



Michael Smith Foundation for Health Research

Funded by the Government of British Columbia

# MSFHR at a Glance 2001–2008

A STRONG HEALTH RESEARCH COMMUNITY IS ESSENTIAL TO THE WELLBEING OF BRITISH COLUMBIANS, THEIR HEALTH SYSTEM AND THEIR ECONOMY.

The Michael Smith Foundation for Health Research (MSFHR) was established by the BC Government in 2001 to develop British Columbia as a leader in health research. Since then, we have boosted BC's knowledge economy, created new jobs, built research capacity and developed health research excellence.

Government support for MSFHR activities has contributed to a profound change in BC's ability to compete for national funding. Our share of funding from the Canadian Institutes of Health Research (CIHR) has increased from \$20 million to \$100 million annually from this one source alone (see Figure 1). In addition, BC's share of the Health Gross Expenditure on Research and Development (GERD) increased \$325 million between 2001 and 2006 (see Figure 2).

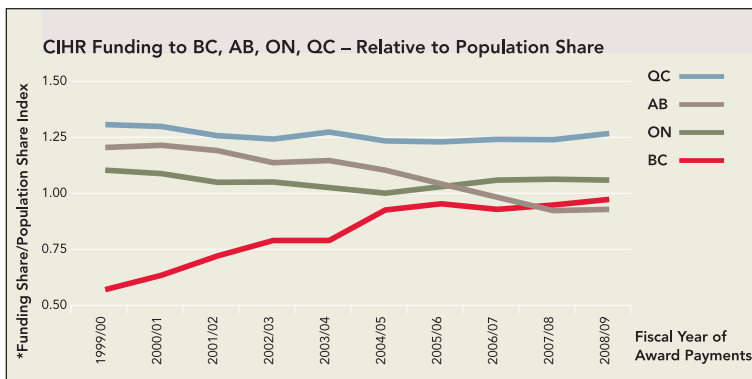
Now, with proven strategies in place to recruit and retain the best and support them to excel, we look forward to working with the community to ensure that research is focused on BC's most pressing health and health system needs.

## MSFHR funding: Maximizing return on investment

Investment in health research reaps significant health and health system benefits. It also creates economic activity and tax revenue. Research employs students as well as leading scientists. It creates jobs for research administrators, lab technicians and research assistants. It drives equipment purchases and spending on infrastructure. Investment in research through MSFHR has built a strong community of leading experts across the spectrum of health care who can respond immediately to urgent issues.

- Healthcare providers who do research and provide highly-specialized services, applying the results of their studies to deliver better care.
- Researchers who work at the level of cells and genes to understand underlying processes of disease.
- Health system researchers who study how care is delivered to improve effectiveness and save costs.
- Community and population health researchers who study the determinants of health, supporting people to live healthier lives.

FIGURE 1



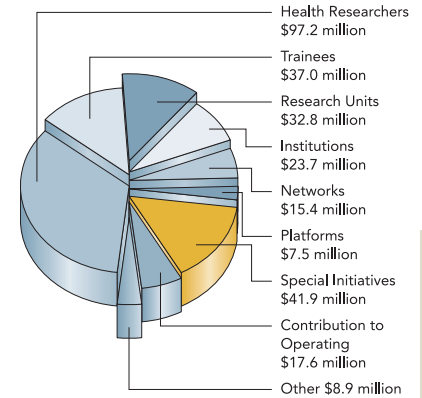
Percentage of CIHR funding received by BC, Alberta, Ontario, and Quebec between 1999/00 to 2008/09, relative to each province's percentage of Canadian population. In 1999/00, BC had 13.2% of Canada's population and received 7.6% of CIHR funding: an index of 0.58; in 2008/09, our funding share increased to 12.7%: a funding index of 0.96 or almost equal to population share.

Data source: Canadian Institutes of Health Research

# Making a difference

## MSFHR funding 2001–2008

MSFHR funding for people, teams, networks and institutions covers the province and spans the full spectrum of health research. Our support for special initiatives enables BC to respond immediately to urgent health issues, and supports decision-makers, health professionals and researchers to work together to address health system priorities.



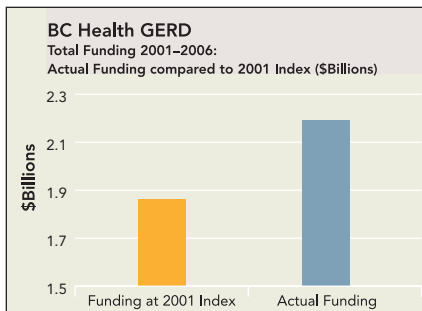
### Funding people, teams, networks and institutions: Highlights 2001-2008

- **\$97.2 million** to support 283 health researchers — including recruits to BC from other parts of Canada and other countries
- **\$37 million** to support 1,008 health research trainees — our future leaders — throughout BC's universities and teaching hospitals
- **\$32.8 million** to support 31 research units, for example units working to identify anti-cancer drug targets and to evaluate new vaccines
- **\$23.7 million** to BC's eight major research institutions, helping create a vibrant, sustainable health research environment across the province
- **\$15.4 million** to support eight research networks in priority health areas, including aging, Aboriginal, child and youth, rural and remote
- **\$7.5 million** to develop provincial technology/methodology platforms, sharing data and resources among researchers across BC

### Responding to government priorities: Highlights of special initiatives 2001–2008

- **\$16 million** to help health authorities use research to improve practice and policy
- **\$8 million** for research on nursing workforce issues
- **\$1.35 million** to support evaluations of community-based health promotion and immunization programs
- **\$2.6 million** to fast-track vaccine development during the SARS epidemic

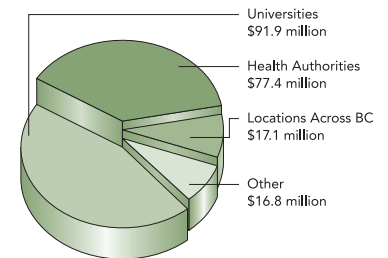
FIGURE 2



**BC funding from federal, business, private not-for-profit (PNP) and foreign funding sectors 2001-2006:** cumulative difference between actual BC funding and funding BC would have received had its share of national total remained at the 2001 level. Total additional funding: **\$325M** over five years.

Data source: Statistics Canada Science, Innovation and Electronic Information Division.

### MSFHR funding by research location



## A legacy of health for the Province of British Columbia.

MSFHR was named to honour Nobel Laureate Dr. Michael Smith (1932–2000), a pre-eminent BC scientist whose commitment to excellence positioned BC's health research community on the world stage.



Dr. Michael Smith

By linking BC's academic institutions, health authorities, non-profit organizations and government, MSFHR models a new way of doing business in health research — one that promotes collaboration and sharing of resources, and helps resolve BC's most pressing health and health system issues.

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