs. For example:

- Among NCEs, researchers were less impressed with the extent to which the network supported communication than were HoPN participants. While 67.4 percent of NCE researchers agreed that their network supported communication among the research community, a higher proportion of HoPN participants (75.4%) felt that their network was effective or very effective in communicating with members.

**Table 3-23**  
**Satisfaction Levels by Network (Agree + Strongly Agree)**

	Adds Value %	Promotes Networking %	Worthwhile Network %	Overall Satisfaction* %
<b>Network Average</b>	<b>86.2</b>	<b>78.5</b>	<b>82.5</b>	<b>82.4</b>
6	92.6	87.0	94.4	91.3
7	92.8	86.7	92.8	90.8
5	91.4	83.9	87.1	87.5
2	89.3	84.3	88.4	87.3
8	92.5	84.9	83.0	86.8
4	92.7	78.1	85.4	85.4
1	69.8	58.1	67.4	65.1
3	68.7	64.6	61.6	65.0
<b>Work Environment</b>	<b>%</b>	<b>%</b>	<b>%</b>	<b>%</b>
Post Secondary Institution	89.1	83.5	86.0	86.2
Government + Health Authority	84.8	72.1	79.7	78.9
Not for Profit + Private + Community Organization	84.4	80.2	81.3	82.0
Don't Know + No Response	78.6	75.0	75.0	76.2
<b>Occupation</b>	<b>%</b>	<b>%</b>	<b>%</b>	<b>%</b>
Academic Researcher	85.1	78.0	82.2	81.8
Community Research + Policy Maker	88.9	85.2	87.7	87.3
Healthcare Professional	84.0	70.4	76.0	76.8
Student	94.8	92.8	92.8	93.5
Don't Know + No Response	83.7	74.5	79.6	79.3
<b>Research Experience</b>	<b>%</b>	<b>%</b>	<b>%</b>	<b>%</b>
Less than 3 Years	90.2	85.9	89.0	88.4
4 – 10 Years	90.3	83.3	84.4	86.0
10 + Years	84.3	73.5	80.3	79.4
Not Applicable	70.5	68.2	68.2	69.0

\* Overall satisfaction determined by taking the average of all 3 indicators (F2a, F2b, F2c).

**Table 3-23 (con't)**  
**Satisfaction Levels by Network (Agree + Strongly Agree)**

	Adds Value %	Promotes Networking %	Worthwhile Network %	Overall Satisfaction*
Region	%	%	%	%
North + Interior	89.9	79.8	83.3	<b>84.3</b>
Vancouver Island	85.6	80.5	82.2	<b>82.8</b>
Lower Mainland	86.0	78.5	83.9	<b>82.8</b>
Don't Know	76.2	76.2	66.7	<b>73.0</b>

\* Overall satisfaction determined by taking the average of all 3 indicators (F2a, F2b, F2c).

Finally, to assess the potential impact of the student population on overall satisfaction (i.e., students are generally very satisfied), the analysis removed students from the population to determine whether their inclusion was skewing the result. In fact, the impact of student opinion was found to be negligible and did not significantly alter overall rankings across networks.

### 3.12 Future Intentions with the Networks

Participants were asked whether they intended to remain a member of their primary network or quit. Although it can be difficult for respondents to indicate future intentions, the proportion of those who do plan to stay, reflects positively on the performance of the network and participant satisfaction.

A very small percentage (3%) of participants planned to quit being a member of their primary network, while close to 85 percent of participants indicated their intention to stay for at least 1 year. Roughly three-quarters of participants from both Networks 6 and 7 indicated that they planned to remain with their networks for at least 3 more years.

**Table 3-24**  
**Future Intentions with the Networks**

Intention \ Network	1	2	3	4	5	6	7	8	Average
	Intend to quit the network	2.3%	4.1%	3.0%	2.1%	3.2%	3.7%	1.2%	3.8%
Intend to stay at least 1 year	30.2%	24.0%	20.2%	22.9%	26.9%	16.7%	18.1%	28.3%	23.1%
Intend to stay 3 years or more	48.8%	64.5%	51.5%	63.5%	61.3%	75.9%	72.3%	50.9%	61.7%
Don't know / No response	18.6%	7.4%	25.3%	11.5%	8.6%	3.7%	8.4%	17.0%	12.3%

### 3.13 Overall Satisfaction – Qualitative Findings

Participants were asked to provide comments as to their satisfaction with the performance of their primary Network. While comments overall are highly supportive of the MSFHR program, the level of discourse varied by Network and management responsibility. Below is a selection of comments to help illuminate the results pertaining to the management (and communication), operations, resources, services and activities of the HoPNs.

<b>HoPN Management</b>	<b>Pro</b>	<b>Con</b>
<p>There is near unanimous support among participants for continuing the HoPN program. Members are supportive of the leadership across the networks, recognizing their work and effort in the promotion of health of population research.</p>	<p><i>The leadership does its level best to make sure the membership has a voice in the decision-making process.</i></p> <p><i>The co-chairs have worked very well together.</i></p> <p><i>I applaud the use of multiple co-leaders that are distributed throughout the Province.</i></p> <p><i>I was very impressed by the openness, transparency and professionalism of the leading group at the symposium.</i></p> <p><i>I am very satisfied with the communication provided by this network.</i></p>	<p><i>The [Network] lacks the ability to engage all researchers.</i></p> <p><i>I would like to see more crossover between some of the other [health research] populations.</i></p> <p><i>I think the [Networks] should collaborate.</i></p> <p><i>Sorry, I don't know anything about [the Network].</i></p> <p><i>I would like to see more qualitative researchers in leadership roles.</i></p>
<b>HoPN Operations</b>	<b>Pro</b>	<b>Con</b>
<p>As a research network, participation is largely dominated by researchers and students from post-secondary institutions. Other participants, including community researchers and front-line workers, suggest the networks and research community would benefit from an expanded target audience.</p>	<p><i>Great network, great people, lots of information, very well organized.</i></p> <p><i>The [Network] is an important component in the research community that has numerous benefits to applied healthcare.</i></p> <p><i>The [Network] attempts to bridge the academia to community gap.</i></p> <p><i>...the networks make a huge difference in facilitating integration and information sharing.</i></p>	<p><i>It needs to become more accessible to the community... [including] funding for non-academics.</i></p> <p><i>It's a great idea, but it needs to expand to people who are not directly involved in academics.</i></p> <p><i>The meetings are never set up to include and value the input or issues from community researchers.</i></p>
<b>HoPN Resources</b>	<b>Pro</b>	<b>Con</b>
<p>Researchers, students, community workers, are all in need of resources to pursue research endeavours. Participants appear generally satisfied with the level of financial and other support to pursue research collaboration and networking opportunities. Many, however, suggest that resources should also be directed towards funded research in the Province.</p>	<p><i>The [Network] is a great resource!</i></p> <p><i>I am particularly happy with the opportunities to network with other researchers...</i></p> <p><i>I am delighted that the [Network] has provided me with opportunities and encouragement to work collaboratively...</i></p> <p><i>As a young researcher, the [Network] has been instrumental in allowing me...to network with experienced researchers.</i></p> <p><i>I have always felt well supported both academically and financially.</i></p>	<p><i>...seed funding for pilot research projects would really draw more new [and established] researchers.</i></p> <p><i>...I strongly believe MSFHR should be funding research rather than all of the networking.</i></p> <p><i>Funding this [Network] is a complete waste of resources.</i></p> <p><i>I would like to see a mandate of greater support for graduate students.</i></p>
<b>HoPN Services &amp; Activities</b>	<b>Pro</b>	<b>Con</b>
<p>The services and activities provided by HoPNs are well supported by many participants. If anything, the marketing and promotion of these services is not always reaching the intended audience or broader community.</p>	<p><i>I have recommended several activities and events to my students.</i></p> <p><i>I am so appreciative of the support and mentorship I have received.</i></p> <p><i>Very comprehensive information on the Listserv.</i></p> <p><i>The [Network] played an integral role in connecting me to a mentor, providing financial support to complete my thesis, and helping establish a link with the local service provider.</i></p> <p><i>Great networking opportunities.</i></p> <p><i>Newsletters, emails, very, very useful.</i></p>	<p><i>I am pleased to hear of all these opportunities yet the only advantage I was aware of was the database.</i></p> <p><i>It is not clear what research, mentorship and funding opportunities are available.</i></p> <p><i>If all of these opportunities are available and I was unaware of them, something is the matter.</i></p>

### 3.14 Relationship between Network Factors and Participant Satisfaction with the Network

Analysis of the correlation between the network effectiveness, in terms of supporting stakeholder collaboration or network management, with participant assessment of whether or not they viewed their participation in the network as being worthwhile, was undertaken to provide an insight as to what issues/network characteristics have a high level of association with overall satisfaction. In general, if a characteristic has a high level of association, it implies that if the individual is dissatisfied with the particular issue or characteristic, then the respondent will also likely indicate dissatisfaction with their participation in the network.

Using a Cramer's V analysis, the correlation analysis will yield values between 0 (no correlation) and 1 (perfect correlation), although in practice, issues with high level of association typically exhibit scores of 0.4. to 0.5, whereas issues with low levels of association score less than 0.3. A high value does not necessarily imply satisfaction with the particular issue, but rather suggests that the factor has a high correlation (either positive or negative) with the rating the respondent assigned to the extent to which their participation in the HoPN was worthwhile.

Analysis of the key factors that appear to be correlated with overall participant satisfaction (measured by participants' assessment of whether or not their involvement in the network was worthwhile) suggests that the following issues/characteristics have a high level of association of overall satisfaction:

- extent to which the network supports increased collaboration among its members (Cramer's V = .476);
- extent to which research collaboration across HoPN's was increasing (Cramer's V = .468);
- extent to which the network supports new relationships with external stakeholders (Cramer's V = .471); and
- extent to which new knowledge is being developed/shared with stakeholders (Cramer's V = .457)

## 4 FINDINGS AND ANALYSIS – NON-PARTICIPANTS

This section provides a demographic overview of non-participants, including their occupation, work environment, years of research experience, and region of the Province in which they work. As many of the subgroups in these categories are small, some have been combined to enable more reliable analysis of the results. The analysis focuses on the perspectives of non-participants towards the Health of Population Networks generally, including their familiarity with the networks and their reasons for not participating in a research network.

### 4.1 Demographic Overview

A total of 374 individuals who are not members of a Health of Population Network responded to the non-participant survey. This number includes 88 non-participants who were originally identified as “participants” in the survey sample.

**Table 4-1  
Demographic Overview – Non-participants**

Work Environment								
BC Post Secondary Institution	Government / Regulatory Agency	Health Authority	Not for Profit	Private Sector	Community / Volunteer Organization	Other / DK	Total	
245	19	66	20	7	6	11	374	
66%	5%	18%	5%	2%	2%	3%	100%	
<b>245</b>	<b>85</b>		<b>33</b>			<b>11</b>	<b>374</b>	
Occupation								
Academic Researcher	Community Researcher	Policy Maker	Healthcare Professional	Student / Trainee	Private Manager / Executive	Staff Worker	Other / DK	Total
139	15	3	49	125	3	17	23	374
37%	4%	1%	13%	33%	1%	5%	6%	100%
<b>139</b>	<b>18</b>		<b>49</b>	<b>125</b>	<b>43</b>			<b>374</b>
Research Experience								
Less than 1 year	1 to 3 years	4 to 5 years	6 to 10 years	10+ years	Not applicable / DK	Total		
30	106	60	50	83	45	374		
8%	28%	16%	13%	22%	12%	100%		
<b>136</b>		<b>110</b>		<b>83</b>	<b>45</b>	<b>374</b>		
Region								
North	Interior	Vancouver Island	Vancouver Coastal	Fraser Valley	Province-Wide / DK	Total		
15	7	37	222	15	78	374		
4%	2%	10%	59%	4%	21%	100%		
<b>22</b>		<b>37</b>	<b>237</b>		<b>78</b>	<b>374</b>		

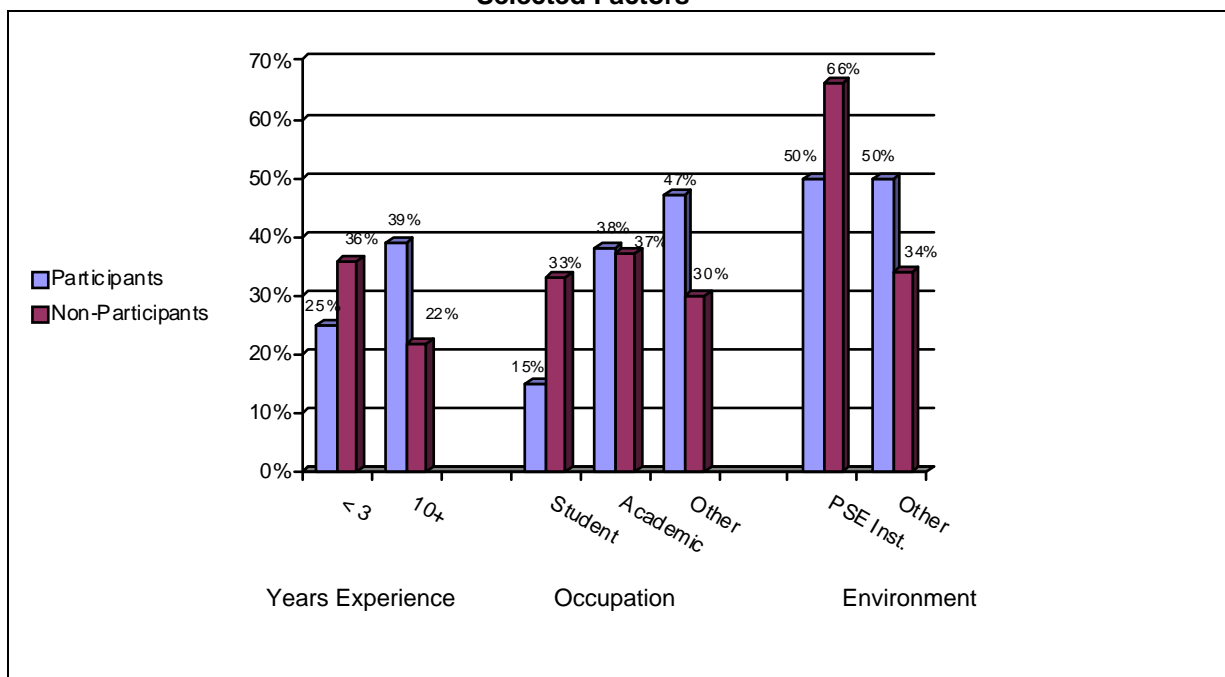
As detailed below, there were considerable differences between participants and non-participants with respect to research experience, work location and occupation. More than 70 percent of non-participants were comprised of academic researchers and students, of which the vast majority are affiliated with a post-secondary institution. On the whole, non-participants are likely to be younger than HoPN participants, with two-thirds (65.7%) possessing 10 years of research experience or less. Most non-participants work in the Lower Mainland (63%), though 13 percent indicated that their work is Province-wide.

**Table 4-2  
Profile of Non-Participants**

	374	100%
<b>Work Environment</b>	<b>N</b>	<b>%</b>
Post-Secondary Institution	245	66%
Government / Regulatory Agency + Health Authority	85	23%
Not for Profit + Private + Community Organization	33	9%
Other + Unknown	11	3%
<b>Occupation</b>	<b>N</b>	<b>%</b>
Academic Researcher	139	37%
Community Researcher + Policy Maker	18	5%
Healthcare Professional	49	13%
Student / Trainee	125	33%
Manager + Staff + Other	38	10%
Unknown	5	1%
<b>Research Experience</b>	<b>N</b>	<b>%</b>
Less than 3 years	136	36%
4 to 10 years	110	29%
10+ years	83	22%
Not applicable + Unknown	45	12%
<b>Region</b>	<b>N</b>	<b>%</b>
North + Interior	22	6%
Vancouver Island	37	10%
Vancouver Coastal + Fraser Valley	237	63%
Province-wide	48	13%
Unknown	30	8%

As highlighted in Figure 4-1, personal characteristics varied considerably between the two survey groups. Non-participants appeared to be younger and less experienced in their research fields than were respondents to the participant survey. Similarly, a much higher percentage of non-participants were students – a result that also contributed to the higher percentage of non-participants that identified a post-secondary institution as their work environment.

**Figure 4-1  
Comparison of Characteristics of Participants and Non-Participants  
Selected Factors**



N=642 participants / N=374 non-participants

#### 4.2 Familiarity with Health of Population Networks

One-quarter (25%) of non-participants indicated that they were familiar with MSFHR's Health of Population Networks. About two-thirds (65%) of this sub-group worked at a post-secondary institution, with 60 percent residing in the Lower Mainland. Most of those familiar with an HoPN were informed of the network by a colleague or through a research institution.

**Table 4-3  
Familiarity with Health of Population Networks by Selected Characteristics**

	92	25%
<b>Work Environment</b>	<b>N</b>	<b>%</b>
Post-Secondary Institution	60	65%
Government / Regulatory Agency + Health Authority	20	22%
Not for Profit + Private + Community Organization	10	11%
Other + Unknown	2	2%
<b>Occupation</b>	<b>N</b>	<b>%</b>
Academic Researcher	37	40%
Community Researcher + Policy Maker	8	9%
Healthcare Professional	13	14%
Student / Trainee	25	27%
Manager + Staff + Other + Unknown	9	10%
<b>Research Experience</b>	<b>N</b>	<b>%</b>
Less than 3 years	28	30%
4 to 10 years	25	27%
10+ years	26	28%
Not applicable + Unknown	13	14%
<b>Region</b>	<b>N</b>	<b>%</b>
North + Interior	9	10%
Vancouver Island	11	12%
Vancouver Coastal + Fraser Valley	55	60%
Province-wide + Unknown	17	18%

### 4.3 Reasons for Joining a Health Research Network

The table below ranks from highest to lowest the main reasons for becoming a member of any health research network. The ranking was determined by computing the mean score for each variable (i.e., reason for joining). The mean score was based on a scale of 1 to 5, where 1 is Not at all Important and 5 is Very Important. A score of 4 and above is therefore considered very important from the perspective of the respondent, whereas a score below 3 is considered less important.

It is interesting comparing the different rankings attributed to each reason by participants and non-participants. While collaboration with other health researchers was the primary reason for joining a health research network (or HoPN) for both population groups, there

was variation among the other reasons. For example, Access to Funding Opportunities ranked second among non-participants, as compared to fifth for respondents to the participant survey. Similarly, Accessing Student Training Grants ranked much higher among non-participants, while Participating in a Conference or Seminar ranked much lower. This may be attributed to the higher proportion of students in the non-participant group (33% versus 15%).

**Table 4-4  
Reasons for Joining a Health Research Network by Rank**

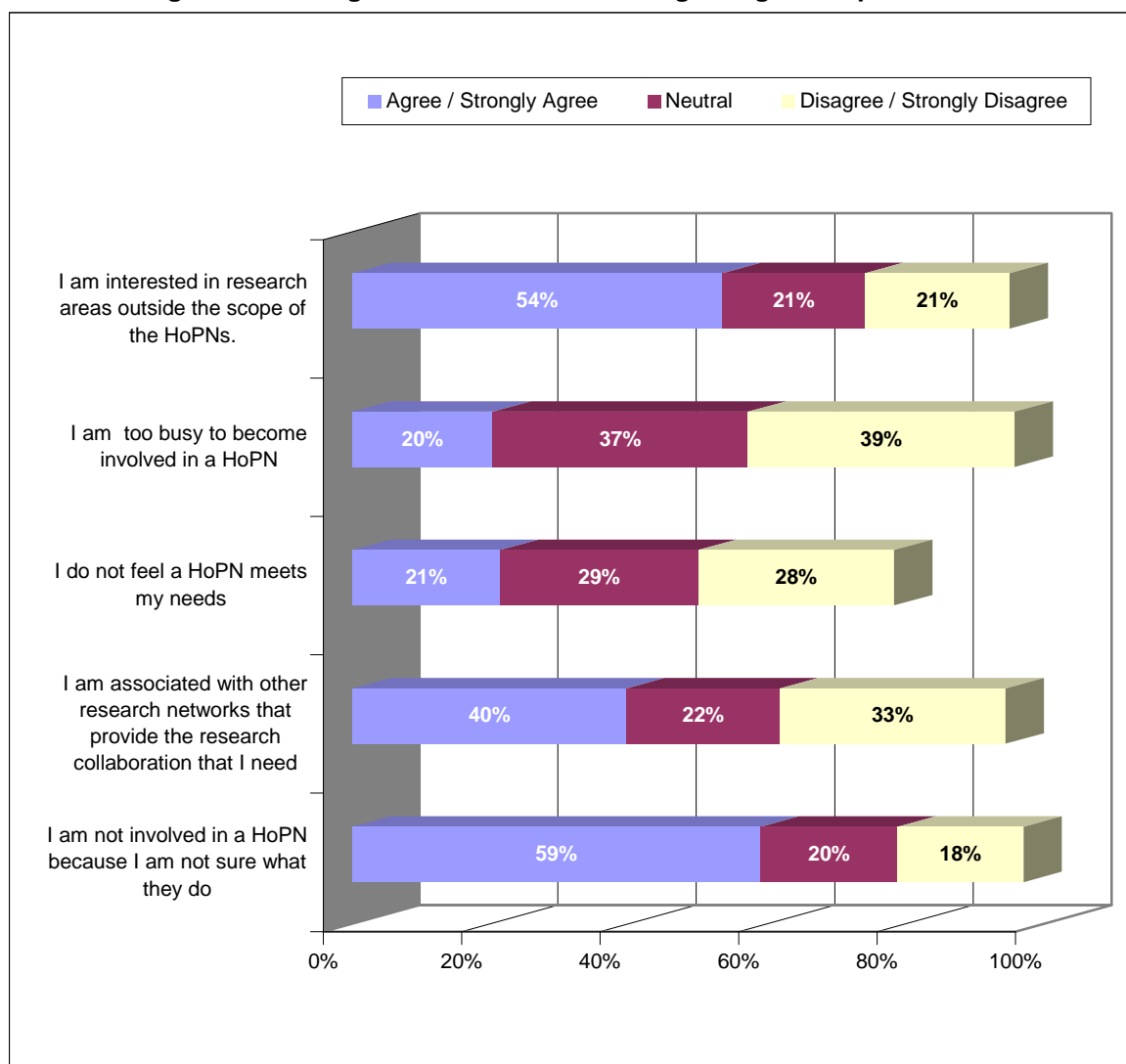
Reason	Mean Score	Rank Non-Participants	Rank Participants
Collaborate with other health researchers	4.54	1	1
Access funding for research, proposal, or team development	4.51	2	5
Facilitate knowledge transfer and exchange with external stakeholders (e.g., health policy makers)	4.22	3	4
Help raise awareness of health research issues	4.19	4	3
Access student training grants	4.17	5	9
Participate in health research conferences, workshops or seminars	4.12	6	2
Mentor research trainees	4.06	7	10
Access travel bursaries to attend research conferences	3.92	8	8
Inform others of upcoming research conferences, workshops or seminars	3.79	9	7
Post job, research and volunteer opportunities	3.77	10	11
Find a research mentor	3.69	11	12
Change health policy	--	--	6

N = 361 (Non-participants); N=642 (Participants)

#### 4.4 Reasons for not Participating in a Health of Population Network

Respondents were asked to indicate their level of agreement with a number of statements pertaining to their non-involvement in an HoPN. Close to 60 percent of non-participants either Agreed or Strongly Agreed that they were not involved because they did not know or understand what HoPN's do. In addition, more than half indicated that their personal research interest was outside the scope of the HoPNs. This result is surprising given the search strategy that was used to identify non-participants (see Section 2.4). At the same time, 56 percent of non-participants indicated that they were interested in joining a Health of Population Network (Section 4.5). In this context, non-participants represent a potentially large and important market opportunity for network expansion.

**Figure 4-2**  
**Level of Agreement/Disagreement – Statements Regarding Participation in an HoPN**



N=374

#### 4.5 Future Intentions

Non-participants were asked whether they would consider joining an HoPN in the future. On the whole, nearly 56 percent (55.9%) indicated their interest in joining, while only 13 percent indicated that they were not interested. Among occupational groups, Healthcare Professionals indicated the strongest level of interest (and disinterest) in participating in an HoPN, although this group represented only 13 percent of respondents. More than 60 percent of both Students and Community Researchers indicated their interest in joining an HoPN, while Academic Researchers were less interested at 50 percent. The results do show that those with fewer years of research experience are more inclined to consider joining an HoPN.

4.6 Overall Perception – Qualitative Findings

Non-participants were asked to provide comments as to their overall perception of, or experience with, a Health of Population Network(s). Not unlike their comments with respect to ‘HoPNs meeting their research needs’, non-participants overwhelmingly indicated that they were not familiar with HoPNs or did not understand what they do. This, however, may not be surprising as the majority of non-participants are involved in research outside the scope of the HoPNs. Below is a selection of comments pertaining to the perceptions non-participants hold towards HoPNs.

<i>Pro</i>	<i>Con</i>
<p><i>The MSF networks sound interesting.</i></p> <p><i>I would like to know more.</i></p> <p><i>One of my peers participates on [Network] and the experience seems very valuable.</i></p>	<p><i>I have little perception of HoPNs.</i></p> <p><i>I really don't know what these networks do.</i></p> <p><i>It's not relevant to basic research...</i></p> <p><i>Perception is that MSFHR grants are preferentially given to clinicians and researchers associated with hospitals; basic researchers are short changed.</i></p> <p><i>I think MSF should have funded existing programs including the CIHR training programs...</i></p>

## 5 POTENTIAL NETWORK ENHANCEMENTS

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Given the diversity of survey respondents (i.e., participants and non-participants in a Health of Population Network), it is expected that a wide range of observations would emerge from the research. In examining both the quantitative and qualitative results, the following observations may be areas for future consideration at the program level. They are presented in no particular order.

- **Facilitating Knowledge Transfer** – One of the more important management responsibilities as identified by HoPN participants is to facilitate knowledge transfer and exchange among stakeholders. Management from across all networks are challenged to effectively promote this outcome (Section 3.9) to those outside the research community. In their comments, participants indicated their support for an increased emphasis on “knowledge translation”, particularly among non-research audiences and policy makers. There is a sense that the “transfer of research knowledge to practice needs to be done.”
- **Research Collaboration among Networks** – Perhaps related to the above observation, some participants feel the networks to date have evolved “independently” and have yet to create the synergies needed to be more effective. Integration among networks would allow greater knowledge translation among population networks with mutual interests (e.g., health issues facing aging Aboriginal women in remote areas) and stakeholders. Research capacity could also be leveraged through joint partnerships. As one survey participant remarked: “[The Networks] have evolved independently. I’m not sure the opportunities for these networks have been fully realized because of the lack of structural integration.” As noted in the report, the extent to which each network facilitates collaboration has a high level of correlation with participant satisfaction with the network.
- **Network Services and Activities** – In large measure, network services and activities focus on the needs of the academic researcher working at post-secondary institutions. As such, the networks sponsor many conferences and seminars in support of health research and networking. However, individuals outside the academic research community feel it is also important to sponsor “community events” to promote knowledge translation among stakeholders and to improve network visibility within the community. This would help broaden the network audience to include more “non-researchers”, including clinicians, front-line workers and the general public with an interest in health research.
- **Marketing and Communication** – Networks rely heavily on communicating to their membership through newsletters and emails. While this is effective, it may not be sufficient for reaching the target audience. Some respondents are simply overwhelmed by the volume of information they receive from all sources. Even among network participants, many lack an understanding of the role of the networks and the opportunities that are available to them (e.g., skill development workshops). Some participants suggested that the various communications could be more targeted towards the intended audience, and “not everything to everyone”. It is

further suggested by some participants that network marketing activities might be enhanced by targeting respondents from among the non-participant survey group. A significant proportion of non-participants indicated their interest in participating in a Health of Population Network (Section 4.5).

## **APPENDICES**

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Appendix A – Participant Survey  
Appendix B – Non-participant Survey



## Appendix A

# Michael Smith Foundation for Health Research Health of Population Networks – Satisfaction Survey of Participants

### INTRODUCTION

The Michael Smith Foundation for Health Research (MSFHR) has contracted the research firm R.A. Malatest & Associates Ltd. to conduct MSFHR’s 2008 Satisfaction Survey.

#### Survey objective

This survey is intended to assess the perception and satisfaction of network participants and non-participants with MSFHR’s Health of Population Networks. The information gathered through this survey will be used to provide feedback to the eight Health of Population Networks on their services and to continually improve program design and effectiveness. Your individual responses will not be shared with either the Health of Population Networks or the Michael Smith Foundation for Health Research.

#### How to complete this questionnaire

The questionnaire is intended to be completed on-line, although a printable version is available should you decide to complete a hard copy version of the survey. Completed hard copies of the survey may be faxed toll-free to 888-384-2774, noting your access code for tracking purposes (see instruction below). Alternatively you may contact a survey representative at 877-276-8800 to complete the survey over the phone. It should take you about 20 minutes to complete and your participation in the survey is voluntary. By participating in this survey, you are consenting to have your responses included in the aggregate report. Any information you may provide will be kept confidential and used for research purposes only.

#### Completion date

The questionnaire should be completed on-line no later than May 2, 2008.

#### More information

If you would like more information on the study, please address requests to Patrick McDonough, R.A. Malatest & Associates Ltd., 250-384-2770, [p.mcdonough@malatest.com](mailto:p.mcdonough@malatest.com), or Gayle Scarrow, Michael Smith Foundation for Health Research, 604-714-6603, [gscarrow@msfhr.org](mailto:gscarrow@msfhr.org).

#### Access Code for faxed completions

If you plan to fax your completed questionnaire including this cover page, please provide the access code provided in the invitation letter or e-mail so that we can make note of your response.

<i>Your personal access code on the invitation letter or e-mail</i>	
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*Thank you for taking the time to complete this survey.*

You were selected to complete this survey because you were identified as a member of the [Name of primary Network] – your primary network. You may be a member of other Health of Population Networks as well. Except where otherwise indicated, please base your responses on your association with the [Name of primary Network]. You must be a resident of British Columbia to participate in this survey.

## X. CONFIRMATION

These two questions are to confirm that the information provided by the Michael Smith Foundation for Health Research is current and accurate.

- X1. Are you currently a resident of British Columbia?
- Yes
  - No (end survey)
  - Don't know / Prefer not to say (end survey)
- X2. Please confirm your **primary** Health of Population Network. Your primary Network is the one with which you are most familiar. [Select one only]
- 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
  - I have never been a member or associated with the [Name of primary Network] or any other Health of Population Network (*Go to Non-participant Survey, A1*)

## A: MEMBERSHIP IN THE [NAME OF PRIMARY NETWORK]

We are interested in determining your membership status in the [Name of primary Network] and the reasons why you joined the Network.

- A1. Are you a current or former registered member of the [Name of primary Network]?
- I am a current member of the [Name of primary Network]
  - I am a former member of the [Name of primary Network]
  - Don't know / Prefer not to say
- A2. When did you join the [Name of primary Network]?
- 2005
  - 2006
  - 2007
  - 2008
  - Don't know / Prefer not to say

A3. When you joined the [Name of primary Network], how important were the following reasons in your decision to become a member? Use the 5-point scale, where 1 is Not at all Important and 5 is Very Important.

	1	2	3	4	5	9
	Not at all Important	Unimportant	Neutral	Important	Very Important	Don't Know/Prefer not to say
a. Collaborate with other health researchers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Participate in health research conferences, workshops or seminars	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Access funding for research, proposal, or team development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Access student training grants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Access travel bursaries to attend research conferences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Inform others of upcoming research conferences, workshops or seminars	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Facilitate knowledge transfer and exchange with external stakeholders (eg, health policy makers)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Change health policy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Help raise awareness of health research issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Mentor research trainees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Find a research mentor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Post job, research and volunteer opportunities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

A4a. When did you leave the [Name of primary Network]?

- 2005
- 2006
- 2007
- 2008
- Don't know / Prefer not to say
- Not applicable, I am still a member

A4b. What was your reason for leaving the [Name of primary Network]? [Select all that apply]

- Did not meet my needs
- Information overload from the Network
- My research area has changed
- Other; please specify \_\_\_\_\_
- Don't know / Prefer not to say
- Not applicable, I am still a member

**B: AWARENESS & UNDERSTANDING OF THE [NAME OF PRIMARY NETWORK]**

The next set of questions deals with your awareness and understanding of the services and activities of the [Name of primary Network].

B1. How did you find out about the [Name of primary Network]? [Select all that apply]

- Invitation from the Network
- Informed by a colleague
- Informed by research institution
- Informed at a conference / seminar
- Michael Smith Foundation for Health Research's website
- Your primary network's website
- Other; please specify \_\_\_\_\_
- Don't know / Prefer not to say

B2. We are interested in your level of familiarity with the services and activities provided by the [Name of primary Network]. Please indicate whether or not you are familiar with the following.

Services & Activities	1	2	9
	Yes, I am familiar	No, I am not familiar	Don't Know/Prefer not to say
a. Research database / Members database	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Network resources to facilitate meetings (eg, WebEx)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Education, skill-based workshops	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Travel bursaries to attend conferences, seminars	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Funding for research, proposal, and/or team development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Mentoring opportunities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

B3. Please rate how well known you would consider the [Name of primary Network] is among the following groups. Use the 5-point scale, where 1 is Not At All Known and 5 is Very Well Known.

Group	1 Not At All Known	2 --	3 --	4 --	5 Very Well Known	9 Don't Know/Prefer not to say
a. Among your colleagues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Among the health research community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### C: PARTICIPATION IN THE [NAME OF PRIMARY NETWORK]

We are interested in identifying the types of services you have accessed and the amount of effort you have devoted to the [Name of primary Network] over the past 12 months.

C1. Please indicate the Network services that you have accessed over the past 12 months. [Select all that apply]

- Accessed research database / Members database
- Accessed Listservs (automated mailing list for members)
- Used WebEx for meeting purposes
- Accessed funding to develop a research project, a proposal, and/or a research team
- Other; please specify \_\_\_\_\_
- Don't know / Prefer not to say
- None

C2. Please indicate the Network activities that you have participated in over the past 12 months. [Select all that apply]

- Attended a Network sponsored conference or seminar
- Delivered a presentation at a Network sponsored conference or seminar
- Attended a Network Annual General Meeting
- Attended and/or utilized skill enhancing initiatives (eg, skill development workshops, primers on best practices)
- Participated in Network working group or committee
- Don't know / Prefer not to say
- Not applicable

C3. Please indicate the extent of your participation in the [Name of primary Network] over the past 12 months.

a. Number (#) of conferences, seminars or workshops that you have attended through the [Name of primary Network]

b. Number (#) of research proposals written with people you have met through the [Name of primary Network]

c. Number (#) of research proposals written with people you have met through the [Name of primary Network] that were successfully funded

d. Number (#) of articles or research papers written with people you have met through the [Name of primary Network]

e. Number (#) of articles or research papers written with people you have met through the [Name of primary Network] that were accepted for publication

C4. In the space below, please identify any skills you have learned through a network-sponsored workshop, and indicate the extent to which you are utilizing these skills. Use the 5-point scale, where 1 is Not At All and 5 is Very Often.

Skill	1 Not At All	2 --	3 --	4 --	5 Very Often	9 Don't Know/Prefer not to say
a. Skill; please specify _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Skill; please specify _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Skill; please specify _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I have not participated in any skill development workshop through the Network				<input type="checkbox"/>		

C5. Do you intend to continue as a member of the [Name of primary Network]? Please indicate the length of time you intend to participate. [Select one only]

- No, I intend to quit
- Yes, for at least 1 year
- Yes, for at least 3 years
- Yes, for as long as possible
- Don't know / Prefer not to say

## D: BENEFITS OF THE [NAME OF PRIMARY NETWORK]

We are interested in identifying the benefits of the [Name of primary Network] to the health research community.

D1. Would you agree that the following is happening as a result of the work and efforts of the [Name of primary Network]? Use the 5-point scale, where 1 is Strongly Disagree and 5 is Strongly Agree.

	1	2	3	4	5	9
	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Don't Know/Prefer not to say
a. Support for research collaboration among members of the [Name of primary Network] is increasing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Support for research collaboration across Health of Population Networks is increasing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. New relationships are developing with external stakeholders (eg, health policy makers)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. New knowledge is being developed and shared with stakeholders and the public	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. New health related policies and/or standards are being created	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. More graduate students are being trained	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. The [Name of primary Network] is being viewed as highly important within its environment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1

## E: MANAGEMENT OF THE [NAME OF PRIMARY NETWORK]

Effective leadership and management are critical to the success of a health research network. We are interested in your perceptions of how the [Name of primary Network] is managed.

E1. Please rate the importance of the following management responsibilities. Use the 5-point scale, where 1 is Not At All Important and 5 is Very Important.

	1	2	3	4	5	9
Responsibility	Not At All Important	Unimportant	Neutral	Important	Very Important	Don't Know/Prefer not to say
a. Providing leadership in setting the Network's purpose and goals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Communicating with members	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Sponsoring education and skill development opportunities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Promoting networking opportunities within the Province	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Promoting networking opportunities outside the Province	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Facilitating knowledge transfer and exchange among stakeholders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Seeking input and feedback from members on Network activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Establishing open and transparent Network operations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

E2. Please rate the effectiveness of the [Name of primary Network] in the following areas. Use the 5-point scale, where 1 is Very Ineffective and 5 is Very Effective.

Activity	1	2	3	4	5	9
	Very Ineffective	Ineffective	Neutral	Effective	Very Effective	Don't Know/Prefer not to say
a. Providing leadership in setting the Network's purpose and goals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Communicating with members	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Sponsoring education and skill development opportunities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Promoting networking opportunities within the Province	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Promoting networking opportunities outside the Province	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Facilitating knowledge transfer and exchange among stakeholders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Securing input and feedback from members on Network activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Managing open and transparent Network operations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### F: OVERALL SATISFACTION WITH THE [NAME OF PRIMARY NETWORK]

We are interested in your opinion as to your level of overall satisfaction with the services, activities and performance of the [Name of primary Network].

F1. Would you say that the [Name of primary Network] ... [Select one only]

- ...benefits all of its members
- ...benefits most of its members
- ...benefits some of its members
- ...benefits very few of its members
- Don't know / Prefer not to say

F2. Overall, please indicate your level of agreement or disagreement with the following statements. Use the 5-point scale, where 1 is Strongly Disagree and 5 is Strongly Agree.

	1	2	3	4	5	9
	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Don't Know/Prefer not to say
a. The [Name of primary Network] adds value to BC's health research community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. This type of Network is a very effective way to promote research networking and collaboration across researchers and institutions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. All things considered, it is worthwhile being a member of the [Name of primary Network]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

F3. If you could change two things about the [Name of primary Network], what would they be? Please use the space below to respond to this question.

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## G: PROFILE

G1. Are you, or were you, a member of any other Health of Population Network? Please indicate which one(s). Do not include the [Name of primary Network].

- 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
- Not a member of any other Health of Population Network
- Don't know / Prefer not to say

- G2. Are you a member of any other health research network in British Columbia, Canada or internationally? Please indicate which one(s).
- Other provincial network; please specify \_\_\_\_\_
  - Other federal network; please specify \_\_\_\_\_
  - Other; please specify \_\_\_\_\_
  - Don't know / Prefer not to say
  - No
- G3. In which of the following environments do you work? [Select one only]
- BC post secondary institution
  - Government / regulatory agency
  - Health authority
  - Not-for-profit organization
  - Private sector organization
  - Community / volunteer organization
  - Other; please specify \_\_\_\_\_
  - Don't know / Prefer not to say
- G4. Which of the following best describes your occupation or profession? [Select one only]
- Academic researcher
  - Community researcher
  - Policy maker
  - Health care professional
  - Student / Research trainee
  - Private sector manager / executive
  - Other staff
  - Other; please specify \_\_\_\_\_
  - Don't know / Prefer not to say
- G5. How long have you been working as a researcher in this field?
- Less than 1 year
  - 1 to 3 years
  - 4 to 5 years
  - 6 to 10 years
  - 10+ years
  - Don't know / Prefer not to say
  - Not applicable

G6. In what area of the Province do you work?

- North (Northwest, Northeast and Northern Interior)
- Interior (Thompson/Cariboo, Okanagan, Kootenay/Boundary, and East Kootenay)
- Vancouver Island (North Vancouver Island, Central Vancouver Island and South Vancouver Island)
- Vancouver Coastal (North Shore/Coast Garibaldi, Vancouver and Richmond)
- Fraser Valley (Fraser North, Fraser South and Fraser East)
- Don't know / Prefer not to say

## H: CONCLUSION

H1. Please provide in the space below any additional comments you may have regarding your satisfaction with the [Name of primary Network].

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H2. Are you interested in participating in future research projects pertaining to the Health of Population Networks?

- Yes
- No
- Don't know / Prefer not to say

***Thank you for your time and participation in this survey.***



## Appendix B

# Michael Smith Foundation for Health Research Health of Population Networks – Survey of Non-participants

### INTRODUCTION

The Michael Smith Foundation for Health Research (MSFHR) has contracted the research firm R.A. Malatest & Associates Ltd. to conduct MSFHR's 2008 Survey of Non-participants. Non-participants are individuals who have a research interest in a specific health area but who have not been identified as a member of a Health of Population Network prior to February 22, 2008.

#### Survey objective

This survey of non-participants is intended to assess the perception of non-participants with MSFHR's Health of Population Networks. The information gathered through this survey will be used to provide feedback to the eight Health of Population Networks, in order to continually improve program design and effectiveness. Your individual responses will not be shared with either the Health of Population Networks or the Michael Smith Foundation for Health Research.

#### How to complete this questionnaire

The questionnaire is intended to be completed on-line, although a printable version is available should you decide to complete a hard copy version of the survey. Completed hard copies of the survey may be faxed toll-free to 1-888-384-2774, noting your access code for tracking purposes (see instruction below). Alternatively you may contact a survey representative at 1-877-276-8800 to complete the survey over the phone. It should take you about 10 minutes to complete and your participation in the survey is voluntary. By participating in this survey, you are consenting to have your responses included in the aggregate report. Any information you may provide will be kept confidential and used for research purposes only.

#### Completion date

The questionnaire should be completed on-line no later than May 2, 2008.

#### More information

If you would like more information on the study, please address questions to Patrick McDonough, R.A. Malatest & Associates Ltd., 250-384-2770, [p.mcdonough@malatest.com](mailto:p.mcdonough@malatest.com), or Gayle Scarrow, Michael Smith Foundation for Health Research, 604-714-6603, [gscarrow@msfhr.org](mailto:gscarrow@msfhr.org).

#### Access Code for faxed completions

If you plan to fax your completed questionnaire including this cover page, please provide the access code provided in the invitation letter or e-mail so that we can make note of your response.

<i>Your personal access code on the invitation letter or e-mail</i>	
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*Thank you for taking the time to complete this survey.*

You were selected to complete this survey because of your professional background in health research and because you may be interested in the services and activities provided by the Health of Population Networks, as supported by the Michael Smith Foundation for Health Research. You must be a resident of British Columbia to participate in this survey.

## **X. CONFIRMATION**

This question is to confirm that the information provided by the Michael Smith Foundation for Health Research is current and accurate.

X1. Are you currently a resident of British Columbia?

- Yes
- No (end survey)
- Don't know / Prefer not to say (end survey)

X2. Are you a current member of a Health of Population Network?

- Yes (*Go to Participant Survey, X2*)
- No
- Don't know / Prefer not to say

## **A: FAMILIARITY WITH THE HEALTH OF POPULATION NETWORKS**

The following questions are to determine your level of familiarity with the eight Health of Population Networks, as supported by the Michael Smith Foundation for Health Research. These networks share a common interest in conducting health research relating to specific population groups, and/or the dissemination of that research, and/or using the results of research. They aim to provide a forum for human interactions, and the sharing of information and resources in order to increase research capacity and ultimately to improve the health of those population groups.

The eight funded Health of Population Networks are:

1. *Child and Youth Health Research Network*
2. *BC Environmental and Occupational Health Research Network*
3. *BC Mental Health and Addictions Research Network*
4. *BC Network for Aging Research*
5. *BC Rural and Remote Health Research Network*
6. *Disabilities Health Research Network*
7. *Network Environments for Aboriginal Research BC*
8. *Women's Health Research Network*

A1. Are you familiar with the Health of Population Networks?

- Yes, I am familiar with the Health of Population Networks
- No, I am not familiar with the Health of Population Networks (*Go to A4*)
- Don't know / Prefer not to say

A2. How did you find out about the Health of Population Networks? [Select all that apply]

- Invitation from a Health of Population Network
- Informed by a colleague
- Informed by research institution
- Informed at a conference / seminar
- Michael Smith Foundation for Health Research's website
- Health of Population Network's website
- Other; please specify \_\_\_\_\_
- Don't know / Prefer not to say

A3. We are interested in your level of familiarity with the services and activities provided by the Health of Population Networks. Please indicate whether or not you are familiar with the following.

Services & Activities	1	2	9
	Yes, I am familiar	No, I am not familiar	Don't Know/Prefer Not to Say
g. Research database / Members database	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Network resources to facilitate meetings (eg, WebEx)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Education, skill-based workshops	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Travel bursaries to attend conferences, seminars	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Funding for research, proposal, and/or team development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Mentoring opportunities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Network websites	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. Research conferences and/or seminars	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. Network working groups and/or committees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

A4. In your opinion, how important are the following attributes in creating an effective health research network. Use the 5-point scale, where 1 is Not At All Important and 5 is Very Important.

Attribute	1	2	3	4	5	9
	Not At All Important	Unimportant	Neutral	Important	Very Important	Don't Know/ Prefer Not to Say
a. Providing leadership in setting the network's purpose and goals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Communicating with members	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Sponsoring education and skill development opportunities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Promoting networking opportunities within the Province	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Promoting networking opportunities outside the Province	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Facilitating knowledge transfer and exchange among stakeholders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Seeking input and feedback from members on Network activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Establishing open and transparent Network operations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## B: EXPERIENCE WITH A HEALTH OF POPULATION NETWORK

We are interested in determining whether you have ever been a member of a Health of Population Network.

B1. Have you ever been a member of an MSFHR-sponsored Health of Population Network? [Select one only]

- I have never been a member of a Health of Population Network (*Go to B5*)
- I am a former member of a Health of Population Network
- Don't know / Prefer not to say

B2. In which Health of Population Network were you a member? [Select the one network with which you are most familiar]

- 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
- Don't know / Prefer not to say

B3. When did you become a member of this Health of Population Network?

- 2005
- 2006
- 2007
- 2008
- Don't know / Prefer not to say

B4. When did you leave this Health of Population Network?

- 2005
- 2006
- 2007
- 2008
- Don't know / Prefer not to say

B5. In your opinion, how important are the following reasons in deciding to become a member of a health research network? Use the 5-point scale, where 1 is Not At All Important and 5 is Very Important.

	1	2	3	4	5	9
	Not at All Important	Unimportant	Neutral	Important	Very Important	Don't Know/Prefer not to say
a. Collaborate with other health researchers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Participate in health research conferences, workshops or seminars	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Access funding for research, proposal, and/or team development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Access student training grants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Access travel bursaries to attend research conferences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Inform others of upcoming research conferences, workshops or seminars	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Facilitate knowledge transfer and exchange with external stakeholders (eg, health policy makers)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Help raise awareness of health research issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Mentor research trainees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Find a research mentor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Post job, research and volunteer opportunities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

B6. Would you consider joining (or re-joining) a Health of Population Network sometime in the future? [Select the one that is most appropriate to your research interest]

- 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
- No, I am not interested in joining a Health of Population Network
- Don't know / Prefer not to say
- Not applicable

### **C: PARTICIPATION IN A HEALTH OF POPULATION NETWORK**

We are interested in determining whether you have ever accessed any service or participated in any activity sponsored by a Health of Population Network.

C1. Have you ever accessed any of the following services from a Health of Population Network? [Select all that apply]

- Research database / Members database
- Listservs (automated mailing list for members)
- Funding opportunities to develop a research project, a proposal, or a research team
- Network meeting facilities (eg, WebEx)
- No, I have never accessed a service sponsored by a Health of Population Network
- Don't know / Prefer not to say
- 

C2. Have you ever participated in any of the following activities sponsored by a Health of Population Network? [Select all that apply]

- Attended a research conference or seminar
- Attended a skill development workshop
- Delivered a presentation at a network sponsored conference or seminar
- Participated in a working group or committee
- No, I have never participated in an activity sponsored by a Health of Population Network
- Don't know / Prefer not to say

C3. We are interested in your level of agreement or disagreement with the following statements, as to why you may not participate in a Health of Population Network. Use the 5-point scale, where 1 is Strongly Disagree and 5 is Strongly Agree.

	1	2	3	4	5	9
	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Don't Know/Prefer not to say
a. I am not involved in a Health of Population Network because I am not sure what they do	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I am associated with other research networks that provide the research collaboration that I need	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. <b>I do not feel a Health of Population Network meets my needs</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I am too busy to become involved in a Health of Population Network	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. I am interested in research areas outside the scope of the Health of Population Networks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

C4. You Agreed or Strongly Agreed with the above statement (C3c.) "I do not feel a Health of Population Network meets my needs". Please specify in the space below how your health research needs could be met.

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- Not Applicable  
 Don't know / Prefer not to say

C5. We are interested in your level of agreement or disagreement with the following statements, as to the importance and effectiveness of research networks. Use the 5-point scale, where 1 is Strongly Disagree and 5 is Strongly Agree.

	1	2	3	4	5	9
	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Don't Know/Prefer not to say
a. These types of networks have the potential of being highly important within the research environment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. These types of networks are effective ways to promote research networking and collaboration across researchers and institutions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## D: PROFILE

D1. Are you a member of any other health research network in British Columbia, Canada or internationally? Please indicate which one(s).

- Other provincial network; please specify \_\_\_\_\_
- Other federal network; please specify \_\_\_\_\_
- Other; please specify \_\_\_\_\_
- Don't know / Prefer not to say
- No

D2. In which of the following environment do you work? [Select one only]

- BC post secondary institution
- Government / regulatory agency
- Health authority
- Not-for-profit organization
- Private sector organization
- Community / volunteer organization
- Other; please specify \_\_\_\_\_
- Don't know / Prefer not to say

D3. Which of the following best describes your occupation or profession? [Select one only]

- Academic researcher
- Community researcher
- Policy maker
- Health care professional
- Student/research trainee
- Private sector manager / executive
- Other staff
- Other; please specify \_\_\_\_\_
- Don't know / Prefer not to say

D4. How long have you been working as a researcher in this field?

- Less than 1 year
- 1 to 3 years
- 4 to 5 years
- 6 to 10 years
- 10+ years
- Don't know / Prefer not to say
- Not applicable

D5. In what area of the Province do you work?

- North (Northwest, Northeast and Northern Interior)
- Interior (Thompson/Cariboo, Okanagan, Kootenay/Boundary, and East Kootenay)
- Vancouver Island (North Vancouver Island, Central Vancouver Island and South Vancouver Island)
- Vancouver Coastal (North Shore/Coast Garibaldi, Vancouver and Richmond)
- Fraser Valley (Fraser North, Fraser South and Fraser East)
- Don't know / Prefer not to say

## E: CONCLUSION

E1. Please provide in the space below any additional comments you may have regarding your perception of, and/or experience with, the Health of Population Networks.

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E2. Are you interested in participating in future research projects pertaining to the Health of Population Networks?

- Yes
- No
- Don't know / Prefer not to say

***Thank you for your time and participation in this survey.***